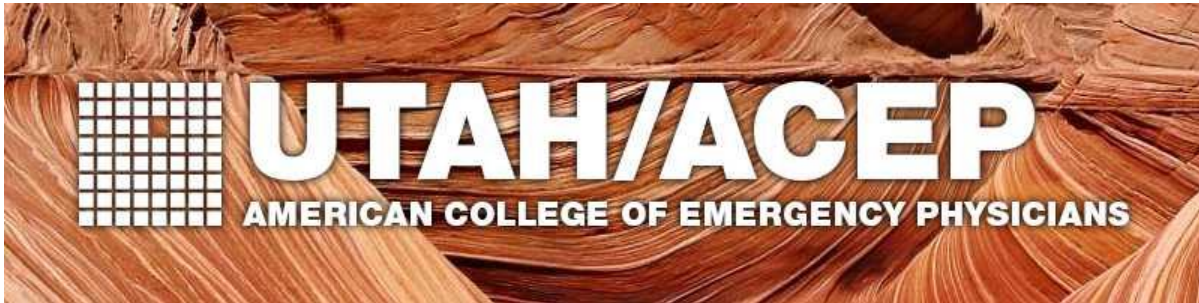


A Newsletter for the Members of the Utah Chapter - Summer 2023



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Newsletter prepared by Alison Smith, MD, MPH, FACEP, UCEP President

Advocating for You! Report from LAC 2023

By Jordan Mabey, MD

In April 2023, five representatives from the UCEP board attended the annual ACEP Leadership and Advocacy Conference (LAC). We had a great time in Washington, D.C. listening to a great lineup of speakers, building bridges with other state chapters, and advocating on Capitol Hill with our representatives and senators from Utah.

This year we were able to advocate for a number of important bills affecting our specialty. A couple of the highlights include bills addressing Medicare reimbursement and workplace violence in the emergency department.

One of the major points of emphasis in the conference was the impact that frontline stories have had in helping move the needle on some of our major policy initiatives. As your representatives, we'd love to hear your stories - both good and bad! Tell us about the successes and struggles your groups face, about workplace violence and local solutions that have worked for you, and if there is anything we can do to serve the Utah emergency medicine community better!

We look forward to another great conference next year. If anyone is interested in joining our state delegation next year let us know, and reach out for anything we can do to better serve you. Thanks for all your hard work, everyone!

Mechanism Matters: DAI, Skull Fractures, and Brain Bleeds

By Alex Franke, MD

PGY-3, University of Utah Emergency Medicine Residency

There's nothing like a month on the trauma service to make you ponder why patient's with seemingly similar mechanisms have such dramatically different neurologic injuries. Why do some patients end up with skull fractures and epidural hematomas, while others have subdural hematomas and diffuse axonal injury (DAI)?

It turns out that this all comes down to mechanism of injury. When I say mechanism, I'm not talking about motorcycle collision vs ground level fall vs the Ely special (bucked off a horse), but rather linear vs rotational impact. To understand why this matters we must go back to our undergraduate physics classes.

The skull and CSF do a phenomenal job of protecting the brain from linear forces, but do little to protect us from rotational forces. This is due to the physical properties of bulk modulus, and shear modulus. Bulk modulus is a measurement of external compression on all sides required to change the volume of a structure. Shear modulus is a measurement of how much lateral force on one side of an object (shear) it takes to deform the structure. The amount of force required to compress the brain, the bulk modulus, is about 5 orders of magnitude greater than the amount of force required to cause the brain to shear. You may be asking, what does this mean in practical terms?

Practically, this means that the brain itself is much more susceptible to damage from rotational forces, than it is to linear forces. The skull, on the other hand, is more susceptible to linear forces. Linear forces are more likely to cause skull fractures, cerebral contusions, and epidural hematomas. Epidural hematomas are the result of arterial injuries, most commonly the middle meningeal artery. The middle meningeal artery courses adjacent to the temporal bone, which happens to be the weakest bone in the skull. For this reason, a strong linear impact is likely to break the temporal bone, lacerate the middle meningeal artery, and cause an epidural hematoma.

Rotational forces on the other hand tend to cause subdural hematomas and DAI. When our brains are subjected to rotational forces, different parts of the skull and brain move at different speeds. This occurs because rotational forces cause different rates of acceleration for objects of different densities. When the brain and the skull rotate at different speeds, the bridging veins are caught in the middle, and shear apart. Similarly, grey matter and white matter have different densities. This means that when rotational forces act on the brain itself, grey matter and white matter move at different speeds causing significant shear force at the grey-white junction. This leads to disruption of the axons and DAI.

What does all of this mean practically? Not much for an emergency medicine physician, but it is interesting! It does help us better understand why certain injury patterns are often present (DAI with SDH, epidural hematoma with skull fractures), and can help us know what to look for on follow-up imaging. If nothing else, for me personally diving into the esoteric details of head injuries served as a good reminder of why I had to limp my way through undergraduate physics.

Medical Thought Leaders to Convene in Ukraine for Collaborative Summit

By Anne Burelbach, MD

An International Healthcare Summit has been scheduled in Kyiv, Ukraine for Nov. 7-9, 2023. August Mission, a humanitarian non-profit agency, and JANZ Corporation, a global medical equipment supplier, will be hosting the Summit through the approval of the Kyiv Regional State and Military Administration. This three-day Summit will feature discussions on medical innovation, education, and medical expertise, in various fields and modalities, with an emphasis on military-related injuries and rehabilitation. It will bring together top officials from Ukraine, including representatives of the Cabinet of Ministers, heads of regional administrations, international organizations, Ukrainian medical institutions/doctors, and industry experts to exchange knowledge and ideas with the aim to improve patient outcomes and the quality of life for Ukrainians.

Discussion Tracks will include Battlefield Trauma (Hemorrhagic Shock, Traumatic Brain Injuries, Transport and etc.), Hospital Services (Surgical Procedures, Pharmaceuticals and Medical Equipment) and Rehabilitation (Prosthetics and Mental Health). Panels of experts will be scheduled to share ideas and discuss “Lessons Learned” in a wartime environment. Time will also be allotted during the three days to visit local hospitals, rehabilitation centers and to meet with healthcare-related dignitaries. To learn more and/or register for the International Healthcare Summit-Ukraine 2023, please visit our website at <https://internationalhealthcaresummit.org/>.

August Mission is driven by a profound commitment to alleviate human suffering and address the multifaceted challenges related to humanitarian support, recovery, and resettlement. With a focus on displaced persons, persecuted groups/individuals and marginalized populations, August Mission strives to develop innovative solutions that can make a meaningful difference in the lives of those affected. Website: <https://augustmission.org/>.

JANZ Corporation is a healthcare-centric Service-Disabled Veteran Owned Small Business (SDVOSB) dedicated to providing exceptional medical equipment, supplies, and therapy services to all levels of the U.S. Government. With a strong commitment to serving the needs of the military community, JANZ Corporation has become a trusted partner in delivering essential healthcare solutions. Website: <https://janzcorp.com/>

What Is Metacognition, and Why Should I Care?

By David Mabey, MD

Our lives as EPs revolve around making decisions. At the same time, the environment in which we practice is about as disruptive to good decision-making as one can get. We have to make fast decisions with limited information, which is sometimes misleading, all in a chaotic high-stress, high-pressure environment with frequent interruptions.

We all learned about physiology, pathophysiology, anatomy, and procedures, but how many of us were thought just how to think and reflect on what we're doing? How many of us were given techniques to avoid biases our brains have that seem tailor-made to lead us down the wrong cognitive path? Every time we take a step back and ask ourselves "is there anything else this could be?" we are undertaking a metacognitive task. Every time we admit we don't entirely know what's going on, we are using metacognition. Every time we are overconfident in our skills or knowledge we are rejecting metacognition.

By better understanding the way our brains make decisions, and better understanding our own blind spots, we can decrease our own error and take better care of our patients. To decrease error, we need to begin to learn about cognitive biases, recognize them in our own thinking, remove the stigma of cognitive bias, then through our own metacognitive processes, actively seek to counteract them.

Even still, sometimes we don't know what we don't know. We also have a hard time seeing into our cognitive blind spots.

FROM NATIONAL ACEP



ACEP Resources & Latest News

ACEP President shares highlights of ACEP victories. In the July issue of *ACEP Now*, Medical Editor in Chief Cedric Dark, MD, FACEP, checks in with ACEP President Chris Kang, MD, FACEP, for the latest on the College's work to address ED boarding, physician burnout, private equity in EM and more. [Read more.](#)

Advocacy victory: In a big win for emergency physicians, changes to the surprise billing process are now in the works. We heard your concerns and used our voice to call out extensive flaws in the law's implementation. This is your dues dollars at work. [Read more.](#)

Latest updates related to the APP closure: In the wake of American Physician Partners' closing, many members need immediate support. Even if you weren't directly impacted, the changing landscape of healthcare brings uncertainty - and ACEP has [tools](#) to help.

- Watch our recent [legal webinar about job transitions](#) to help with contract decisions.
- Access our **new** [contract toolkit](#) with extensive, members-only FAQs about insurance, contracts and legal issues during career transitions
- Email presidentkang@acep.org if you or a colleague has been affected, and share specific circumstances so ACEP can provide tailored assistance.

Your newest member benefit helps with contract review and negotiations! ACEP's new partnership with Resolve gives you free access to real-time salary data, a contract scorecard to rate any new or existing contract, and updates on the current J-1 waiver cycle. ACEP members also get 20% off additional packages from Resolve. [Read more.](#)

Millions in Funding Set for ALTO, MAT Programs. ACEP advocacy resulted in millions of dollars in grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). The significant boost for emergency physician-led Alternative to Opioids (ALTO) and Medication-Assisted Treatment (MAT) programs will help save lives and improve care related to opioid use disorder. ACEP developed and worked to pass the law to establish ALTO and strongly supports MAT expansion, including the recent repeal of the "X-waiver." [Read more.](#)

ICYMI, ACEP releases statements on Diversity and CMGs

On July 14, ACEP issued a [Policy Statement on the Corporate Practice of Medicine](#). ACEP believes the physician-patient relationship is the moral center of medicine. The integrity of this relationship must never be compromised. On July 20, ACEP issued a Joint [Statement from EM organizations on efforts to diversify healthcare](#) professionals in the U.S. [See all policy statements.](#)

ACEP Grassroots Advocacy

ACEP's ED Visit Program

As part of ACEP's federal advocacy efforts, we aim to have as many legislators as possible visit emergency departments in their communities to see first-hand the inner workings of an ED and those patients seeking care in the ED. Members of Congress rely heavily upon input from their constituents when considering issues and making policy decisions. As the front line of our nation's health care delivery system, emergency physicians are well-positioned to educate legislators on a wide range of issues including patient access, public health concerns, rural and inner-city health issues, and quality of care.

ACEP assists in the scheduling and preparation for these visits, including talking points and tips on coordinating the visit with your hospital staff and administration.

For more information about hosting an ED visit for your federal legislator, please contact [Jeanne Slade](#) or [Liz Demorest](#) in the ACEP Washington, D.C. Office.

NEMPAC Networking Opportunities at ACEP23:

The NEMPAC Board of Trustees is inviting NEMPAC VIP donors to two exclusive events at ACEP23 – don't miss the opportunity to network with ACEP leaders and colleagues who support emergency medicine advocacy!

NEMPAC VIP Donor Reception

When: Sunday, October 8, 6-8 p.m.

Where: The Liberty View at Independence Visitor Center, 599 Market Street, Philadelphia

How to Receive an Invitation: Donate \$600 (\$365 for transitioning and retired members, \$60 for residents)

NEMPAC “Give-a-Shift” Donor Lounge

When: Monday, October 9 – Wednesday, October 11, 8 a.m. – 4 p.m. each day

Where: Philadelphia Convention Center, Level 100, Room 117

How to Receive an Invitation: Donate \$1,200 (\$365 for transitioning and retired members, \$120 for residents)

[Donate to NEMPAC](#) by October 4 or during ACEP23 to join us at the Reception and Lounge!

Upcoming ACEP Events and Deadlines

Sep. 18: Nominations due for [ACEP's Medical Humanities Writing & Visual Arts Awards](#)

Oct 9-12: [ACEP23](#) Scientific Assembly, Philadelphia, PA

Contact Utah ACEP

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