American College of Emergency Physicians®

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The Explorer

Exploring Retirement ACEP Section Newsletter

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We Need Your Help!

Hi everyone,

Thanks for submitting articles for the last edition of "The Explorer," the Exploring Retirement Section newsletter.

We have been notified that all authors need to complete a copyright release for their work. To save you from having to complete this each time a newsletter is released, you can indicate on your form that you are filling out the release for all articles written in 2024.

Here's the link to the copyright release form:

https://www.acep.org/retiredsection/copyright-assignment-agreement

If you have questions please contact: **Julie Wassom,** ACEP Project Administrator Clinical Affairs Division, Direct: 469-499-0146

Announcements

We're planning a Section Zoom on June 17th at 6:30 pm EDT.

There's time to add to the agenda. **REMAIN RELEVANT** and send us your ideas.

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The Explorer is back!

Thank you for your patience. Your editor has been AWOL due to a life changing event that I will share in an article when I can make it relevant to others as well as myself. In the meantime, I have tried to pick up lots of loose ends and hope I have not repeated articles already published. If I skipped your article, please send it to me again and I will be monitoring my long neglected email.

Your editor is taking the sage advice of Fred Dennis and changing the course of the remaining 2024 **Explorers**.

The mission: To impart our experience and wisdom to our younger selves to assist their careers and lives.

The goal: to publish a topic oriented **Explorer** in odd months. I will be reaching out to section members to be the content agent for a theme, and Fred has kindly assented to take on the mission for our May issue.

With apologies for the delay in the ACEP23 follow up. Your thoughts are still just as important today as on the day you wrote them. Thanks.
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From the Editor:

Please use my icd10md@gmail.com email

Art and Science, Intuition and Logic,
blended in the enigma of Life and of Medicine.

What's the chance a brief encounter today will change the course of the future? Your future, your family's future, a patient's future, the future of hundreds of patients and families?

Unlike most people, emergency physicians know how it feels to bear witness to major life changing events as part of our daily routine. We seldom see the long term consequences of the course modifications that illness, injury, birth, and death brings, as our "bread and butter" impacts a family, a community, or a small tribe of associated individuals. History books are records of the devastating results of heated words and natural disasters. News cycles abound with aftermaths of alliances and conflicts. And award galas celebrate unique accomplishments.

But what of all the smaller daily interactions that invisibly effect hundreds, even thousands of persons without any credit? Who notices these littler exchanges? We know you do, and we would like to learn from you how to (or not to) make a huge impact from little actions.

Something that seems obvious to you is often invisible to others; ideas expressed ad nauseum are not heard; and the day/hour/minute we missed creates a barrier that impedes our progress as we endeavor to improve the world.

During this time when many of us feel we can't make a difference, that the magnitude of the world's problems has left us powerless, it is important to share our stories so everyone can win from what you know. Please contribute to our new column "*Words of Wisdom"* and check out the new book, MicroSkills: Small Actions, Big Impact, by emergency physicians Adaira Landry, MD and Resa E. Lewiss, MD.

(Weird, I wrote this column last night before learning about the book this morning!)

Post-Philly Comments

The Philadelphia Section meeting was a huge success. Our first official in-person section meeting in Philadelphia was well attended and engaging. Although it took a long time, everyone attending shared some aspect of their lives that help them "**Remain Relevant.**"

Somewhat surprisingly, the majority of those attending had not yet walked completely away from clinical practice, yet everyone sought strategies for a comfortable retirement.

Housekeeping issues included maintaining the leadership until 2024 elections: Chair, Steve Anderson; Vice-Chair, Fred Dennis; Explorer Editor, Pam Bensen. The thrust of the meeting was the Affinity Section reports and panels.

Alternative Employment discussed "Glidepaths To Retiring" including:

- Reduce nightshifts
- Reduce/avoid solo shifts when possible
- Work in areas of decreased acuity and liability
- Increase mentoring and supervision
- Alternative reimbursement
- Consider that you might have to pay for tail coverage when leaving this employment

Short on time, the Financial Section reviewed slides on retirement considerations, particularly after 60 years of age. These slides are available.

Many of us no longer count our "work families" as those closest to us (either because we have walked away from the gurney or have reduced hours & the travelers don't look familiar).

Finding connections is critical to our wellbeing now, and this section can offer some of that camaraderie. SO, join our June section Zoom and remember - the greatest joy you can have is brightening someone else's day.

Your Brain: Who's in Control?

Are you in control of your brain or is your brain controlling you? Dive into the latest research to see what's really driving the decisions you make.

https://www.pbs.org/wgbh/nova/video/your-brain-whos-in-control/

Running for Office Part II:

Why Did You Do This?

Arvind Venkat, MD, FACEP
State Representative, 30th Legislative District, Commonwealth of Pennsylvania

There are two reasons to run for office from a political perspective – to win or to make a point.

In late 2021, I started following the redistricting process in Pennsylvania. I had been active with my local political party and started thinking about how my experience as an emergency physician and ACEP leader might be an asset in political affairs. My local political committee connected me with political staff, and the whirlwind began.

In emergency medicine, we use training and protocols to manage uncertainty. Politics was different, a true example of not-knowing-what-you-don't-know coming at you full force.

Redistricting left me in a district that, while open, would have had a significant bias against my party and a primary challenger. Fortunately, lines moved, and I ended up in an open swing seat. I had not been interested in running unless I had a chance to win, so these final changes sealed the deal; I announced my candidacy in February 2022.

I can attest, as political candidates will tell you, the worst part of running for office is fundraising. We do not have campaign finance limits in Pennsylvania, and even for a State House race, the expectation was that I would raise six-figures or more. Frankly, there is no easy way to do this – you just have to call people and ask for money. You start with friends and family – political professionals call this "love money" - and go from there.

I was very fortunate that I could draw on friends and family, emergency physicians across the country, people with whom I went to college and medical school, and more. Money is not sufficient to run successfully, but it is absolutely necessary.

So, like we always do as emergency physicians, I saw the challenge and took it on. Mercifully, I was successful in raising what I needed and as the campaign moved forward, my early success in money raising begat outside stakeholders wanting to support my campaign as well.

A part of elections that is fun is engagement with the voters. Here we, as emergency physicians, have the advantage. Daily, we talk with strangers, quickly earn their trust, and prove that we can make a difference for the better. My campaign team said at the beginning, I would need to commit to knocking on doors and engaging voters. That was easy for me. During the campaign, I knocked on nearly 13,000 doors personally, and my campaign knocked on over 22,000. That personal engagement, talking with voters about what mattered to them and earning their trust, was a big part of why I won.

As the summer turned to fall, the political season became more intense. In a State House race, most of the paid communication is done by mail. But in a swing district like mine in a swing state like Pennsylvania, it was inevitable that we would also be on digital media and TV. Unfortunately, part of this media attention requires drawing contrasts between you and your opponent. Although this can be characterized as negative campaigning, I view it as making sure voters understand the choice they have.

Digital communication, TV, and mailers emphasized my background and beliefs and pointed out the dissimilarities between us. Not surprisingly, my opponent did the same, but by focusing on me personally and less my positions. Her main attack was that I lobbied on surprise medical billing as our Pennsylvania ACEP Chapter president. So, no good deed goes unpunished, and in the zero-sum game of elected politics, <u>everything</u> is scrutinized.

As election day got closer, I had a quiet confidence that I had done everything I could do and felt good about my chances. I was humbled that so many in my community had embraced my candidacy.

I was expecting a long night on November 8th,

but surprisingly, I won by a significant margin and could declare victory quickly. I largely attribute that to the wonderful team who helped me as a new candidate, but also to the political environment that developed over the campaign. My background as a physician, and particularly an emergency physician, was a great asset as issues around health care and investment in public health moved front and center for voters.

Now that I am in office and can look back with a bit of distance on the campaign, there are a few lessons that I can share:

- Being an emergency physician is a plus in the electoral process – you are respected for your background and the work you do in the community. You also have a unique skill in earning the trust of strangers which helps a great deal in the electoral process.
- When deciding to run, know your why – not only what your platform is, but, in a clear-eyed manner, understanding whether you can realistically win or are trying to make a point. Both reasons are valid, but the former requires more than willpower – you have to do the work to fund and run your campaign while it is moving forward.
- The two things that matter in elected politics are time and money – you have to be willing to commit the time and raise the money as a full time job.
- Make sure your family, friends, and professional colleagues are on board – this is a team sport. I was fortunate to have a loving family who were all in with my running and colleagues who allowed me to step back from professional responsibilities to be successful. You cannot do this successfully without being all in.
- Politics is not bean bag – unless you are unopposed, you will be attacked, accurately or not. It is not personal, as much as it feels that way. You need a thick skin.
- Voters are really smart and can easily sense insincerity – be yourself, put yourself out there, and be honest with what you believe. My experience is that most voters care far more that you are being forthright than that they agree with you on everything or even anything.
- Have fun – there is the political ideal of a happy warrior – fighting for what you believe in an optimistic way. There are enough sacrifices in running for office – personal, financial, professional – that if you don't have fun, then it's not worth it. Just like having a positive attitude during a bad shift helps, the same is true in this arena.

I hope that my story encourages other emergency physicians to enter the elected political process. We have a perspective and skill that makes connections, shows empathy for those in need, and accepts the need to ground decision-making in facts. In short, I cannot think of a better group whom I would want to see more in political office than my colleagues in emergency medicine.

Have you…

written a book? If you're an author, please let us know! We'd love to share a book report here.

written a story, a poem? If you write, please reveal your thoughts on these pages!

drawn, painted, photographed? Show us what you see.

MicroSkills: Small Actions, Big Impact

Fellow emergency physicians Dr. Adaira Landry and Dr. Resa E. Lewiss have authored ***MicroSkills: Small Actions, Big Impact*** to make you better at your job in one weekend. Their book, due out April 16th, will be in AAWEPs fall book club.

WhatsUp at ACEP?

Sandy Schneider, MD, FACEP

In the past, many of you have been very active in ACEP but perhaps are less involved now. So, what are the main topics of discussion at ACEP these days?

Our executive director, Sue Sedory, has decided to retire as of June 30, 2025. At the time she was hired, in April 2020, we still thought the pandemic would be over in a few months. She and the Board worked to reset the focus of the organization to the members, created a new strategic plan, implemented a comprehensive technology roadmap, and increased and diversified our grants.

Together, they aggressively fought back on the flawed No Surprises Act and scope of practice battles, re-launched CEDR into the EM Data Institute, and adapted to the absence of, and then re-imagined, our live meetings.

A search will be organized this summer/fall, anticipating we will have a candidate in February, leaving time for overlap to transition to the new role. Sue anticipates retiring and travelling.

ACEP will shortly start accrediting emergency departments. Remember all the policies we passed at Council? Well, we are turning them into standards for a new accreditation system. It will include standards for staffing, for supervision of NPs and PAs, and for many others, including the ability to eat and drink on a shift. You can find more information at https://www.acep.org/edap.

The Match: you may recall that last year, EM did not fare well, with over 550 unfilled positions in the first round of the Match. Most of those were filled during the SOAP. This year was much better with a fill rate of just over 95% in the first round and 137 unfilled spots. After SOAP, there were about 10 unfilled spots left. There are many theories about this drop.

First is the significant increase in the number of residencies and the number of residents in existing residencies. And there is no doubt that the popularity of EM was affected by the pandemic and, perhaps more so, by the increase in boarding and violence in the ED. Nonetheless, most of us still feel this is the best specialty, and the field will likely rebound in the next few years.

ACEP has partnered to bring you ACEP Anytime. This is a Netflix type of programing where you can choose from a wide variety of education, curated to your preferences/individual interests. https://www.acep.org/education/acep-anytime.

Upcoming meetings:

Scientific Assembly – Can you say VEGAS???? Sept 29-Oct 2. Council Sept 27-28th.

It's Time to Start Thinking About ACEP24

2024 section meetings will be a little different and might be more fun. Meetings will be held the first two days and will not overlap like last year. And at the party on the first evening, there will be designated space for each section to congregate. Food and drink will be available, but sections with sponsorship will have 'special' items, making this more of a bar hop atmosphere.

Sections allow one to two (pharma or non-pharma) sponsors to be acknowledged, present (10 minutes), and have materials at the meeting. So, it's time to start thinking about sponsors.

Please do not reach out to prospective sponsors yourselves, ACEP will do that for us. All we have to do is come up with suggested sponsors.

Who can you suggest as a section sponsor?

What do you want to take away from that ER Section meeting? Let us know now, so we can make it happen.

Words of Wisdom

A Great Resource

Fred Dennis, MD, MBA, FACEP

For those of you who risk adjust, approve/deny, write policy, provide resources, or just "check to make sure" what's current or even disclosed as cutting edge, take a look at Up-To-Date. Like the old Harrisons, Up-To-Date provides a well-organized, standardized structure for a resourced compendium of expert opinions on a large array of clinical topics. Pricey, but worth it for one-stop shopping, whatever the reason you frequently access the internet for comprehensive up-to-date medical information.

Dementia from McKay Crowley, MD

Patients with dementia (unlike those who are delusional) cannot be reasoned back to reality, so don't try, it will frustrate both of you.

Two Holes in One from Carol Rivers, MD, FACEP

We all have holes in our database. It doesn't matter how we got them, a day absent due to illness, a moment of daydreaming, a preconceived notion, a misheard word, we all have holes in our knowledge.

I have no idea where your holes are. Chances are you don't even know where your holes are. But for me to be an effective teacher, I must fill your holes to enhance your understanding.

I think of teaching doctors (how to pass boards) as an opportunity to help them fill the holes in their knowledge by first organizing the basics of medicine, so they begin with a strong, whole foundation.

Together, we discard data debris, salvage essential components, and recycle existing expertise by blending it with those basics and with new material to make test taking (and practice) a smooth, confluent experience that combines updated information with relevant memories. And so, we both meet our goals; yours, board certification, and mine, to help make you a better physician.

Remain Relevant, Volunteer

If you receive either free registration or reduced fees for the annual meeting, volunteer to sponsor a medical student ($330). Take them under your wing and introduce them around.

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Review abstracts for ACEP's Research Forum. Work from home for a few hours once a year. Contact Marla Payne at mpayne@acep.org if interested.

The Q Word

Pam Bensen, MD, MS, FACEP

For five decades,
Forbidden to even whisper it
Let alone say it,
I honored this ED superstition.

For five months,
It has brought a threat more dire
Than a busy shift,
My total decompensation.

What good are hearing aids,
When there is nothing to hear?
What good are words,
When there is no one to listen?

I never wanted it THIS **QUIET**!
There, Myth Busted!
Even shouting it didn't bring you back
To quicken my heart or busy my desolation.

This final shift is too quiet.

Grief

Grief, I've learned, is really just love. It's all the love you want to give but cannot. All of that unspent love gathers in the corners of your eyes, the lump in your throat, and in the hollow part of your chest. Grief is just love with no place to go.

Jamie Anderson

The Sound of Music Directly From Your Brain

F. Perry Wilson, MD, MSCE

https://www.medscape.com/viewarticle/995198?ecd=WNL_trdalrt_pos1_230816_etid5757080&uac=107208EG&impID=5757080

The Explorer

Fred Dennis, MD, MBA, FACEP

My vision is that if we do well, this newsletter will be of interest not just to our ER Section but also early and mid-career docs. We all have personal stories and life lessons learned; what we have learned may be of interest to others in beyond our section.

So, my audacious request is that each of you, Stephen included (sorry Stephen, you're not here so you get "a job" too), volunteer to be assembler for an issue; that you determine content and reach out to your contacts for brief articles for a themed edition of the newsletter. We then funnel those articles to Pam to turn them into a collection of "Lessons Learned" or "How To's" or "Musings" or whatever.

If we publish q2 months, we generally avoid holidays. So, we would have July, September, November 2024 and January, March, May and July 2025. Pam volunteered me for the May edition.

The idea is not to have each of us draft an entire newsletter, but rather we reach out to people we know (maybe 6) for enough articles/editorials etc. to fill a newsletter. For instance, Jay would do as much copy as he wants and ask six or more docs or even non-docs for articles for a "health and wellness" edition.

If this sounds like something you could do, I'd love to have volunteers for the next editions.

Arguing Over a Dead Mouse in the ED?

John Bibb, MD

How could something so preposterous happen?

About 10 AM, a man in a wheelchair was wheeled in coughing and choking. I knew just what to do … I stood by the side of the wheelchair out of the line of fire. In short order, the man coughed something up onto the floor about three feet in front of him. It was dark and slimy. Naturally, I asked him," What is that?"

"A mouse head! I bought some blueberry muffins at a local grocery stores and took a large bite. There was a dead mouse inside. The head got caught in my throat."

Now, the patient was fine after his coughing and chocking spells, but I decided to call a well-respected local infectious disease doctor to ask if I needed to prevent infection from this mouse head. He told me I should send the mouse head to pathology, so it could be tested for Negri bodies … rabies.

Well, sometimes advice from specialists is not correct, as I suspected in this case, because rodents generally don't carry rabies. Nevertheless, I told the patient what the specialist recommended.

The patient refused; he wanted to keep the mouse head (for his lawyer, I presumed). I suggested that sending the mouse head to pathology would not hurt his legal case, but he refused to surrender it.

However, the patient liked me so much that he offered me his other blueberry muffin before he left. I did turn down his kind offer and never heard a word about the case.

The ER Section (shouldn't it be ER4EPs?)

Fred Dennis, MD, MBA, FACEP

As I look back to my first ACEP Scientific Assembly many decades ago, I marvel at how quickly the Council Meeting, Scientific Assembly week goes by - and how little I get to explore the city. That is, no doubt, because over the years, I've encountered more and more interesting EPs, and I want to catch up on what they've been doing since our last meeting. 2023 was no exception.

The Council meeting was so familiar. It seems we struggle with IT issues for the first hour or so,

and then use our cell phones to log onto the ACEP Council website. A chance discussion at the registration desk has assured me that next year will be different. We'll see.

The tone at the Reference Committee and perhaps on the Council floor was a little testier than in past years. This may reflect the increasingly negative media bombardment that is causing so much division, forcing people to choose sides. But I also never cease to be amazed by the intelligence and ingenuity of the comments regarding the resolutions.

Once again, I compliment the Nominations Committee. Every candidate is a great asset to ACEP. And we hope that those not elected consider running again next year. As a lobbyist told me years ago, in an election for multiple positions, you will know a candidate or two personally, but most you won't. And when choosing between ones you don't know, the one you have heard or heard of before will likely win out over the one you haven't.

The opening session was a great high energy start to the Scientific Assembly, especially needed by those of us struggling with a three hour time difference. Very professional.

For me, the exhibit hall presents the greatest temptation. Perhaps that's because I've transitioned out of clinical EM practice or because it is the second best chance to catch up with old and new friends, whether exhibitors or those strolling the exhibits.

Finally, our section meeting. I was blown away by the fact that, at one point, we had about 40 of us in attendance with an official membership of just over 120. Although we went off schedule with the introductions at the beginning, to me it was fascinating to hear how we had started from the same point and then wandered all over the landscape of medicine and life.

Kudos to Stephen Anderson for a great meeting as he struggled to get us out before our planes left, for all the planning that went into the section meeting, the Zoom calls during the year, and everything else. And thanks to Sandy Schneider and her staff for their tireless work leading up to this meeting to help keep us on track as a section.

An Exit Strategy

Fred Dennis, MD, MBA, FACEP

The legendary Greg Henry is credited with telling newly graduating residents, "Now you are real doctors. So, what is your exit strategy?"

I began to develop mine when I was working clinically, and I woke up one morning and said to myself, "I don't want to go in to work." An alarm bell went off in my head. So, when it happened a second time, I started making phone calls to other EPs in different institutions to ask about idyllic openings that hadn't been posted yet. I realized I was working on my exit strategy. This willingness to move on served me well, resulting in a rich and varied career.

Life consists of many entries and exits. We all have a vague idea of what an exit strategy is. But, unfortunately for many, no matter how far advanced in their careers, they haven't spent serious time on their exit strategy.

Nowadays, with the progress made in longevity, the likelihood is that we will live as long or longer than any of our oldest living relatives. I recommend projecting your expenses out to 80 years of age, although 90 would be better. And for those in the audience 40 and younger, make sure you include financial independence till 100. Be sure to plan mechanisms to maintain optimism and good cheer; share with old friends and new; and promote good health and purpose.

What's your exit strategy? What's Plan B?