A Newsletter for the Members of the Colorado Chapter - Fall 2022

In this edition:

News from ACEP:

CO ACEP President's Corner

Allison Trop, MD, FACEP

I sit here writing this update as the snow is falling in Beaver Creek at our first Colorado ACEP Medical Director and CME summit. It appears winter is finally arriving, and I can't wait to hit the slopes!

With a brand-new baby at home I am reminded of how important the art of communication is. It is amazing to see someone who is unable to speak and yet is still so effectively communicating her needs and desires.

A while ago I read a book that I found instrumental in changing my views on communication. I highly recommend it; the book is Nonviolent Communication: A Language of Life by Marshall Rosenberg. The basic overview is that communication is not as basic as we think, and just like any other skill requires practice and continual growth. When it comes down to it, communication is simply about determining an individual's needs and feelings. As we face challenges with staffing shortages, burnout, patient care and a widening political divide; clear and concise communication is more important than ever.

One of the areas we see this in action on a daily basis is in our advocacy efforts for emergency medicine. Your representatives at Colorado ACEP have taken it upon themselves to lobby on behalf of emergency physicians across the state. However, the most important part of communication is attentive and active listening. In order for Colorado ACEP to appropriately advocate for emergency physicians we need to know what the concerns and needs of our constituents are. This is my ask from you. Reach out to us, let us know how things are going in your shop, your concerns, and how we can best help you successfully and enjoyably practice medicine. Reach out to any of our board members or shoot me an e-mail and share your thoughts! This will help us to effectively advocate for our specialty on the state and national level.

Over the next several months I encourage you to practice this in your daily lives, at home and at work. Listen first, see how this changes your communication experiences. Does it improve relationships in the ED? Improve morale in understaffed departments? Do you learn more about your family and friends? Do you feel like you have been able to more effectively communicate with others?

Medical Director's Summit

Ramnik Dhaliwal, MD, JD
Immediate-Past President CO ACEP

On Nov 3rd, CO ACEP put on its first Med Directors/Leadership symposium and what a great event it was.

We were so lucky to have a group of amazing speakers that really are on another level for our first time doing this. The afternoon started off with a great lecture from Dr. Vidor Friedman who now resides in Silverthorne but who previously was one of the original members of Florida Emergency Physicians as well as previous president of Florida ACEP.

At the national level he has served as chair of the Emergency Medicine Foundation as well as President of ACEP where he led the advocacy efforts on the “No Surprises Act.” His lecture was a great primer with insider tips on how to create small donor committees as well as an innovative way for EM groups to create a robust advocacy program with an innovative way to donate to legislators and to create a voice for EM at the state level. If you are looking to expand your advocacy efforts within your group or increase your groups participation within CO ACEP advocacy, please reach out to him at the email below.

After his talk we were lucky enough to have Dr. Mike Granovsky, President of Logix Health and the go to person nationally for everything billing and coding related. He spoke to us about the CPT changes that will take effect on January 1, 2023 and are the biggest changes for documentation and coding that have occurred since the 90’s. He gave a great overview of the changes that will occur with a robust Q&A, answering questions that CO EM doctors had regarding the nuances of the changes. The main differences between existing guidelines versus the new guidelines are:

- The elimination of history and physical exam as elements for code selection.
- E/M code selection is based on Medical Decision Making or Total Time.
- Revisions to the rules for using Time to assign an E/M code.
- Modifications to the criteria for determining the level of Medical Decision Making (MDM).

As always, his lecture gave great pearls and really helped the group further understand some of the nuances of the new rules.

This talk was followed by ACEP President Elect Dr. Aisha Terry, MPH, who is an Associate Professor of Emergency Medicine and Heath Policy at the George Washington School of Medicine and the Milken Institute School of Public Health and was previously the Director of the George Washington Department of Emergency Medicine’s Health Policy Fellowship, which trains physicians to be future public health and health policy leaders. Her focus in the health policy world includes access to care, disparities, and quality in health care. She spoke to us on an issue which our specialty struggles with, the recruitment of a diverse workforce. She gave us amazing insight and recommendations on how to create a robust pipeline to create a diverse workforce in Emergency Medicine. The key to all of this is intentionality in what we do as EM groups in the state and what we all do together to ensure our workforce is as diverse as the patient population we treat on a daily basis.

Dr. Kang was our next speaker. He is the current president of national ACEP, previous president of Washington ACEP, and who is an emergency physician and clinical faculty at Madigan Army Medical Center in Tacoma, Wash. He spoke to us on the importance of EM groups working together as one to accomplish our goals and facilitate change in the state in EM. He used multiple examples of how this has worked effectively in the private sector for corporations who are competitors but who came together in multiple industries to further their goals. The takeaway is that while EM groups may be competitors in markets, for us to

be effective as an EM cohort in the state, we must come together within our specialty and with other specialties around areas of agreement and only then can we work together towards unified solutions to the many issues we face in the state.

Our final speaker was Dr. Jay Kaplan who has practiced in EM for over 25 years. He is a past president of ACEP and is past Medical Director of Studer Group and past Director of Service and Operational Excellence for Vituity. Most recently he was recently Medical Director of Care Transformation and Director of the Be Well Center for LCMC Health in New Orleans, LA and he now lectures on such topics resilience, patient satisfaction, and provider wellbeing both nationally and internationally. He spoke to us about how to keep yourself and your workforce well during these difficult times. He gave us some easy ways to check in on your workforce and yourself and some easy to apply methods to ensure you focus on your own mental health and the mental health of your workforce. This was an amazing way to end our day and was a topic which we all could use some help with.

Overall, the symposium was a great success and we were lucky enough to hear from all these amazing speakers at beautiful Beaver Creek. Not only did everyone have the opportunity to learn from such an amazing group of speakers but also earned 4 CME credits as well as COPIC points. We hope to continue to build and develop this program into an annual program in the state. Hope to see you all next year.

Standing, from left to right is Vidor Friedman, Allison Trop, Suzanne Hamilton, Ricky Dhaliwal, Jay Kaplan, Jamie Dhaliwal, Bill Hilty, Rebecca Kornas and Dan Jablan. Seated are Aisha Terry and Christopher Kang.

Aisha Terry, MD, MPH, FACEP
ACEP President-Elect

Christopher Kang, MD, FACEP
ACEP President

Jay Kaplan, MD, FACEP
ACEP Past President

EM: High Risk, Do Not Miss[2]

Laura Edgerley-Gibb, MD, FACEP
Director, CO ACEP Board of Directors

Colorado ACEP hosted an outstanding leadership and CME event in Beaver Creek on November 3rd and 4th.

The Medical Director's Summit featured presentations by a true who's who of national Emergency Physician stars. National ACEP President-Elect Dr. Aisha Terry discussed how to achieve diversity and inclusion in the workforce. She shared statistics showing that Emergency Medicine is currently the least diverse physician specialty and identified ways

we can better recruit and retain physicians. She emphasized the importance of intention in our recruiting efforts to achieve diversity. Dr. Michael Granovsky presented the new documentation guidelines starting in 2023. The new guidelines will focus on medical decision making, with higher codes assigned for more complex patient care. Looking at outside records, obtaining history from caregivers, and both lab/radiology review and discussion of why labs or radiology studies weren't ordered (for instance use of PECARN Criteria for imaging in pediatric head injury) are examples of how your documentation will support the proper coding level. Dr. Vidor Friedman emphasized the importance of advocacy for emergency medicine through financial support or time given to organizations like NEMPAC. He pointed out that we often forget the importance of how our advocacy efforts make a difference at both the local, state and national levels. He encouraged Emergency Medicine leaders to help their teams get involved in advocacy efforts. Current ACEP President Dr. Chris Kang challenged us to think about competition in a new way - specifically looking at how we can work together with our competition to achieve greater goals. Dr. Jay Kaplan highlighted ways to replenish ourselves and our teams - with a big focus on gratitude. Medical Directors from across the state spent time networking and discussing best practices.

The CME Event on November 4th featured presentations on various "High Risk - Do Not Miss" topics. Dr. John Bealer from Children's Colorado Trauma Surgery reviewed the care and resuscitation of pediatric trauma patients. He covered that resuscitation remains similar for pediatrics and adults, but imaging guidelines differ. Panscans for pediatrics are not routinely recommended and he encouraged community EM physicians to reach out to Children's to consult with their pediatric trauma team. He also presented on the severe dangers of pediatric button battery ingestion. Children's Colorado and the National Poison Control Center both have easy to find algorithms for managing these patients.

Dr. Morgan Eutermoser Pinkston used case-based presentations to review the proper management of altitude related illnesses. Diamox can be preventative. Some individuals may have genetic predispositions to development of altitude illness.

Dr. Janetta Iwanicki, a fellowship trained toxicologist and Denver Health Faculty, presented on the dangers of herbal abortifacients. She explained that poison control across the country are experiencing increasing numbers of calls about toxic effects of herbal abortifacients. The most common of these herbals include pennyroyal, which can lead to liver failure, as well as mugwort which can cause cardiovascular issues as well as severe allergic reactions. Colorado Poison Control can guide any physician needing help.
Dr. Alicia Bennett from Blue Sky Neurology covered posterior circulation strokes. We reviewed the positive and negative findings on HINTS exam and how that determines the likelihood of peripheral vs central cause of nystagmus. She also covered stroke mimics.

The afternoon featured a hands-on ultrasound training led by Dr. Matthew Riscinti. The faculty covered the RUSH (Rapid Ultrasound for Shock and Hypotension) exam as well as common and uncommon procedures (from ultrasound guided IVs/Lines to pericardiocentesis to nerve blocks!). We used human models to practice our RUSH skills as well as several simulators provided by Limbs and Things to practice thoracentesis, pericardiocentesis and line placement.


EXIT


EXIT

ACEP Council: September 29 & 30, 2022

Doug Hill, DO, FACEP

The Council is ACEP's deliberative body that meets once a year for two days in conjunction with the College's annual Scientific Assembly, this year held in San Francisco. The Council discusses and votes on resolutions as well as any proposed changes to the Bylaws. In addition, the Council elects members to the Board of Directors and also elects the President-elect of the College. Every other year (the odd years) the Council also elects the Vice-Speaker and Speaker of the Council, so that did not occur this even year.

The ACEP Council consists of members representing ACEP's 53 chapters (50 states, Puerto Rico, the District of Columbia and Government Services), as well as 39 Sections of membership. In addition, affiliated Emergency Medicine organizations are represented. These include the Association of Academic Chairs in Emergency Medicine (AACEM), the Council of Emergency Medicine Residency Directors (CORD), the Emergency Medicine Residents' Association (EMRA) and the Society for Academic Emergency Medicine (SAEM). This year Colorado ACEP was represented by 7 Councillors, and 1 Alternate. That added up to a grand total of 448 Councillors.

The Council considered 65 resolutions: 45 were adopted, 17 were not adopted, and 4 were referred to the Board of Directors. Non-Bylaws resolutions, except for Council Standing Rules amendments, required a majority vote of the Board for ratification.

The following Resolution titles are those that were adopted, many by the consent agenda, others amended and or combined with like resolutions. Their full text and final wording can be found in the Speaker's Report released by Kelly Gray-Eurom, MD, FACEP. (This list does not include Commendation or Memorial Resolutions).

Council Standing Rules Resolutions
15 - Electronic Voting During the Council Meeting – Council Standing Rules Amendment (amended)
16 - Required Candidate Campaign Materials from Floor Candidates

Bylaws Resolutions
11 - Establishing a Young Physician Position on the ACEP Nominating Committee

Non-Bylaws Resolutions
17 - Criteria for the Location of Future National ACEP Events (substituted)
19 - Due Process and Interaction with ACEP (amended)
24 - Access to Reproductive Rights (amended)
25 - Advocacy for Safe Access to Full Spectrum Pregnancy Related Health Care (amended)
26 - Promoting Safe Reproductive Health Care for Patients (amended)
27 - Equitable Access to Emergency Contraception in the ED
28 - Billing and Collections Transparency and Interaction with ACEP (amended)
29 - Buprenorphine is an Essential Medicine and Should be Stocked in Every ED
32 - Supervised Consumption Facilities/Safe Injection Sites
33 - Telehealth Bridge Model for the Treatment of Opioid Use Disorder
34 - Emergency Department Safety
35 - Workplace Violence Towards Health Care Workers (amended)
36 - Emergency Medical Services Are Essential Services (amended)
37 - Enhance Patient Safety and Physician Wellness
38 - Focus on Emergency Department Patient Boarding as a Health Equity Issue (amended)
39 - Signage at Emergency Departments with Onsite Emergency Physicians (amended)
40 - Support for Medicaid Expansion
41 - Addressing Stigma in the Emergency Department (amended)
43 - Endorsing ED Resident Competency in Buprenorphine Initiation (amended)
45 - Onsite Supervision of Nurse Practitioners and Physician Assistants
46 - Safe Staffing for Nurse Practitioner and Physician Assistant Supervision (amended)
47 - Independent Agency Report for Nurse Practitioner Schools (amended)
50 - Supporting Emergency Physicians to Work in Rural Settings (amended)
51 - Implementation of Social Determinants of Health Evaluation in the ED (amended)
56 - Policy Statement on the Corporate Practice of Medicine (amended)
57 - Recognized Bodies for Emergency Physician Board Certification (amended)
58 - Removing Intrusive Medical Exams and Questionnaires from Employment Contracts (amended)

Referred Resolutions
10 - Candidate Members in the ACEP Council – Bylaws Amendment
20 - Expert Consultation for Employee Contracts
22 - State Chapter Funding
53 - Law Enforcement and Intoxicated Patients in the ED

Council Elections
ACEP's Board of Directors had 4 seats to fill. Elected by the Council were incumbents Jeffrey Goodloe, MD, FACEP (Oklahoma); Gabe Kelen, MD, FACEP (Maryland); Ryan Stanton, MD, FACEP (Kentucky); and new Board Member Kristin McCabe-Kline, MD, FACEP (Florida). The Council also elected Aisha Terry, MD, FACEP, (Washington, DC) as President-elect. She will serve a one-year term in this capacity and will then assume

the Presidency at ACEP23 to be held in Philadelphia. Chris Kang, MD, FACEP (Washington) who was elected President-elect last year, assumed the ACEP Presidency. The Board, at their Board Meeting after the Council and on the last day of ACEP22, voted to fill out its other executive officers. Joining Gillian Schmitz, MD, FACEP, Immediate Past-President, the following were elected: Tony Cirillo, MD, FACEP as Chair of the Board, John Finnell, MD, FACEP Vice-President, and James Shoemaker, Jr, MD, FACEP Secretary-Treasurer.

Colorado ACEP would like to thank the following Councillors and Alternates for their service and excellent work prior to and during the Council Meeting: Jamie Dhaliwal, MD, MPH, MBA; Ricky Dhaliwal, MD, JD; Laura Edgerley-Gibb, MD, FACEP; Anna Engeln, MD, FACEP; Doug Hill, DO, FACEP; Rebecca Kornas, MD, FACEP; Carla Murphy, DO, FACEP; and JT Thompson, MD, FACEP; as well as Don Stader, MD, FACEP who represented the Pain Management Section. We were again honored to have Brooks Bock MD, FACEP (past ACEP President, 1983-84) join the Colorado contingent by ACEP custom as he now resides in Vail.

Clinical Corner

An Ocean of Information: Fluids in Flux

Evan Gerber, MD; Gabe Siegel, MD

Introduction

Volume resuscitation is an important part of management of many critically ill patients. Fluid resuscitation of 30 mL/kg of ideal body weight within 3 hours of presentation of a patient with sepsis is the cornerstone of the Surviving Sepsis Campaign (SSC) guidelines despite low quality of evidence supporting this recommendation.[1] Similarly, aggressive IV hydration is the mainstay of treatment for acute pancreatitis, but there emerging literature that fluid resuscitation may not be as beneficial as we previously thought and excessive fluid may be associated with poor outcomes.[2-8] Recently, several high-quality studies have been published re-examining the role of crystalloid in the resuscitation of both sepsis and pancreatitis. We will provide a brief review of the current literature on volume resuscitation in both pathologies and some background regarding our current standard of care.

Sepsis - Where were we and where are we now?

The Rivers trial dawned an era of liberal fluids (30mL/kg) in sepsis after demonstrating significantly decreased mortality with “Early Goal Directed Therapy” (EGDT) - which often included administering greater than 30mL/kg of crystalloid.[9] This study was one of the foundations of the SSC guidelines regarding the upfront administration of the 30mL/kg bolus. Three large randomized controlled trials (RCTs) - ProCESS, ProMISe and ARISE - all demonstrated that EGDT in sepsis did not improve mortality although none specifically examined a fluid restrictive compared to a fluid liberal strategy or the bolus.[10-12] There is a commonly cited systematic review published in 2021 that explicitly examined the evidence for the recommended 30mL/kg bolus. They found there was no high-quality evidence for the recommendation and concluded that no study demonstrated significant differences in mortality between those who received the bolus and those who did not.[13]

More recent literature has begun to support a new paradigm of using a “restrictive” strategy in fluid resuscitation in sepsis. First, the REFRESH study suggested that a restrictive fluid and early vasopressor strategy may be non-inferior to SSC guidelines in the initial resuscitation of emergency department patients with septic shock[14]. The

CLASSIC trial added evidence that a restrictive fluid strategy after the initial resuscitation did not cause harm and was non-inferior to a more liberal fluid approach among ICU patients with septic shock.[15]

Unlike the REFRESH and CLASSIC trials, which focused on patients with septic shock, the REFACED trial took the first step toward investigating an upfront restrictive vs. standard fluid approach in ED patients with sepsis *without* shock.[16] Although this study was a feasibility trial and not powered to evaluate patient-centered outcomes, there was no signal toward harm in the fluid restricted group.[16] REFACED appears to be a critical step toward a more robust - and hopefully practice changing - study on how to best utilize fluids in sepsis management.

Given the direction of the literature, in 2021, ACEP issued an official statement warning a one-size-fits-all approach fluid resuscitation to sepsis may be harmful to patients. ACEP suggests a more nuanced approach, acknowledging that most patients with sepsis do benefit from some degree of fluid resuscitation, but advocates for an *individualized*assessment of each patient's underlying hemodynamics and comorbidities.[17]

Pancreatitis - Where were we and where are we now?

Unfortunately, the literature regarding the appropriate volume and rate of crystalloid in acute pancreatitis is sparser than sepsis. Up until recently, consensus guidelines and literature supported early and aggressive volume repletion in acute pancreatitis and suggested that this may reduce mortality.[2-4] Several studies and reviews have demonstrated mixed results examining aggressive crystalloid resuscitation in patients with pancreatitis.[18-21]

The WATERFALL RCT is the first well designed prospective randomized controlled trial studying this topic.[8] They conducted a multicenter prospective RCT comparing moderate vs. aggressive fluid resuscitation in patients with acute pancreatitis. Patients were randomized to the “Aggressive” group where they were bolused 20mL/kg followed by an infusion of 3mL/kg/hr or the “Moderate” group where they were started on an infusion of 1.5mL/kg/hr and bolused 10mL/kg/hr only if they were hypotensive. The trial was stopped early due to concern for harm in the “Aggressive” group. Ultimately, early aggressive fluid resuscitation resulted in more volume overload and trended worse in other patient centered outcomes, however, interpretation of some of their secondary outcomes is hindered by lack of power and early cessation of the trial.

Conclusion

The existing literature heavily challenges the current paradigm of administering large amounts of fluids to patients in the emergency department. Continue to monitor the literature and guideline recommendations - as our current standards of care may change in the future.

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Upcoming Events Calendar

- December 12, 2022 4:30pm – 5:30pm Medical Directors' Call
- January 25, 2023 12pm – 2pm - Annual Meeting @ Denver Art Museum
- January 25, 2023 2pm – 3pm – Board of Directors
- Pending Board Approval:
    - March 2023 Board of Directors in conjunction with the Rocky Mountain Winter Conference, Breckenridge Feb 25 – Mar 1
    - May 24, 2023 12pm – 2pm – Board of Directors
    - July 26, 2023 12pm – 2pm – Board of Directors
    - September 27, 2023 12pm – 2pm – Board of Directors
    - November 15, 2023 12pm – 2pm – Board of Directors
- January 9, 2023 4:30pm – 5:30pm Medical Directors' Call
- February 13, 2023 4:30pm – 5:30pm Medical Directors' Call
- March 13, 2023 4:30pm – 5:30pm Medical Directors' Cal
- April 10, 2023 4:30pm – 5:30pm Medical Directors' Call
- May 8, 2023 4:30pm – 5:30pm Medical Directors' Call
- June 12, 2023 4:30pm – 5:30pm Medical Directors' Call
- July 10, 2023 4:30pm – 5:30pm Medical Directors' Call
- August 14, 2023 4:30pm – 5:30pm Medical Directors' Call
- September 11, 2023 4:30pm – 5:30pm Medical Directors' Call
- October 9, 2023 4:30pm – 5:30pm Medical Directors' Call
- November 13, 2023 4:30pm – 5:30pm Medical Directors' Call
- December 11, 2023 4:30pm – 5:30pm Medical Directors' Call

Welcome New CO ACEP Members!

Tyler Hauck Aronstein, DO
Joel Ayers
Bruce Mark Becker, MD, FACEP
Colette T Berube, MD
Madison Lee Brown
Jason Buckaloo, PA-S
Melaina Diane Chandou, DO
Jessica Paige Dalio, MD
Jennifer Lynn Geiger, MD, FACEP

Jonah Michael Gevercer, MD
Elizabeth M Goldberg, MD, FACEP
David C Kasarda, MD, FACEP
Samuel Hiu-Fung Lam, MD, MPH, FACEP
Kelli Lewis, MD, FACEP
Austin Meggitt, MD
Maxx Nichols
Wesley Paulson
Ethan R Saffer, DO
Julia Schearer
Thomas Seibert, MD
Chris Michael Thomson, MD, FACEP
David Procter Thomson, MD, FACEP
Stacey R Williams, DO

FROM NATIONAL ACEP

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

ACEP Resources & Latest News

ED Boarding: Advocacy on the Front Lines
ACEP launched an advocacy and public awareness campaign to sound the alarm on the ED boarding crisis. The campaign centers around more than 100 boarding stories sent in by ACEP members that paint a picture of the grim situation in many EDs across the country. Your stories formed the heart of the letter ACEP sent to the White House on Nov. 7, cosigned by 34 health care and patient advocate organizations.

In the latest regulatory blog, ACEP Senior Vice President for Advocacy & Practice Affairs Laura Wooster provides a progress report on this week's efforts and previews next steps.

ACEP continues to collect boarding stories. Submit yours via this anonymous form.

Visit our new ED Boarding resource page to view the stories, read the advocacy letter and get talking points on the issue.

The 2023 Physician Fee Schedule Final Reg-- Highlights and Analysis

Two major Medicare final rules were recently released, including the 2023 Physician Fee Schedule that has a big impact on reimbursement. ACEP's regulatory team analyzed 3,000+ pages of content and wrote a special edition of Regs & Eggs.

New Data Underscores Cost and Health Outcome Concerns with Independent Practice
We know that everyone on an emergency care team is integral and valued. But our experience shows that nobody else has the training or expertise of an emergency physician. As lawmakers and administrators evaluate whether to empower nurse practitioners and physician assistants beyond the scope of their training, new data from Stanford University reinforces our reservations about exposing non-physician practitioners to responsibility they are not prepared to assume. Read more in the November ACEP Board Blog.

Podcast: Managing Difficult Pediatric Airways
Pediatric respiratory illnesses are on the rise. In this episode of ACEP Frontline, Dr. Al Sacchetti reviews the approach and management of difficult pediatric airways. Listen in.

EMF Grant Cycle is Open, Set to Award $1.5 Million in Funding
Get those grant applications ready! The Emergency Medicine Foundation is set to award $1.5 million in grants, with opportunities covering a wide range of critical EM research topics. This cycle includes seven new grant categories. Apply by Jan. 20, 2023.

Honor Outstanding Medical Students with ACEP/EMRA Awards
Make sure standout students get recognized for going above and beyond! The deadline is Jan. 8 to nominate a 4th year EM-bound medical student for the ACEP/EMRA National Outstanding Medical Student Award. Learn more.

Childcare challenges + solutions: ACEP's Young Physicians Section convened a panel of YPs who utilize au pairs, nannies, at-home daycares and more. View the episode and related resources.

CDC Releases 2022 Clinical Practice Guideline for Prescribing Opioids for Pain
The new CDC Clinical Practice Guideline for Prescribing Opioids for Pain–United States, 2022 (2022 Clinical Practice Guideline) provides 12 evidence-based recommendations for primary care and other clinicians who provide pain care, including those prescribing opioids, for outpatients aged 18 years and older with acute, subacute and chronic pain. Read more on the CDC's website.

Upcoming ACEP Events and Deadlines

Dec. 14: Virtual Grand Rounds: Advanced Ultrasound-Guided Nerve Blocks
Jan. 8: Deadline to nominate a 4th year EM-bound medical student for the ACEP/EMRA National Outstanding Medical Student Award
Jan. 17: The Nuts and Bolts of Physician Reimbursement 2023

Jan. 20: Deadline to Apply for an EMF Grant
March 31-April 3: ACEP's Advanced Pediatric EM Assembly
April 13-15: EM Basic Research Skills, Session II

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