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Therese Mead, DO, FACEP

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Submissions to the September/October 2024 Newsletter should be received by the Chapter office no later than October 1, 2024.

July/August 2024

FROM THE PRESIDENT

SUPPORT. VALUE. GROWTH.

It is truly a privilege to take the helm over from Dr. Fill as he finishes his year as President of the Michigan College of Emergency Physicians. It has been an extraordinary year with his leadership and I am truly honored to follow his footsteps as President of the most exceptional chapter of ACEP. Thank you, Dr. Fill.

I've been reflecting on my own personal journey with MCEP and these words continue to resonate: Support. Value. Growth.

Support. What a journey it has been!! It seems like just yesterday that I attended my first event as a "big doc," coming up to Summer Assembly. National leaders, collegial members, exceptional staff, dynamic speakers.... it was clear to me that MCEP was a place where emergency physicians come together for mentorship, friendship and to get things done for their patients and specialty. In the decade plus that has followed, I have been continuously amazed by the wealth of wisdom and experience of our members and leaders. We are truly fortunate to have each other in Michigan as the 5th largest chapter of ACEP. In these next 12 months, I want to remind all of us of the support that our College is here to provide - and remind ourselves of the tremendous support we are able to provide to each other as fellow members of MCEP. I hope that every new residency graduate and medical student who comes to an MCEP event is inspired and energized to be a part of Emergency Medicine in Michigan.

Value. Each and every person in our College brings extraordinary value to our organization, whether a new or established member,

a medical student considering EM, a current resident, a past-president, perhaps a founding member, or current committee chair. Imagine if we were to add up the thousands of hours ... the years... the *lifetimes* ... of service represented by members of our organization.

At our Annual Meeting, we acknowledged the service of outgoing members of the Board of Directors. I would like to once again say thank you to Dr. Sara Chakel, Dr. Diana Nordlund, Dr. Jennifer Stevenson and Dr. Laura Schroeder as they move on to new roles. You are valued by your college; your wisdom and counsel are recognized, and I hope that you continue to engage with your Chapter leaders to help us grow as an organization. In these next 12 months, I plan to continue to promote the value of this organization to current and future members while recognizing the contributions of each of you.

Growth. The post-pandemic world poses many challenges to the everyday practice of emergency medicine, let alone innovation and growth. The last few weeks alone could have coined the word "unprecedented" in our country. As we navigate these challenges, MCEP provides an opportunity for each of us to experience professional growth whether through the Leadership Development Program, committee membership, participation in a task force, speaking with legislators in Lansing, going to DC as part of the largest LAC contingency, exploring a seat on the Board of Directors or one of many other opportunities. I invite each of us to explore new opportunities and to allow mentors in the College to help us all continue to grow in ways that may well surprise us along on our EM journey.

There is exciting work ongoing in our College. The Legislative Committee remains at the forefront of current issues, actively monitoring Michigan legislation. Medical Student Outreach Committee is planning another Medical Student Forum to coincide with our Winter Symposium at Boyne Mountain. EMRAM is hard at work engaging our resident members. Our PR Committee is busy getting the word out of the value that your College provides. Your Education Committee continues to provide timely education and explore new ideas, recently developing a program to engage committee membership in residency site visits. And these are just a few examples. As we navigate these unusual times for our country, let us continue this work. If we support each other, if we value each other, we grow together. Thank you all & I look forward to these next 12 months in your service. §



Therese Mead, DO, FACEP

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YOUR VOICE

At the end of July every year, MCEP hosts the summer assembly, a portion of which is the annual membership meeting. As part of this meeting, the various sections of MCEP get to share the work and progress that has been done throughout the year, and to highlight all the important efforts that are undertaken by your leadership within the College. I think that all the hard work and advocacy that gets done throughout the year should have a medium to get out to the members at large, so they can see what your representation is doing to advance the specialty. As part of my end of the year discussion about the newsletter, I was considering what important role that the newsletter plays for the College, and one of the most important benefits of the newsletter is that it is "your voice." News and Views serves as a means for emergency medicine to advance, by highlighting the work that has been done, and continues to be done within the state. I expect for many, this will be perhaps the only way that they may have an opportunity for a busy practicing physician to gain insight and updates into advances in areas such as political advocacy if they do not have a personal interest or are already involved.

In addition to political advocacy, there is the opportunity through the newsletter to highlight a particular interest or learning experience in the field of emergency medicine. Subspecialty specific topics have given us insight into coding and billing, pediatrics, toxicology, wilderness medicine, to name a few that I have seen as a part of my time as editor. It also gives residents (and now medical students) the opportunity to have their voice heard, as well as to be involved with the academic tasks that surround preparing and publishing an article for review by emergency medicine colleagues.

I looked back on the way the newsletter has changed in the last year. We were fortunate to advance and expand in several different ways, by both incorporating new authors into our yearly newsletter, as well as featuring several new sections. As already mentioned, we

have had new contributors in regular recurring articles as well as introduced a medical student section. Moving forward, I would love to welcome new contributions, especially since I think the newsletter serves a very important function, to be a voice for yourself as the field and practice of emergency medicine shifts over time.



Andrew Taylor, DO, FACEP

I think change is going to be an inevitable and constant for years to come. In at least the last several years we have had many ups and downs, and I'm not sure that I would expect anything to be different as time moves forward. As inevitable as this type of change is, I invite you to have a voice in the process, and welcome those who may be interested in highlighting an article in the newsletter as an avenue to do so. If writing and producing articles are not your speed, consider reaching out to local representation to make your voice heard, or alternatively reach out to an MCEP staff or board member to express your opinion about the future of emergency medicine. Coming up shortly is the ACEP council meeting, which is a great way to advance the future of emergency medicine, and we would love to hear your thoughts to be your voice in this. §



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Luke Saski, MD, FACEP — *Treasurer*

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AUGUST 6TH STATE ELECTION PRIMARY RESULTS AND NOVEMBER 5TH PREVIEW

Michigan electors went to the voting booths on Tuesday, August 6th for the state primaries. The main race on the ballot was the primary for the open U.S. Senate seat being vacated by long-time Senator Debbie Stabenow. Democrats selected current Congresswoman Elissa Slotkin and Republicans chose former Congressman Mike Rogers. These were the preferred general election candidates for each primary and set up one of the most sought-after races in the nation.

With the selection of current U.S. Vice President Kamala Harris as the Democrats Presidential nominee and the return of former U.S. President Donald Trump for the GOP nomination, Michigan will be one of the top 3 battleground states this fall. Estimates pin the combined expenditure in the state for the Presidential and open US Senate race at over \$100 million. That number is staggering but it's safe to say you'll all be bombarded online and while watching/streaming TV this fall by ads.

Also of critical importance is the fall election for the state House of Representatives. Currently, House Democrats cling to a narrow 56-54 majority. With all 110 seats up for election this fall, control will be focused on a half dozen seats for the 2025-26 legislative session.

HOUSE AND SENATE HEALTH POLICY COMMITTEES FALL UPDATES

We do not expect a robust legislative agenda for the brief September session. Focus is on the November election. Health Policy committees in the House and Senate will meet to have hearings on issues are non-

controversial and ready to start the hearings process. The lame duck session will be far more robust and MCEP will be ready to advocate for our patients and physicians should opportunities arise to defend the profession or make advances in insurance payments or access.



*Bret Marr, Lobbyist
Muchmore, Harrington, Smalley
& Associates*

SB 279 – LEGISLATION TO ALLOW NURSE PRACTITIONERS TO OPERATE INDEPENDENT OF PHYSICIANS

Legislation that would allow registered nurse practitioners to receive controlled substance prescription licenses and supervise registered and practical nurses without the oversight of a physician has received a committee hearing in the Senate Health Policy Committee. Michigan's current laws require nurse practitioners to be licensed under a supervising physician who fills prescriptions and orders certain treatments for the nurse practitioner's patients. SB 279 received significant testimony in March 2024 from numerous stakeholders on the bill and its potential impact. The bill is sponsored by Senator Jeff Irwin (D-Ann Arbor). No further action has been taken on the legislation since the committee hearing in March. §



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MCEP CALENDAR OF EVENTS 2024-2025

September 13, 2024
[Observation Medicine Conference](#)
Virtual Zoom Meeting

September 17, 2024
[MCEP Councillor Meeting](#)
Chapter Office
Lansing, Michigan

September 27-28, 2024
[ACEP Council Meeting](#)
Las Vegas, Nevada

September 29-October 2, 2024
[ACEP Scientific Assembly](#)
Las Vegas, Nevada

November 21, 2024
[Expert Witness Course](#)
Virtual Zoom Meeting

December 4, 2024
[Board of Directors](#)
Chapter Office
Lansing, Michigan

December 10, 2024
[\\$traight Talk Reimbursement Course](#)
Virtual Zoom Meeting

January 23-27, 2025
[MCEP Winter Symposium](#)
Mountain Grand Ledge
Boyer Mountain, Michigan

January 25, 2025
[Board of Directors](#)
Mountain Grand Lodge
Boyer Mountain, Michigan

February 12-13, 2025
[ITE Review Course](#)
Virtual Zoom Meeting



SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) is an important area under the Risk Category of the latest 2023 documentation guidelines that often gets missed or overlooked. It's an area that can add credence to the added complexity of care and provider decision making processes of these sometimes difficult patients. Especially when the providers initial or planned treatment of these patients is significantly limited by the SDOH. Many of the updated electronic medical health records have auto generated drop down boxes that outline some of the more common roadblocks to care.

Some of these more common examples include:

- Language barriers
- Poor access to medical care
- Poverty or inability to afford recommended evaluation or treatment
- Problems related to housing, homelessness or living alone
- Limited access to transportation
- Substance abuse
- Presenting problem caused by alleged assault
- Inadequate parental supervision or control
- Parent-child conflict
- Workplace injury or exposure
- In custody or being legally held
- Problems related to education or illiteracy

The medical record should reflect when the diagnosis or treatment is significantly impacted by SDOH. However, the SDOH is not required to be listed as part of the final diagnosis. The ICD-10 code is not required to be on the coded claim form.

The Centers for Medicare and Medicaid services has provided a way to capture risk elements for the additional cognitive work that Emergency

providers often endure in this sometimes very challenging patient population. Take the time to document these efforts so as to capture appropriate E/M levels. §



Don H Powell, DO, FACEP

President- Medical

Management Specialists

*Director of Revenue Cycle Management and Advocacy-
Emergency Care Specialists*

Don Powell, DO, FACEP



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2024
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VIRTUAL ZOOM MEETING

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FROM CURE TO CRISIS: BUPRENORPHINE PRECIPITATED OPIOID WITHDRAWAL (BPOW) IN THE EMERGENCY DEPARTMENT

Brandtly Yaakey, DO

Aria Darling, MD

Michigan Poison and Drug Information Center, Wayne State University School of Medicine

It's a busy shift, and you are navigating through a never-ending list of patients to be seen. You evaluate one patient and promptly identify the toxidrome of opioid withdrawal. After calculating the Clinical Opiate Withdrawal Scale (COWS) score, you determine the patient is a candidate for buprenorphine and administer a dose. Twenty minutes later, the nurse calls you to the bedside; the patient is now agitated, restless, and vomiting. What is your next move?

The scenario above is a concern every time we initiate a patient on buprenorphine, though it should not deter our efforts to start patients on treatment. Buprenorphine initiation in the emergency department setting has been shown to reduce illicit opioid use, significantly decrease overdose deaths, increase the use of formal addiction treatment, and improve follow-up rates¹⁻³. As such, the emergency department is a critical setting for identifying and treating opioid use disorder (OUD), often with varying protocols⁴. Recently, training requirements for buprenorphine prescribing have been eliminated, reducing barriers to physicians treating OUD⁵. Despite buprenorphine's effectiveness in reducing mortality for patients with OUD, it can precipitate opioid withdrawal abruptly.

Buprenorphine is a partial agonist with high affinity at the μ -opioid receptor (MOR). This pharmacologic property allows it to displace full

opioid agonists from the MOR, resulting in a net reduction in agonistic activity and potentially precipitating opioid withdrawal⁶. Clinically, this can present 10-15 minutes after the administration of sublingual buprenorphine⁷. The severity of withdrawal depends on the degree of opioid dependence, the type of opioid being displaced, and the dose and rate at which buprenorphine is administered. Although rarely life-threatening, patients with untreated withdrawal are at increased risk of returning to illicit opioid use and suffering from overdose deaths⁸.

To mitigate the risk of precipitated withdrawal, it is recommended that patients exhibit mild-to-moderate withdrawal symptoms prior to buprenorphine induction⁹. Over the past decade, fentanyl and its analogues have increasingly infiltrated and replaced the heroin supply¹⁰. Fentanyl is a highly lipophilic MOR agonist, and, in high frequency users, has a prolonged renal clearance¹¹. The presence of fentanyl has further complicated the induction process, as patients with recent fentanyl use within the prior 24-72 hours are at greater risk of developing BPOW. Additional risk factors for the development of BPOW include the use of long-acting opioids, such as methadone, and low COWS score¹².

Evidence for the best practice treatment of BPOW is limited, with recent case reports describing successful outcomes using high doses of buprenorphine¹³⁻¹⁴. Our anecdotal experience from an inpatient

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addiction medicine service also supports the use of high-dose buprenorphine “rescue” therapy, which has been effective without adverse effects. While there is a concern that administering opioids could induce respiratory depression, buprenorphine rarely induces respiratory depression due to its partial agonist mechanism¹⁵. Although optimal dosing has not been established, a reasonable approach is to administer additional buprenorphine doses of 8-16 mg, while monitoring closely for improvement in withdrawal symptoms, respiratory status, and signs of sedation. Adjunctive treatments, such as clonidine, ondansetron, loperamide, and gaba-adrenergic agents can be administered concomitantly to manage symptoms¹⁴. Ketamine has also been described as an adjunctive treatment alongside buprenorphine for the treatment of BPOW¹⁶.

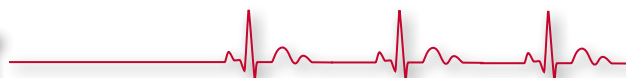
It should be noted that treatment of precipitated withdrawal in patients on chronic long-acting opioids, such as methadone, should be approached on a case-by-case basis, considering the severity of withdrawal. Consultation with an addiction specialist or a toxicologist is recommended in these cases.

In our experience, it can be challenging to convince a patient to take more of a medication that precipitated severe withdrawal. Therefore, we have incorporated discussions about the risks of precipitated withdrawal into our practice before initiating buprenorphine. During these discussions, we explain the potential need for additional doses of buprenorphine as part of treatment of BPOW if it presents. For patients at high risk of precipitated withdrawal, “micro-induction” techniques may be considered, where buprenorphine is administered in initially small but gradually increasing doses over time.

Emergency physicians should be well-informed about the risks of BPOW and the strategies to prevent and manage it. Continued efforts to identify patients with opioid use disorder in our emergency departments and initiate treatment are crucial. In cases where BPOW does occur, administering high-dose buprenorphine, along with adjunctive medications, can successfully alleviate symptoms. If faced with a challenging case, consulting with an addiction specialist can be valuable, or you can contact the Michigan Poison and Drug Information Center 24/7 by at 1-800-222-1222 for management guidance. [\\$](#)

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“DRIVING CONFUSED”

Michael Yangouyian DO, FACOEP, FACEP and Carolina Leite Marques, MD of Henry Ford Health, Jackson, MI.

INTRODUCTION

The incidence of syphilis has been increasing worldwide with a reported increase of 28.6% during 2020 and 2021 and a total rate of 61.3 cases per 100,000 individuals in the United States in 2021 (Division of STD Prevention, 2021). Syphilis is transmitted by *Treponema pallidum* that can progress if untreated. At any point, it can relapse into the secondary stage, or it can pass into tertiary syphilis, a potentially fatal stage in which many organs are affected (Eijmael et al., 2022; O’Byrne & MacPherson, 2019). Neurosyphilis is only prevalent in a small proportion of infected individuals (5-10% of cases) and its presentation can include psychiatric symptoms and be the only clinical finding in up to 86% of neurosyphilis cases (Yazigi et al., 2023). Due to its capacity of mimicking various other conditions, it is commonly referred to as “the great imitator” (Alves et al., 2023). We present a rare case of tertiary syphilis that illustrates the difficulty of diagnosis and the wide variety of clinical presentation.

CASE PRESENTATION

We report a case of 54-year-old male with a past medical history of hypertension, gout, alcohol abuse disorder, and migraine headache. He was found early in the morning by the police after parking his car and walking in the middle of the highway. He was significantly confused, alert only to self and disheveled. He claimed his truck had stopped working and wanted to walk to the nearest exit to get help. Police noted the patient to have abrasions on the bridge of his nose, right temporal scalp and bilateral hands and arms. The patient stated these abrasions were due to an earlier fall.

In the ED, he was oriented to person and time and answering questions appropriately with no focal neurological deficits, and no other abnormalities were found during physical examination. A workup revealed leukocytosis of 13.2 K/uL, lactate of 4.9, and otherwise unremarkable including chemistry, troponin, VBG, Drug screening and ethanol. The patient had reported being more forgetful and ataxic for the past few days. Family informed us that he had a work injury where he fell from a roof years ago, which resulted in a speech disturbance and stuttering.

During his admission, he remained altered. Lumbar puncture (LP) was significant for protein of 121 mg/dL, lactic acid 2.7 mmol/L, total nucleated cell count of 57/cu mm with 85% lymphocytic predominance. CSF-VDRL was negative. CSF viral meningitis was also negative for HSV 1 and 2, cytomegalovirus, and bacterial pathogens. He was initiated on acyclovir, vancomycin, ceftriaxone to treat for meningitis prior to final cultures. Infectious disease (ID) was consulted and recommended syphilis serology. Serum treponemal IgG/ IgM were reactive with RPR at 1:128. Per ID, the patient was started on ceftriaxone due to a penicillin allergy.

The patient continued hallucinating and became more agitated throughout his admission. He attempted to leave multiple times but was not petitioned by family nor psychiatry. On day 16, LP was repeated given no significant improvement in clinical status. CSF-VDRL was

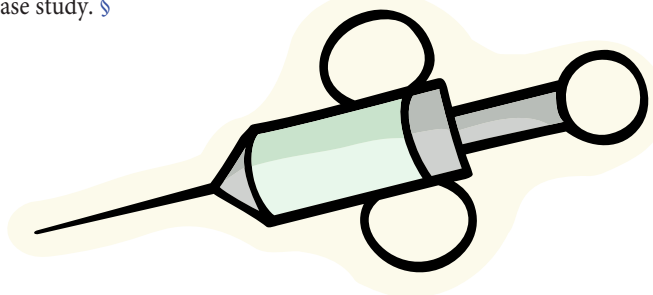
positive, with a protein of 129.24 mg/dL, and a repeat serum RPR of 1:16. He subsequently left against medical advice and given the instructions to follow-up with ID.

DISCUSSION

The CDC reported over 130,000 cases of all stages of syphilis in the US in 2020 (Yazigi et al., 2023). In the literature, neurosyphilis can manifest with psychosis as its only presenting symptom in about 17% of the patients (Alves et al., 2023; Lafond & Lukehart, 2006; O’Byrne & MacPherson, 2019; Yazigi et al., 2023). These psychiatric symptoms can often obscure the true pathology and a misdiagnosis of the infection. Our patient’s diagnosis was challenging due to a previous head injury and a limited knowledge of his baseline. In this case, a reason that psychosis wasn’t thought to be the most likely diagnosis was the subjective ataxia and worsening of mentation.

A potential limitation in our case was his initial VDRL testing was negative. According to the CDC, if CSF-VDRL is negative, but a positive lymphocytic pleocytosis, or protein, neurosyphilis should be still considered given a high clinical suspicion (Prevention, 2021). In that case, a repeat test 2-4 weeks later is recommended. VDRL and RPR are equally valid but cannot be compared directly with each other. They detect antibodies to cellular components released during tissue damage caused by syphilis, thus making them less specific (Lum & Sergeant, 2024). The RPR titers usually will decline after treatment, and in our patient, a drop from 1:128 to 1:16 indicates proper treatment.

Although penicillin is described to be the best treatment for primary syphilis, the effectiveness of using ceftriaxone versus penicillin in neurosyphilis has been shown to benefit patients when treating early and late latent syphilis (Wang et al., 2022). Currently there is limited data on how to treat the psychiatric symptoms associated with neurosyphilis, but some suggest there are benefits to using antipsychotics (Allen et al., 2014; Sanchez & Zisselman, 2007; Wahab et al., 2013). However, our patient was not treated with an antipsychotic but given anxiety medication towards the end of his hospital stay. Therefore, it is no surprise that he did not show improvement in symptoms following a modified treatment. Differentiating between a psychiatric disease and neurosyphilis is incredibly challenging and this case highlights the importance of maintaining a high index of suspicion as a clinician. The neurobiological mechanisms of psychosis and cognitive impairment in neurosyphilis remain unstudied, and thus adding to limitations of our case study. §



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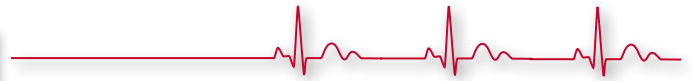
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GROWING THE EMRAM FAMILY

As we close out another year of EMRAM, we are so excited to get to know the new emergency medicine interns entering every program! We are also thrilled to see our graduating seniors enter their first attending positions! Congratulations on all your hard work that has brought you to where you are today. We hope EMRAM has positively impacted your residency experience! For those starting their residency journeys, you won't be "the intern" for very long. Residency moves so fast!

In my program at Central Michigan University, we call our senior residents "Whispering Angels" when an underclassman is practicing resuscitation scenarios in the simulation lab and needs guidance or advice. It feels like yesterday that I had a whispering angel on my shoulder in the resuscitation lab and I truly appreciated the advice I received. I believe the same sentiment applies to mentorship within residency programs and EMRAM alike. We all need a whispering angel during our transition into residency. Here are some of the most important words of wisdom I wished I had learned earlier on in my residency journey.

Start studying for the In-Training Exam (ITE) early in the academic year, it is never too early to start preparing. Be sure to sign up for the EMRAM ITE Review to get a crash course into topics tested on the exam. Find your favorite question bank and try to complete as many questions as you can leading up to the big exam date. Putting these studying techniques in place early will surely earn you a passing score.

Get involved early, Michigan is a great state to train to be an emergency medicine physician! Between the number of residents in the state and the number of fun and educational events hosted by EMRAM, there are so many ways to get involved. Some of the highlights include testing your resuscitation skills at SIMWARs, wilderness medicine and ultrasound skills at SONOWARs, and expanding your medical knowledge base at the summer and winter MCEP symposiums. Grab your co-residents, sign up, and have some fun!

Finally, do your best to learn the basics about disability insurance, life insurance, and personal finances. For a lot of us, residency is the first career where we are being paid on a regular basis. Try to develop good habits now so they can serve you later in your career. One of the best resources for learning this information is attending the EM Life After

Residency conference held every year in August. Make sure to sign up and reserve your seat!

It truly feels like yesterday that I was an intern and I'm so excited to see all the new interns enter the profession and start to spread their wings.

Welcome, interns! We hope you engage with all that EMRAM has to offer! Make sure to connect with your program's EMRAM liaison to stay up to date with all things EMRAM for the year. §



Brittany Garza, DO

UPCOMING EVENTS:

LAC Scholarship Application

January 1st - February 20th, 2025

Midwest Winter Symposium

January 23rd - 26th, 2025

Boyne Mountain

EMRAM Teaching Award Application

February 1st - March 15th, 2025

EMRAM ITE Review

February 12th - 13th, 2025

Virtual

New Officer Elections

March 1st - April 1st, 2025

EMRAM Annual Meeting

March/ April 2025

Virtual

SIMWARs

May 14th, 2025

Western Michigan University School of Medicine in Kalamazoo



Thank you for all that you do!

To all of our frontline workers

From all of us at MCEP

December 10, 2024

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SPARTAN EM IN THE CLEM: MSUCOM STUDENTS LEARN EM PROCEDURES WITH MCLAREN MACOMB EMERGENCY MEDICINE PROGRAM

Authors: Nicholas Paselk, Payton Wolbert

Spring has been a busy time for the students in the Emergency Medicine Club (EMC) at Michigan State University College of Osteopathic Medicine (MSUCOM). With multiple events held monthly, there has been no shortage of opportunity for students to get involved and collaborate in the world of Emergency Medicine. Most notably, MSUCOM EMC was hosted by Dr. Matthew Steck and the Emergency Medicine Program at McLaren Macomb in Mount Clemens, MI. With a multitude of physicians who donated their time to teach the medical students a variety of skills, the day was full of fellowship and collaboration which proved to be of the utmost value to the MSUCOM students. There is no doubt that this experience kindled the desire in many students for a career in Emergency Medicine.

The event consisted of a ten-station arena, with each station teaching a different skill that is highly valuable in the field of emergency medicine. Station skills included:

- Airway Management - Adult
- Airway Management - Pediatric
- Bronchoscopy
- Central Line placement
- Chest Tube Placement
- Cricothyrotomy
- Intraosseous Access
- Lumbar Puncture
- Suturing
- Videolaryngoscopy



*Figure 1.
Medical Student
Elizabeth
Montgomery
presenting
her completed
Intraosseous Access*

EVENT GOALS

As aspiring Emergency Medicine physicians, the MSUCOM students in the pre-clerkship portion of their curriculum have found a passion and a drive to be as prepared as possible when it comes time to begin rotations. With this came the initiative to formulate an event in collaboration with an Emergency Medicine program that was willing to help provide clinical training. Through this event, students can become familiar with important skills that are of high yield in the field of Emergency Medicine. It is the belief of the MSUCOM EMC that by having a baseline experience in these skills prior to rotations, students will be able to get the most out of their clerkship training when it comes time to practice or observe in a live scenario. This event also served to promote a career in emergency medicine to students who might not have previously considered it. This opportunity gave students the ability to have a first hand look of what an emergency medicine physician might have to encounter while on shift and gave students the chance to decide if this could be a career path for them.

FEEDBACK

In hearing from the student's in attendance, the response to the event was overwhelmingly positive. The students were so appreciative to the emergency medicine team at McLaren Macomb and were excited about pursuing a career in emergency medicine. Of note, the response to the Q&A with program director, Dr. Matt Steck and his team of resident physicians was outstanding. Students were not only able to ask questions about the field, the lifestyle and workload of an emergency



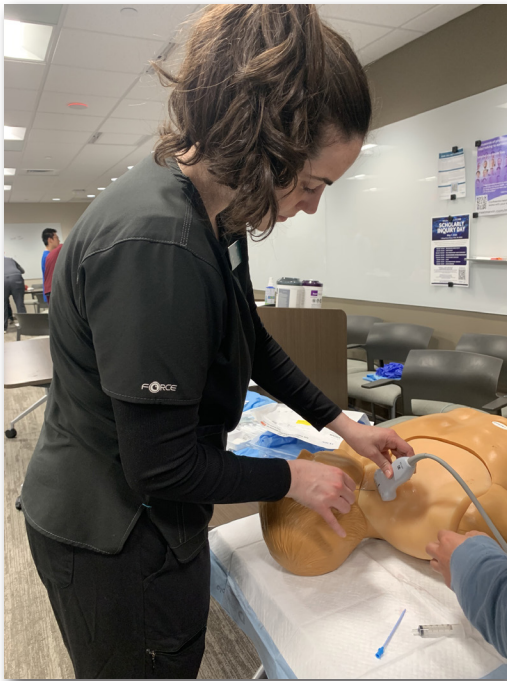
*Figure 2.
Medical Students
Uday Kode,
Ria Bajaria, and
Josh Marwede
practicing
pediatric
airway
management
with
Dr. Matt Steck's
instruction*

medicine physician, but also to see the culture and the comradery that is exemplified by the McLaren Macomb Emergency Medicine Program

FUTURE ENDEAVORS

This inaugural event set the landmark for what is hoped to be a continued partnership between MSUCOM's Emergency Medicine Club and McLaren Macomb. Due to the overwhelming positive feedback from those in attendance, MSUCOM EMC and McLaren Macomb are

looking forward to hosting another event in the coming months to allow more students the opportunity to learn and practice these skills as well as promote a fruitful relationship between the programs. With the size of MSUCOM and the three campuses which make up the program, (East Lansing, Macomb, and Detroit), the EMC hopes to establish similar events throughout the state of Michigan in order to provide more opportunities for learning and a stronger relationship between the medical students and the programs which they will hopefully one day join for residency. §



*Figure 3.
Medical Student
Maria Faris
Demonstrates
ultrasound
guided Central
Line placement*



*Figure 4.
Medical
Student Sai
Medavaka using
a Glidescope for
laryngoscopy and
intubation.*



February 12-13, 2025



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PRESIDENT'S BANQUET



MCEP was honored by the presences of 11 Past MCEP Presidents.



Dr. Christopher Moore receives this year's EMRAM Teacher of the Year Award from Dr. Jordan Place.



Dr. Gregory Gafni-Pappas receives this year's Ronald L. Krome, MD Meritorious Services Award from Dr. Diana Nordlund.



Dr. Michael Yangouyian (Left) receives this year's Emergency Physician of the Year Award from Dr. Andrew Taylor (Right).



Dr. Robert Malinowski receives this year's John A. Rupke, MD Lifetime Achievement Award from Dr. Emily Mills.



Dr. Mildred Willy (Right) receives this year's Legacy Award from Dr. Sara Chakel (Left).



Dr. Emily Mills receives this year's Significant Contribution Award from Dr. Gregory Gafni-Pappas.

ANNUAL MEETING



*ACEP President- Elect Candidate
Dr. Jeffery Goodloe speaking to the
MCEP Membership.*



*ACEP President- Elect Candidate
Dr. Ryan Stanton speaking to the
MCEP Membership.*



*ACEP President- Elect Candidate
Dr. L. Anthony Cirillo speaking to the
MCEP Membership.*



*President, Dr. Therese Mead,
presenting her Inaugural address.*



*Dr. Michael Fill receives the Gavel Award from
Incoming president, Dr. Therese Mead.*



*Dr. Michael Fill presents incoming president,
Dr. Therese Mead, with the gavel as she
transitions to the President of the Chapter.*



*Outgoing President,
Dr. Michael Fill,
giving his final
address as President
of the Chapter.*



GOLF OUTING



MEMF Golf Tournament 1st Place Winners: Dr. Nicholas Dyc, Laurence Kessler, and Dr. Jacob Sinkoff (Not Picture – Dr. Rami Khoury).



MEMF Annual Golf Tournament Men's Closest to the Pin Winner; Dr. Paul Kivela.



MEMF Annual Golf Tournament Men's Longest Driver Winner; Kurt Cross.



MEMF Annual Golf Tournament Women's Closest to the Pin Winner; Madeline Andrew.



MEMF Annual Golf Tournament Women's Longest Drive Winner; Nicole Klee.