

A Newsletter for the Members of the Mississippi Chapter

Winter 2017



Sarah Sterling, MD, FACEP
President

Patrick O'Brien
Executive Director

Phone: 601-984-5582

From the President-Elect **Philip L. Levin, MD**

Last August, at the annual ACEP chapter meeting in Jackson, I was selected as President-Elect for MS-ACEP. My term starts mid-2018 and lasts two years. Being a healer, I love helping others, in this case my fellow doctors as well as my patients.

One of the best benefits of being an E.R. doctor is great working hours, right? Although at 63-years-old I get tired near the end of a 12-hour shift, having 2/3 of the month off leaves plenty of time for pursuing other interests. I've known E.R. doctors who drove in speed rallies, or raced in triathlons, or played saxophone in a band, or grew camellias for garden contests. Clearly there's time for each of us to be a little involved in politics, too.

That's what the ACEP chapter means – supporting the interests of E.R. doctors and those of our patients in Jackson. This January I served as “Doctor of the Day” for the fifth time. By

volunteering for a day at the capitol, I got introduced on the floors of the two chambers, met several of the legislators and their aides, and poked around the old marble building. I even got a certificate of appreciation and my own special parking space for a day, right up close!

Whether it be as President of the ACEP chapter, serving on committees at the hospital, or writing a letter to a legislator, we all can make the time to be politically involved. Being aware of the laws being considered and lobbying for correct choices will have far-reaching effects for our patients and for our own professional rights. And don't think you won't be noticed. Soon after my appointment was announced, I received a letter of congratulations from the Secretary of State Delbert Hosemann. Maybe he'll listen to me on an upcoming issue.

Talk up ACEP to your fellow doctors. Make plans to attend the Mississippi Medical Association meeting this August. Get involved. After all, if both Donald Trump and Philip Levin can become presidents the same year, imagine how far you can go!

2016-2017 Recruitment in Mississippi **Patrick O'Brien, Executive Director**

This way to the restrooms.....You're here to interview us, too!.....Don't be nervous. Each year from early fall through mid-winter, these sentiments are visited upon excited, eager, and sometimes uneasy fourth-year medical students as they embark upon interview season across the country, Mississippi being no exception. Recruitment's important, especially to the Mississippi chapter of ACEP – they are the future. It is an exciting and very busy time for Mississippi's medical students, especially those pursuing potential careers in Emergency Medicine. Recently released statistics from NRMP suggest that EM-interested students apply to roughly 40 programs in hopes of securing at least 10 interviews.

Likewise, November through January is a busy time for the two EM programs welcoming these students to capture a glimpse of life as a resident in Mississippi. Merit Health Wesley, located in Mississippi's "Hub City" of Hattiesburg, receives approximately 300 applications for 6 positions. Helon Lofton, graduate medical education coordinator at Merit Health Wesley, oversees the process. "Board scores are much higher," she notes regarding changes from last season to this. "Applicants are coming into the process with research experience and publications" unparalleled in regard to previous years. Merit Health Wesley has increased the number of audition rotations to accommodate growth, and student rotators are interviewed during their audition months. However, those who don't manage to secure an audition are interviewed on 1

of 6 interview days. This year, Helon notes that all 60 interview spots were filled by October, so “late entry into the application process can hinder qualified applicants from being offered an interview.” From the pre-interview dinner that Helon organizes through the close of interview day, she imparts that the season was very busy but successful nonetheless. At the University of Mississippi Medical Center in the capital city of Jackson, interview season was similarly successful. Residency coordinator Patrick O’Brien reports that out of nearly 700 applications, approximately 225 were selected for interview offers. Ultimately, 118 of those applicants interviewed at the program over 11 dates. “Transitioning from a four-year to a three-year program has completely changed the applicant pool,” Patrick notes. “Applicants who previously would not have even considered the program are now seriously pursuing training here. The prior southeastern concentration of applicants is broadening. It’s amazing what one year will do.” Included in their interview team at UMMC are the program director and a rotating group consisting of an associate program director, an assistant program director, and a chief resident for each interview. “It’s quite challenging to coordinate the schedules of 18 or more people for one single interview day – not to mention 11 times over,” Patrick says. “But it’s working. Things went very well. Match Day can’t come soon enough!” Though the winding down of interview season is welcomed among the two Mississippi programs, the applicant interest at Merit Health Wesley and the University of Mississippi Medical Center are growing, and that, in itself, is exciting. And, now, with recruitment at both programs virtually year-round, it won’t be long before we’re welcoming Mississippi’s future core of emergency medicine physicians who will do great things for the Mississippi Chapter of ACEP.

Clinical News

CT Can Indicate Mortality Risk in Elderly with Trauma

NEW YORK (Reuters Health) – Opportunistic CT screening for osteopenia and sarcopenia in older adults with traumatic injury can provide insight into frailty and one-year mortality, according to Seattle-based researchers.

[Read More](#)

HCV Infections Less Prevalent than Previously Estimated

NEW YORK (Reuters Health) – The global estimate of hepatitis C virus infection (HCV) is lower than previously thought, making World Health Organization targets for reducing infections and HCV-related deaths more attainable, researchers suggest.

[Read More](#)

Free CME for Reading Annals of Emergency Medicine's Practice and Clinical Updates

Earn CME credit while reading the number-one journal in our specialty. Each month, a new Annals of...

[Read More](#)

Diversity and Inclusion: Our Chapters, Our Duty

Ryan P. Adame, MPA, CAE

Deputy Executive Director, California ACEP

Chair, ACEP Chapter Executives Forum

Member, ACEP Diversity & Inclusion Task Force

Diversity. Inclusion. Worthy goals or buzzwords? What do they mean to you? What is your reaction when you hear them being discussed? How much have you reflected on the diversity of your leadership, or the opportunities for inclusion in your organization? I hope you will take a moment to consider your answers to these questions, as well as to whatever feelings or emotions you experienced when you read “diversity” and “inclusion” because acknowledging our successes and shortcomings is, I believe, the first step to building organizations that better serve our physicians and, in turn, their patients.

Here are some statistics to consider about ACEP membership: women comprise 26% of total membership, 28% of committee membership, are 26% of committee chairs, and 27% of the Council. In senior leadership, women represent just 12.5% of the ACEP Board of Directors, and just 19% of Chapter presidents are female. Approximately 1% of ACEP members are African-American and another 1.5% are Hispanic. While this is just a sample of membership attributes, there are many, many other aspects of diversity to consider: other ethnic groups to be sure, but also LGBT members, religious cross-sections, as well as generational considerations.

Why does this matter? To me, this matters because we have the opportunity and the duty to help build more diverse organizations that are reflective of the memberships we serve. Beyond diversity, inclusion matters because without meaningful participation by a diverse group of people, diversity can be reduced to a demographic check-box exercise. Our task, in my view, is to assist and, when necessary, lead our physician members in meaningfully integrating voices and perspectives that are as different as the millions of patients they treat every year.

As the staff leaders within our family of organizations, we have unique access to and influence over our programs, our communications, and, most importantly, our leadership. I urge you to

examine what your Chapter currently does to ensure better diversity and inclusion in leadership. Maybe right now the answer to that is “nothing.” We all have to start somewhere. Perhaps that means making inroads in your educational conference faculty’s diversity. Perhaps it means that you have to cultivate younger leaders differently, or help connect members from underrepresented groups with current leadership. Many Chapters already have resident members of their Boards of Directors but if you do not, there is another opportunity. Check that your meetings and conferences do not conflict with major religious holidays. Consider programming aimed at unconscious bias and/or health care disparity.

There are many avenues by which our family of organizations – ACEP, Chapters, and EMRA – can build better, more diverse, more inclusive organizations for our members. But first, like our members do each and every day, we have to triage. We have to look honestly and soberly at our organizations as they are today and ask ourselves how we can make them more diverse, more inclusive for the members of today and tomorrow.

New Congress, New Administration, New Challenges

Now is not the time to sit on the sidelines. Wondering how can you influence health care policy on the national level?

Join the [ACEP 911 Grassroots Legislative Network](#) today to help emergency medicine convey our principles and priorities to legislators in Washington DC and their home districts.

Already a member of the Network? Take your advocacy to the next level. Host an emergency department visit for your legislator or invite them to meet with a group of local emergency physicians from your chapter.

Newly elected and veteran legislators are hiring key staff, getting up to speed on important issues, and setting priorities for the new Congress. Now is the perfect time to reach out on the local level to educate the member about the specialty and offer to serve as a local resource on issues relating to the delivery of health care.

ACEP 911 Legislative Network

Host a Member of Congress in your Emergency Department

A composite graphic for the ACEP 911 Legislative Network. On the left is a large image of the US Capitol building with a blue stethoscope overlaid. To the right are three smaller photos: the top one shows a group of people in an emergency department; the middle one shows a man in a suit talking to a woman in a white lab coat; the bottom one shows a group of people in professional attire. A large red number '59' is prominently displayed, with the text 'NEW MEMBERS OF CONGRESS' underneath it.

Congress is shaping the nation's delivery of health care

CONTACT JEANNE SLADE IN THE
DC OFFICE: JSLADE@ACEP.ORG

ACEP will work with your schedule & provide visit materials.

www.ACEPAdvocacy.org

Go to the [ACEP Grassroots Advocacy Center](#) for detailed information on how to join the program and start engaging with legislators today!

Emergency Department to Hospital Admission and Discharge, Developed and Provided by ACEP, SHM and Our Educational Partner

EARN FREE CME - Heart Failure Management: From the Emergency Department to Hospital Admission and Discharge

Emergency medicine clinicians and hospitalists have a unique, collaborative relationship in the continuum of care of acute heart failure (AHF) treatment- providing optimal patient care from first point of access through hospitalization to discharge.

Click [here](#) to take this free CME course and get up-to-date, evidence-based information on the clinical presentation of AHF, the importance of an accurate and timely diagnosis, and more!

This program developed and presented by ACEP in collaboration with Haymarket and is made possible through an educational grant from Novartis.

Welcome New Members

Patrick S. Bryant, DO
Anthony D. DeRenzi
Srikar Karanam, DO
Jeffery Pride
Gregory P. Tavai, MD
Dana Vowels
Shawn Weeks, DO
James Wiggins
Jeremy S. Williamson

**Mississippi Chapter ACEP, 2500 N. State St.,
Jackson, MS 39216**

Copyright © 2017 Mississippi Chapter ACEP. All rights reserved.