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Submissions to the January/February 2025 Newsletter should be received by the Chapter office no later than February 1, 2025.

# FROM THE PRESIDENT



*Therese Mead, DO, FACEP*

As the holiday season begins, I would like to express my gratitude to all of you for the exceptional care you provide daily to our patients. Our emergency departments continue to get busier with ever-increasing patient acuity while we navigate ongoing challenges with staffing, supplies, insurance payment, and medical malpractice legislation. Many of us are already monitoring an increased number of cases of Mycoplasma pneumonia this year while awaiting the influx of our annual influenza and RSV patients.

MCEP continues to work for you in these busy times. As we enter Michigan's lame duck legislative session, our leadership team and Legislative Committee remain alert, with strategic efforts ongoing to actively oppose House Bills 6085 and 6086, which threaten Michigan's tort reforms through legislation. Thank you to everyone who contacted their legislators through Voter Voice as we work with MSMS to oppose this legislation.

At our December Board of Directors meeting, we recently celebrated the graduation of our Leadership Development Program (LDP) Class of 2024, recognized by Program Co-Directors Drs. Luke Saski and Larisa Traill. Our LDP program was founded by MCEP Past-President Dr. Robert Malinowski in 2007, and many of our LDP graduates have advanced to leadership positions at both the state and national levels. Congratulations to Dr. Miriam Bukhsh, Dr. Roya Caloia, Dr. Lauren English, Dr. Matthew Tanis, Dr. Kirk Trentham and Dr. Michael Tupper!

Whether you're a first-time attendee or longtime veteran of our educational programming, the Education Committee would like to warmly invite you to attend our 2025 Midwest Winter Symposium, January 23-26th, at the Mountain Grand Lodge in Boyne Mountain, Michigan. We look forward to sharing world class educators, fresh powder on the slopes (fingers crossed) and unparalleled fellowship with your emergency medicine colleagues. Course Co-Directors Drs. Abi Brackney and Luke Saski have once again planned an exceptional CME event with anticipated highlights to include the ever-popular Thursday workshop (hint: ultrasound) and the Friday Evening Reception. The annual Medical Student Forum will once again be hosted in parallel to the Winter Symposium. The Medical Student Forum is a valuable opportunity for Michigan medical students that includes small group advising, a residency fair, simulation events and a resident panel. Thank you to Drs. Jake Manteuffel and Mike Gratson for your ongoing leadership of this event and to all our faculty and resident volunteers.

As you're planning holiday gifts, consider recognizing one of your colleagues through nomination for one of our annual awards. We are now accepting nominations for the John A. Rupke, MD Lifetime Achievement Award, Ronald L. Krome, MD Meritorious Service Award, The Legacy Award, Emergency Physician of the Year Award, and the Significant Contribution Award. Nominations can be submitted online through the MCEP website and the deadline for nomination submissions is February 15, 2025.

From all of your friends here with the Michigan College of Emergency Physicians, we wish you a safe, healthy, and happy holiday season. You all are the best and Michigan could not possibly be in better hands. Thank you & in the words of Dr. Mel Herbert, remember "what you do matters!" §


Thank You

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# WHAT YOU DO MATTERS



*Andrew Taylor, DO, FACEP*

The other day, I was fortunate enough to trade shifts with a partner to be able to go to my 6-year-old son's first basketball practice. For those of you who haven't had the pleasure of watching sports in this age group, it really is one of the best ages for the you to be a spectator. At the best of times the kids are excited and enthusiastically participating in the drills. Shooting, scoring, missing a shot and taking another one, all of it taken in with almost palpable enthusiasm for the fans on the sidelines. Even with the best of attitudes, there always ends up being a break in the action as well as the players attention span. My favorite at this practice was one participant that every time between turns at the drills would turn to a brief episode of break dancing before putting his game face back on.

At the center of all this commotion is the unsung heroes of youth sports, the coaches. Through patience and perseverance, they somehow manage to shape this group of break-dancing kids into players of the sport. Over time, those kids grow into a team, passing and shooting in sync as they gain experience and ability. Those coaches I think are the true heroes of youth sports, and sometimes I think it can get overlooked how significant their contribution is. It makes me recognize that often they are not thanked enough for their contribution, and to think of others who are probably not thanked enough for what they do either. While each of us is likely to think of someone we would like to thank, or that doesn't hear enough how much they are appreciated, I wanted to say thank you as the year is ending to some that come to mind.

First, thank you to the emergency medicine front line "pit doc" workers out there. Day in and day out, you put the interests of others above yourself as you struggle through shift work, staffing shortages, inpatient holds, amongst the other daily challenges of emergency medicine.

Thank you to the emergency medicine residents and their tireless struggle to constantly improve in the face of the problems of daily emergency medicine. Thank you to the faculty of emergency medicine training programs and their contributions to resident education.

Thank you to those who have come before us and paved the way for emergency medicine to become the robust specialty it has developed into. Thank you for taking on all of the challenges that the specialty has had to endure to gain credibility and its own unique niche.

Thank you to the giants of emergency medicine leadership, and their efforts to advocate and educate on the national level, giving podcasts, lectures, and talks across the country. It's through your efforts that we continue to learn and grow.

Thank you to all the staff for continuing to provide amazing potluck dinners on shift. It's that great sense of community that makes the emergency department such a fun place to work.

Thank you in general to all of the people who make emergency medicine a wonderful place to work, and such a wonderful place to be a part of.

As the holidays draw near, some of us will take our turn at covering the department, while others are home with their families for the holiday break. I think this deserves a second round of thank you to all of you for being there day in and day out, especially on the night shift, weekends, and holidays. What you do truly matters, and make sure to take the time to recognize yourself and others who make all of this happen, especially during this holiday season. See you all next year, enjoy the holidays, and if you are working this holiday hopefully its filled with lots of snacks and potluck dinners, and whatever else you find that makes your shop filled with holiday cheer. And to that one break dancing kid, keep on doing you, just watch yourself so we one of us doesn't have to see you this holiday break. §




MICHIGAN COLLEGE OF EMERGENCY PHYSICIANS

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# LEGISLATIVE COLUMN

## LAME DUCK UPDATE

As the end of the 2023-24 legislative term nears, the Legislature is currently finishing their lame duck session which has been going on since the election in the first week of November. Due to the holidays in November and attendance issues in December, both the House and Senate have moved a significant number of bills in a few session days. However, due to political in-fighting within the Democratic party, it remains unknown how many of these bills will actually be sent to the Governor.

The Governor called for road funding and economic development to be key focuses during lame duck, but neither have come to fruition. Republicans, in both the House and Senate, have been pushing for reforms to paid sick leave and minimum wage tip credits, which also have not gained traction and appear likely to be dealt with in 2025. Legislative Democrats aimed to take on a plethora of bills across a variety of issues but have had multiple members express frustrations with their own personal legislative priorities not being taken up. In addition to this, members have been extremely critical of House Speaker Joe Tate (D-Detroit) for running certain bills and not allowing others to have a vote. This has culminated in Representative Karen Whitsett (D-Detroit) abruptly leaving session last week and refusing to show up this week and leaving very few options for the Legislature moving forward, except to Sine Die adjourn for the Legislative session.

Negotiations are ongoing among the Legislature and Governor's office but paths forward seem limited.

## MEDICAL MALPRACTICE LEGISLATION UPDATE

As the Legislature nears the end of their term, legislation was introduced that would increase the caps on monetary damages in instances of medical malpractice. The House and Senate both introduced legislation and began to move the bills through the legislative process. The Senate introduced Senate Bill 1158, sponsored by Senator Jeff Irwin (D-Ann Arbor), which specifically increases the maximum recoverable damages for noneconomic losses stemming from medical malpractice from $280,000 to $1.25 million. The bill would also increase the cap on recoverable damages for noneconomic losses in cases resulting in certain permanent injuries, from $500,000 to $2.5 million. The House introduced House Bill 6085, sponsored by Representative Carrie Rheingans (D-Ann Arbor), which increases the caps to $1 million for general damages and $3 million for exceptional damages.



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

Both bills were rushed through the committee process with countless groups and individuals testifying in opposition. There were also some groups in support during the committee meetings in early December. However, since the committee meetings the bills have resided on their respective floors and have not seen further action. Due to politics at play at end of the term, both of these bills are unlikely to see further movement this legislative cycle. MCEP submitted cards opposition in both the House and Senate during the committee process. The bills have a very limited chance to come up again next session and become law.

To view the legislative webpage for Senate Bill 1158, please click here. To view the legislative webpage for House Bill 6085, please click here. §

## NEW PAYMENT METHOD BY ACH TO HELP MINIMIZE CREDIT CARD FEES

We are excited to announce that ACEP now offers the option to pay your membership dues through direct *Automated Clearing House (ACH) transfers*, also known as electronic check. Setting up and using ACH transfers saves our chapter **the 3+% credit card service fee that we will soon be shouldering, allowing ACEP *and* MCEP** to put more dollars directly towards the advocacy efforts and other member benefits that you value.

This new payment option is available on the membership application for new and renewing members, while those who are using installments and auto-renew can easily update their payment information any time by accessing the Payment Methods section of My Account on ACEP's website.

Thank you for considering this option.



MICHIGAN COLLEGE OF EMERGENCY PHYSICIANS

# 2025 MCEP AWARD NOMINATIONS

## OPEN NOVEMBER 1 - FEBRUARY 15

John A. Rupke, MD Lifetime Achievement Award
Ronald L. Krome, Md Meritorious Services Award
Legacy Award
Emergency Physician of the Year Award
Significant Contribution Award

Find More Info Here

# FEELING UNWELL: BUPROPION TOXICITY

*Brandtly Yakey, DO*
*Aria Darling, MD*
*Varun Vohra, PharmD, MPH, DABAT, FAACT*
*Michigan Poison & Drug Information Center, Wayne State University School of Medicine*

Bupropion (Wellbutrin™) is an antidepressant with multiple indications, including seasonal affective disorder, weight loss, and smoking cessation. Use of bupropion is increasingly common, explained in part by its availability in multiple formulations and co-formulation with other medications. In the United States, bupropion is available in immediate release (IR), sustained release (SR), and extended release (XL) formulations. Despite widespread use for legitimate medical purposes, bupropion presents significant clinical challenges for toxicologists as toxic effects of bupropion in overdose settings can often be severe and refractory to standard therapeutic interventions. In 2022, more than 18,000 cases involving bupropion were reported to United States Poison Centers[1].

Bupropion is a dopamine and norepinephrine reuptake inhibitor belonging to the class of synthetic cathinones, commonly referred to as "bath salts". Synthetic cathinones share structural similarities with phenethylamines (e.g. amphetamine), which explains why patients may test positive for amphetamines on common urine drug screens. Further, these structural similarities help explain profound neurotoxic and cardiotoxic effects following bupropion overdose. Notably, bupropion is the current leading cause of seizures in overdose[2].

Neurotoxicity is the primary concern following bupropion overdose. Despite seizures occurring in 0.1% of patients taking therapeutic doses, the incidence rises significantly in overdose to 11-37%[3]. Bupropion has a narrow therapeutic index, with even small dosing errors posing significant risks. Accidental double doses of 600-900 mg have been shown to increase the risk of seizures to as high as 5%. Seizures are dose-dependent and typically occur within hours of ingestion but may be delayed up to 24 hours in cases involving XL formulations[4]. Available literature highlights a strong association between tachycardia and seizures, with most patients experiencing sustained tachycardia prior to seizure onset[5]. Tachycardia has also been used as a predictor of seizures, with heart rate exceeding 100 bpm showing a sensitivity of 91.2% and negative predictive value of 92.9% for seizure occurrence[4]. Additional factors associated with seizure risk include QTc prolongation (>500 msec) and patient age, particularly those aged 13-18 years.

High-risk overdose patients presenting with tachycardia, tremor, or clonus should be aggressively treated with intravenous benzodiazepines or phenobarbital[4,5]. At the Michigan Poison & Drug Information Center, our toxicologist consultants have had success using and recommending

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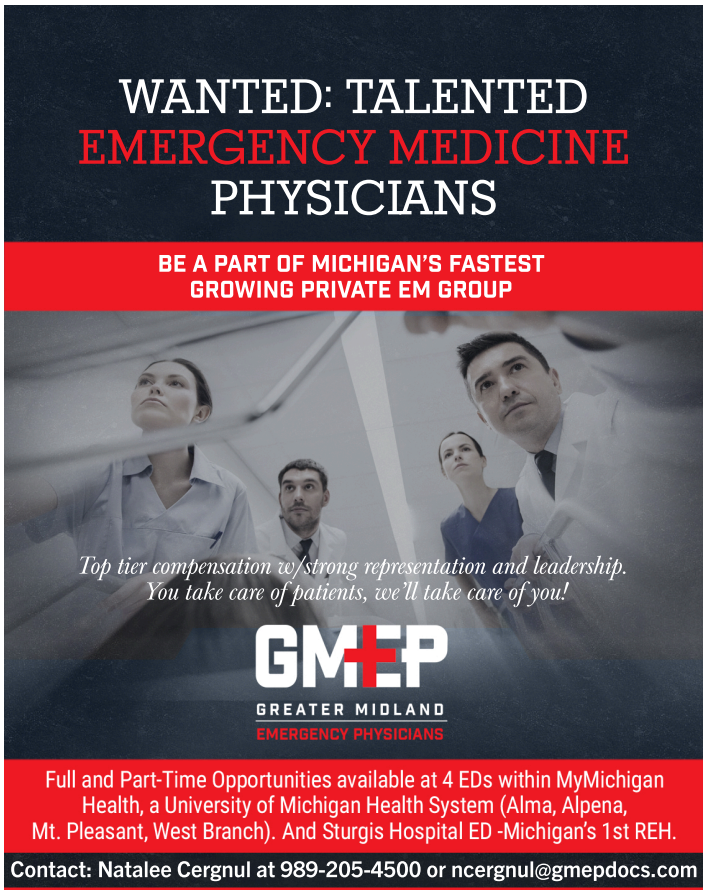
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phenobarbital due to its favorable pharmacokinetics including rapid onset and sustained anticonvulsant activity while inducing minimal sedation.

Large acute overdoses of bupropion can result in cardiotoxicity, characterized by conduction delays, ventricular dysrhythmias, and hypotension. Compared to selective serotonin reuptake inhibitors, patients with bupropion ingestions are more likely to require vasopressor use and are at increased risk for cardiac arrest and death[6]. Hypotension is likely multifactorial, with recent evidence suggesting contributions from catecholamine depletion as well as direct myocardial depression caused by gap junction inhibition[7].

Electrocardiographic findings secondary to bupropion cardiotoxicity include QRS and QTc interval prolongation. Unlike traditional sodium channel blocking agents, the role of sodium bicarbonate in treating QRS prolongation associated with bupropion is less defined. A recent retrospective cohort study of bupropion overdoses found no significant reduction in QRS duration with sodium bicarbonate administration[8].

Management of hypotension in bupropion overdose should begin with intravenous fluid resuscitation to ensure euvolemia, followed by vasopressor support as needed. Sodium bicarbonate can be considered for QRS prolongation, however as stated, the efficacy is unclear. Intravenous lipid emulsion therapy can be considered in cases unresponsive respond to standard measures and/or in peri-arrest scenarios, however evidence is limited in its effectiveness[9]. Refractory cardiogenic shock from bupropion ingestion has been successfully treated with extracorporeal membrane oxygenation (ECMO)[10].

Bupropion is an increasingly prescribed medication indicated for multiple conditions. As such, incidence of bupropion overdose is rising with toxicity posing clinical challenges. Bupropion overdoses are characterized by significant neurotoxicity and cardiotoxicity, often requiring aggressive critical care management. Neurotoxicity should be promptly treated with GABA-adrenergic agents such as barbiturates or benzodiazepines. For hypotension or cases of severe cardiotoxicity, early consideration for transfer to an ECMO-capable center should be considered.

For suspected cases of bupropion toxicity, contact your local poison center for expert management guidance at 1-800-222-1222. §

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MICHIGAN POISON & DRUG INFORMATION CENTER
WAYNE STATE UNIVERSITY



# A RARE PRESENTATION OF BILATERAL LUXATIO ERECTA

*Victoria Cardieri, MD and Patricia Nouhan, MD of Ascension St. John Hospital, Detroit, MI*

## INTRODUCTION

Inferior shoulder dislocation or "luxatio erecta" is an infrequent subtype of shoulder dislocation. While the glenohumeral joint is the most commonly dislocated joint in the body, most are due to anterior dislocations. In contrast, unilateral inferior dislocations are rare with an incidence of about 1/200 or 0.5% of shoulder dislocations [5]. Bilateral inferior shoulder dislocations are even more rare with only 10 total cases having been reported as of 2009 [6]. In this case report, we describe a patient presenting with simultaneous bilateral inferior shoulder dislocations after a fall.

## CASE PRESENTATION

A 72-year-old female presented to the emergency department with bilateral shoulder pain and deformities after she tripped over her dog causing her to fall forward. During the fall, she attempted to catch herself by latching onto the refrigerator handles in the kitchen. After the fall, her upper extremities remained in a fixed position above her head and both she and EMS were unsuccessful in attempting to range or reduce the upper extremities to their anatomical positions. On arrival to the emergency department, the patient was noted to be in the supine position with the bilateral upper extremities abducted and held behind her head with the elbows flexed at 90 degrees. Although distal radial and ulnar pulses were intact, she was noted to have sensation deficits to the distal extremities in addition to a purple hue of the digits.

Portable x-ray imaging was attempted however proved difficult due to patient positioning and concern for early neurovascular compromise. One view x-ray imaging was performed which showed concern for luxatio erecta with the humeral head lying inferior to the glenoid. Decision was made to proceed with procedural sedation for facilitation of closed reduction out of strong clinical suspicion for bilateral inferior shoulder dislocations based on patient presentation.

The patient was taken to the resuscitation bay where procedural sedation was performed and closed reduction was achieved using traction-countertraction. The patient was placed in bilateral upper extremity shoulder immobilizers. Post-reduction x-rays of the bilateral shoulders were performed which showed adequate reduction of the inferior dislocations bilaterally without obvious associated fractures.

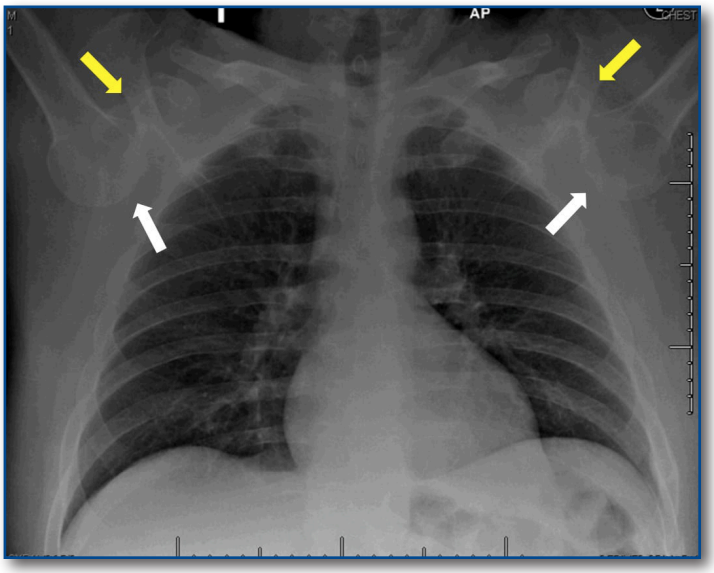
The patient was observed and ultimately discharged for outpatient orthopedic surgery follow up without any neurovascular deficits at time of discharge.

## DISCUSSION

Inferior shoulder dislocations are also referred to as "luxatio erecta", Latin for "erect dislocation", which is derived from the typical presentation in which the patient presents with the arm fully abducted and held behind the head with the elbow flexed at a 90-degree angle [5]. These are already the most infrequent subtype of shoulder dislocation when they occur unilaterally, therefore this was an even more rare presentation of simultaneous bilateral inferior dislocations. Inferior dislocation typically occurs when there is an abduction force on an abducted limb which results in impingement of the proximal shaft of the humerus against the acromion [5 ]. In this case, this mechanism fits the clinical picture as the patient was holding onto the refrigerator handles while the upper extremities were abducted as she fell to the ground.

Diagnosis is often made clinically as the patient presents strikingly with the arm abducted behind the head with the elbow flexed at 90 degrees. The humeral head can be palpable in the axilla or lateral chest wall. For x-ray imaging diagnosis, both an AP and scapular "Y" view is recommended. Imaging will show the humeral head lying inferior to its expected position in the center of the glenoid. While axillary views can be helpful in anterior and posterior dislocations, this view will not show the humeral head to glenoid relationship [5].

Reduction is typically performed under procedural sedation in order to facilitate complete muscular relaxation. There are two proposed reduction techniques for inferior dislocations. The first is the one-step approach in which the arm is extended at the elbow and overhead traction is applied in the longitudinal direction of the humerus. Countertraction can be applied as needed [1]. Another technique is the two-step approach which involves first converting the inferior dislocation to an anterior dislocation and then using conventional anterior dislocation reduction techniques from there [3]. In rare cases, closed reduction will not be possible and open reduction will be required for "buttonhole" deformities in which the humeral head becomes trapped in a tear in the inferior capsule [7].




***Radiograph demonstrating inferior displacement of the humeral head in relation to the glenoid [9].***



***Photo demonstrating bilateral luxatio erecta with arms abducted behind the head and elbows at 90 degrees.***

Inferior dislocations are frequently associated with soft tissue injury or fracture. 60% of patients have associated neurologic dysfunction with brachial plexus and axillary nerve injuries being most common, although these typically resolve post-reduction [8]. Patient's may require further imaging including MRI or nerve conduction studies. It is recommended the patient be placed in a shoulder immobilizer to follow up with orthopedic surgery in the outpatient setting if neurovascularly intact without fracture at discharge. §

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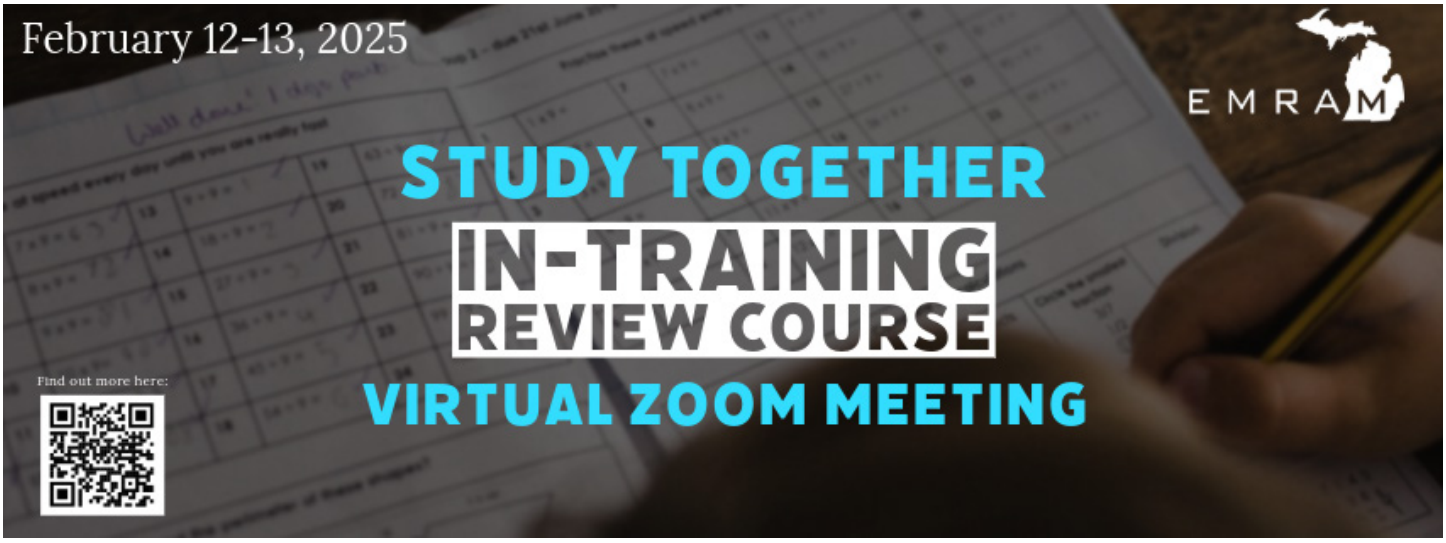

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## 2025 BOARD ELECTIONS

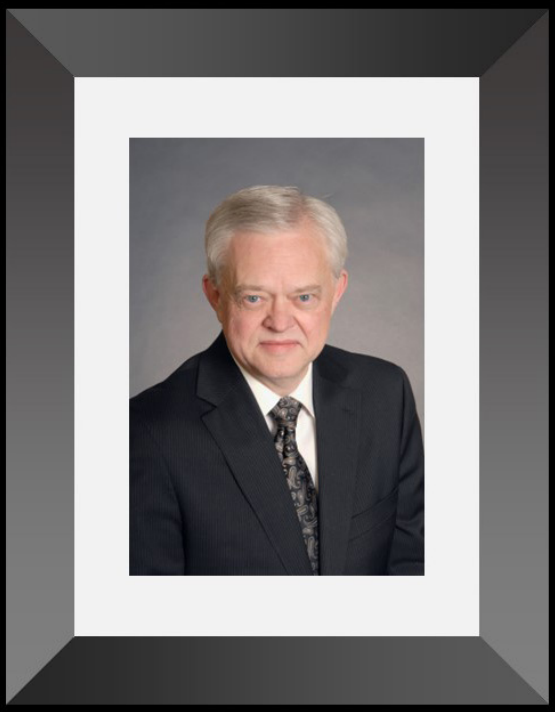
MCEP is looking for members who want to help shape the future of our organization. We are looking for candidates with diverse personal and practice backgrounds. The Board typically meets in-person six times per year (virtual option available). All active members of the Michigan College of Emergency Physicians interested in serving on the Board of Directors are encouraged to submit their names to the 2025 Board Nominating Committee for consideration as the Committee develops the slate of candidates.

New Board members will be selected by the membership during the Annual Meeting that takes place at the Michigan Emergency Medicine Assembly to be held at the Grand Hotel on Mackinac Island, Michigan at the end of July. Four 3-year positions on the Board are open for election this year.

Those interested in Board service should e-mail their notice of intention to the Chapter office, mcep@mcep.org, no later than March 1, 2025. Please include with your notice a brief biographical sketch, a copy of your curriculum vitae, current photo, and your preferred contact information. Additional information on Board services, duties and responsibilities can be found on our website here. Any questions regarding Board service and expectations can also be directed to the Chapter office.

# IN REMEMBRANCE



## Gregory L. Henry, MD, FACEP

DECEMBER 25, 1946 – NOVEMBER 26, 2024



*"Some are born great, some achieve greatness, and some have greatness thrust upon them."— William Shakespeare. Twelfth Night.*

The Michigan College of Emergency Physicians (MCEP) and the specialty lost a renowned educator, leader, colleague, and friend, Gregory L. Henry, MD, FACEP, on Tuesday, November 26, 2024.

Dr. Henry received both his undergraduate degree and his medical degree from the University of Michigan, graduating in 1973. He practiced clinical as an emergency physician in the Ann Arbor area, and served for 21 years as the Chief of the Department of Emergency Medicine at Oakwood Hospital, Beyer Center in Ypsilanti. Dr. Henry also served academically as Clinical Professor, Department of Emergency Medicine at the University of Michigan Medical School in Ann Arbor.

Dr. Henry joined as a member of American College of Emergency Physicians (ACEP) in 1976 and took on many leadership roles within the Michigan College and nationally. He was a member of the MCEP Board of Directors from 1985-1990, holding the office of Treasurer from 1988-1990. He later led MCEP's Senior Advisory Committee which provided ongoing institutional historical perspectives and insights to College leaders. Nationally, in additional to serving on a multitude of ACEP committees, he served on the ACEP Board of Directors for eight years, including as ACEP President from October 1995-1996. He received many chapter and national awards including ACEP's John G. Wiegenstein, MD Leadership Award in 1998 and the MCEP John A. Rupke, MD Lifetime Achievement Award in 2010 for his outstanding contributions.

His contributions to the emergency medicine specialty are legend. A renowned educator, his expertise in patient safety and risk management was beyond compare. He served as a consultant for numerous physician groups and hospitals throughout the country, reviewing thousands of malpractice cases over a span of three decades. He went on to serve as President of two emergency physician malpractice insurance companies.

A gifted storyteller with a unique ability to command an audience, teaching was his passion. His love for emergency medicine was reflected in the energy and enthusiasm he brought to every presentation he made. Dr. Gregorius Henricius held a great respect for, and fondness of, the Classics with a particular penchant for Shakespeare and Latin,

often quipping that one of his true callings may have been as the *"arbiter bibendi"*, the guest of honor at Roman dinner parties with the responsibility to arbitrate the amount of water used to cut the wine, the goal being to maintain stimulating conversation without allowing things to get out of hand.

There is no doubt that Dr. Henry would have led us in a rousing chorus of all 7 stanzas (4 of which cited below) of *Gaudeamus Igitur (De Brevitate Vitae)* the famous 1287 university commercium (academic feast) song, which despite its frequent use as a formal graduation hymn, is in fact a jocular, light-hearted composition poking some fun at academic life:

| | |
|---|---|
| *Gaudeamus igitur,* | *After a pleasant youth,* |
| *Iuvenes dum sumus,!* | *So let us enjoy ourselves* |
| *Post iucundam iuventutem,* | *While we are young,* |
| *Post molestam senectutem,* | *After a melancholic old age,* |
| *Nos habebit humus.* | *The earth will have us.* |
| | |
| *Ubi sunt, qui ante nos* | *Our life is brief* |
| *In mundo fuere,* | *Soon it will end.* |
| *Vadite ad superos,* | *Death comes quickly* |
| *Transite ad inferos,* | *Snatches us cruelly* |
| *Ubi iam fuere.* | *To nobody shall it be spared.* |
| | |
| *Vita nostra brevis est,* | *Where are they who, before us,* |
| *Brevi finietur,* | *Were in the world?* |
| *Venit mors velociter,* | *Go to the heavens* |
| *Rapit nos atrociter,* | *Cross over into hell* |
| *Nemini parcetur.* | *Where they went through already* |
| | |
| *Vivat academia,* | *Long live the university,* |
| *Vivant professores,* | *Long live the professors,* |
| *Vivat membrum quodlibet,* | *Long live each student,* |
| *Vivant membra quælibet,* | *Long live the student body,* |
| *Semper sint in flore!* | *Ever may they flourish!* |




Dr. Henry was also an accomplished musician, playing percussion in a jazz band, The Emergitones, along with four other emergency physicians; they often played during receptions at emergency medicine conferences and many MCEP members have fond memories of their entertaining guests with their musical talents on the front porch of The Grand Hotel on Mackinac Island during MCEP's Scientific Assembly.

MCEP members have long esteemed Dr. Henry as an invaluable resource, mentor, and dear friend. He was a true giant in the specialty and his legacy will live on in the hearts and minds of all those he interacted with throughout his distinguished career, in which indeed he played many parts: "All the world's a stage, and all the men and women merely players. They have their exits and their entrances; And one man in his time plays many parts."—William Shakespeare. As You Like It.

A Celebration of Life will take place Sunday, January 12, 2025, at the University of Michigan League, 911 N. University, Ann Arbor, MI 48109. Visiting hour will be at 1 p.m., followed with Remembrances at 2 p.m. More details are in his online obituary. §



# WARRIOR BOOTCAMP: WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE EMIG SKILLS NIGHT

***Authors:*** *Aria Hutchinson, Nicholas Paselk, and Payton Wolbert*

The Emergency Medicine Interest Group (EMIG) at the Wayne State University School of Medicine (WSUSOM) has a long-standing history of their Skills Night, a highly sought after event in which students are able to put their classroom knowledge to the test and work on practical application. Held annually, this event allows first year (M1) and second year (M2) medical students with the opportunity to train on skills which they will use later in their careers. This year, the team of M2 Coordinators established a circuit of 6 stations of which students would rotate through to practice a different skill that pertains to an average day in emergency medicine.

The WSUSOM EMIG was able to be joined by Attending and Resident physicians from the Detroit Medical Center, Henry Ford Hospital, Ascension St. John Hospital, and Ascension Providence Hospital. With such a substantial turnout of over 80 students and approximately 20 physicians, the WSUSOM was able to get students engaged in emergency medicine, as well as to encourage an evening of mentorship and fellowship between current practicing physicians and students who are in training. Students were able to network and ask questions about residency programs, career paths, and real-life applications of emergency medicine.

## EVENT BREAK DOWN

- **Dinner** - Students and Physicians shared dinner before starting the event which allowed time for meeting each other and establishing a connection prior to starting skills.
- **Splinting** - Following a demonstration, pairs of students used fiberglass splinting materials and ace bandages to create arm and thumb splints. They were even able to take the splints home!
- **Suturing**- Students each worked on their own suturing pad and were taught all the tips and tricks from the experienced Resident Physicians. Students learned techniques like the simple interrupted suture, simple running suture, as well as vertical/horizontal mattress sutures.
- **Airway Management** - Tables were set up with both pediatric and adult models to learn the basics of intubation and airway management.
- **Simulation Lab** - Inside the Kado Clinical Skills Center students were able to participate in a "code blue" simulation. The students started chest compressions on the simulation model, Apollo, and practiced defibrillation in a simulated real-life encounter. Of note, this event allowed students to practice practical skills along with team working, leadership, and time management in high stress situations. It was a close call at times, but every group of students saved Apollo's life!
- **Lumbar Puncture & Ultrasound IV**- The physician instructors gave a detailed walkthrough on how to perform a lumbar puncture and insert an IV using ultrasound guidance, and then students were able to put those skills into practice on models.
- **Chest Tube & IO** - Using a rack of pork ribs to simulate a chest wall, students were able to get a hands-on experience of what it's like to insert a chest tube! They also learned how to get IO (intraosseous) access using a similar set up.

## OVERALL EXPERIENCE

Both students and physicians had a fantastic evening. The instructors were impressed by the students' curiosity and in-depth questions. The students were grateful for the one-on-one instruction from the physicians.

As one M1 student remarked, "EMIG Skills Night was awesome! We spend so much time as M1s learning through lectures, so doing hands-on techniques was refreshing, educational, and overall, fun. It was also awesome to learn from experienced ER physicians who are not only amazing at what they do, but also personable, which made for an entertaining and informative night."

Another student shared their enthusiasm, saying, "I didn't know what to expect coming into this skills night, but I was so pleasantly surprised! I am a first-year student and am not sure what I want to specialize in. However, by the end of the night, EM was definitely added to my list. The simulation lab was my favorite part. We got to work as a team and experience how it would feel to run a successful code blue!"

## LOOKING AHEAD

WSUSOM EMIG is looking forward to continuing the excitement with a few upcoming events, Including:

- **EM Ultrasound Night:** Students will focus on the art of Ultrasound scans and its utility in procedures such as ultrasound-guided nerve block injections!
- **Concussion and CTE Speaker Presentation:** A talk from a physician at Beaumont Hospital who is a former college football player. This talk will focus on concussion and chronic traumatic encephalopathy (CTE) in the emergency department.

Overall the EMIG skills night was a huge success and provided students with the practical experience and exposure to the various skills and techniques used by emergency medicine physicians. Stay tuned for more to come from the EMIG at WSUSOM! §

## KEY PHYSICIANS→

Dr. Kouyoumjian, EM physician at DMC and WSUSOM EMIG Advisor

Dr. DeWeert, EM physician at Henry Ford and course director for M2 clinical skills course

Dr. Dimitrijevski, EM physician at DMC and assistant coordinator of WSUSOM sim center

Dr. Alangden, EM physician and DRH Assistant Residency Director



*A group of first year medical students working as a team during a code blue!*



*Students practice their skills, taking turns applying splints to one another.*



*Intubation is fun! The student works one-on-one with a resident, learning the ropes of airway management.*



*Dr. Alangden teaches students how to effectively establish intraosseous access.*



*Students learning how to resuscitate a patient as a team from Dr. Dimitrijevski.*



*Apollo the mannequin has been saved! Medical students and physicians smile for a photo after successfully completing a code blue simulation.*



*Students work to establish an airway and perform chest compressions during the code blue simulation.*

## MEDICAL STUDENT AWARD




*Dr. Michael Gratson presents Katlyn Droke with the 2024 Outstanding Medical Student Award*

# EMRAM PRESIDENT COLUMN

## WINTER SYMPOSIUM: SNOW MUCH FUN!

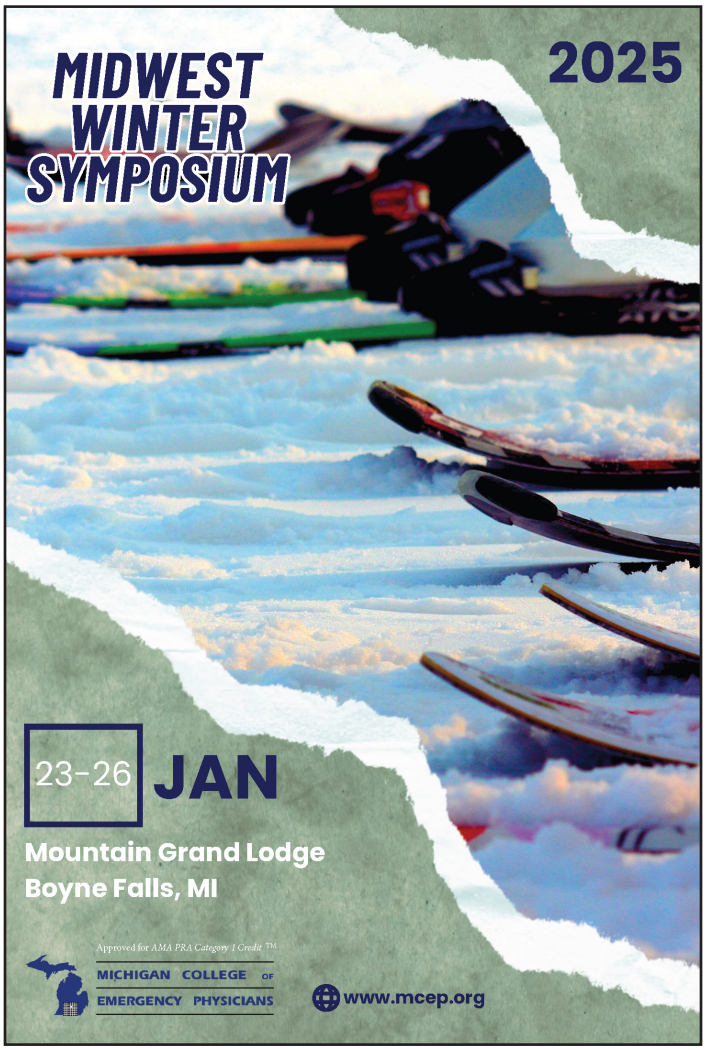


*Brittany Garza, DO*

One of my favorite events of the year is the MCEP Winter Symposium at Boyne Mountain. I have been attending the conference since 2019 and have enjoyed every minute of it! There are so many fun and educational ways to get involved in the 2025 MCEP Winter Symposium. Here is a resident's guide to enjoying the conference for medical students, residents, and attendings alike:

**OPENING RECEPTION:** You will not want to miss the opening reception! This is a great event to bring your spouse or family to. There are yummy snacks and plenty of entertainment for your guests. This is a great time to catch up with colleagues from across the state and have some quality time and fun!

**MEDICAL STUDENT SYMPOSIUM:** The Medical Student Symposium occurs during the Saturday of the conference. This is a great opportunity for medical students of all levels of training, particularly M1-M3s who are preparing for residency applications. There will be a Q&A panel from current residents, a residency fair, ultrasonography station, CPR simulators, simulated EMS radio reports, and an airway station. Breakfast and lunch are included. This is a great opportunity to meet medical students from across the state who will be your future emergency medicine colleagues. This is also a great opportunity for residents to volunteer their time for the residency Q&A panel and to represent their residency programs at the residency fair.




**CONFERENCE DIDACTICS**: The education committee never fails to select some of the best speakers and most interesting topics for the winter symposium! Attending the conference didactics will be incredibly helpful in staying up to date on all things emergency medicine. Didactics will be valuable for medical students, residents, and attendings alike.

**ACCOMMODATIONS**: Make sure to reserve your lodging as soon as possible as rooms fill up quickly. There is a discounted group rate for conference attendees who stay at the resort so make sure to use that if you plan to stay on the premise. I personally enjoy staying at small Airbnb in the city and commuting to the conference center. Either way, the views from all over the city are breathtaking!

**SKIING:** The afternoons of the conference are dedicated to skiing and other winter recreation. Make sure to get your discounted ski lift ticket before arriving in Boyne to make sure you can hit the slopes. I'm not an avid skier so you will see me sipping hot chocolate by the beautiful resort fireplace instead.

See you at Boyne Mountain on January 23rd-26th, 2025! §



# Michigan Emergency Doctors' Political Action Committee

*6647 West St. Joseph Highway Lansing, Michigan 48917 (517) 327-5700*

Dear Doctor:

As members of MCEP, ACEP, and the health care community, we dedicate ourselves to advancing quality emergency care. Increasingly, key decisions affecting our ability to fulfill this mission are made by elected officials—few of whom are medically trained and even fewer of whom are emergency physicians—in Lansing and in Washington, D.C.

Emergency physicians face myriad challenges in emergency departments, not the least of which is violence in the workplace. A long-existing barrier to the delivery of quality care, ED violence has steadily increased at a rate greater than four times the rate for workers in the private sector overall. MCEP, with the support of MEDPAC, backed a group of bills in the Michigan legislature to address these concerns, culminating in the passage and enactment of the bipartisan House Bills 4520 and 4521 in 2023. With your support, we will keep the momentum going and build on these wins in the upcoming year.

In addition, we continue to work at the state level to support the interests of Michigan emergency physicians, including limiting scope creep, addressing reimbursement challenges resulting from the implementation of Michigan's Surprise Billing Law, and improving access to psychiatric care. Your support helps us to highlight these and other issues to legislators in Lansing.

I strongly encourage you to contact your legislators in Lansing and in Congress to explain the fundamental role that emergency physicians play in safeguarding and advancing the health of our communities. Your support of MEDPAC allows our message to reach elected officials and helps to strengthen our voice on issues that impact our care, our patients, and our profession.

Please join me in supporting the Michigan Emergency Doctor Political Action Committee! Your donation can be a one-time only donation or broken into quarterly or monthly payments. A link to MEDPAC can be found here: **https://themedpac.org/**. If you would like to donate quarterly or monthly, please contact our office at 517-327-5700 or email madeyv@mcep.org.

Sincerely,

Sara Chakel MD

Sara Chakel, MD, FACEP
Chair, Michigan Emergency Doctors' PAC Board of Trustees

# RECENT GRADS BEGIN CAREERS ACROSS COUNTRY

*With a total of 26 (allopathic and osteopathic) emergency medicine residencies, Michigan sends many of its newly trained emergency medicine physicians all over the United States and the globe. In this issue, we list where the 2024 graduates will be practicing.*

**FROM CENTRAL MICHIGAN UNIVERSITY**

| | |
|---|---|
| Michael Cannova, DO | MyMichigan Health, MERC, Midland, MI |
| Lindsay Davis, DO | Beth Israel Deaconess Medical Center, Boston, MA |
| Ryan Guthrie, MD | Christus Mother Frances, Tyler, TX |
| Stephen Holihan, MD | Covenant HealthCare, Saginaw, MI |
| Caleb Morris, DO | Lexington Clinic/St. Joseph Hospitals, Lexington, KY |
| Andrew Namespetra, MD | Windsor Regional Hospital, Windsor, ON, Canada |
| Matthew Petruso, DO | Indiana University West, Indianapolis, IN |
| Sara Schambach, MD | Asante Rogue Regional Medical Center, Medford, OR |
| Laura Schroeder, MD | MyMichigan Health, MERC, Midland, MI |
| Eric (Dax) Spencer, DO | University of Tennessee, Chattanooga, TN |

**FROM COREWELL HEALTH LAKELAND**

| | |
|---|---|
| Bijan Arab, DO | EMS & Disaster Medicine Fellowship, Harbor-UCLA Medical Center, Torrance, CA |
| Thomas Barker, DO | Skagit Valley Hospital, Mount Vernon, WA |
| Abigayle Gama-Sosa, MD | Corewell Health Lakeland Hospitals, Niles and St. Joseph, MI |
| Ashley Kowalkowski, DO | Corewell Health Lakeland Hospitals, Niles and St. Joseph, MI |
| Danielle Lorenz, DO | HSHS St. Vincent's Hospital and St. Mary's Hospital, Green Bay, WI |
| Daniel Mattox, DO | Peace Harbor Hospital, Florence, OR |
| Erin Pattison, DO | Hutchinson Health Hospital and Methodist Hospital, Hutchinson and St. Louis Park, MN |
| Jonathan Tiemann, DO | Mercy Health, Crystal Lake and Rockford/Janesville, IL/WI |
| John Wesley, MD | McLaren Health, Flint, MI |

**FROM COREWELL HEALTH FARMINGTON HILLS**

| | |
|---|---|
| Brandon Baroff, DO | Emergency Medicine Physician, San Antonio, TX |
| Bohdan Boytsov, DO | Martin Medical Center, Stuart, FL |
| Christine Carline, DO | Practice, Marshall, MI |
| James Hebden, DO | Farmington Hills EM Association, Farmington Hills, MI |
| Caitlin Kelly, DO | Midwest Ohio EM Services, Columbus, OH |
| Jerry Oommen, DO | Global EM, George Washington University, Washington, DC |
| Darlene Pham, DO | Farmington Hills EM Association, Farmington Hills, MI |
| Alexander Samborski, DO | San Antonio, TX |
| John Smith, MD | U.M. Health – Sparrow, Lansing, MI |
| Joshua Smith, DO | Practice, Longmont, CO |
| Panteha Tavassol, DO | San Joaquin General Hospital, French Camp, CA |
| Neelish Welling, MD | |

## FROM COREWELL HEALTH WILLIAM BEAUMONT UNIVERSITY HOSPITAL

| | |
|---|---|
| Heaveen Ahdi, MD | Team Health, Thousand Oaks, CA |
| Robert Calleja, MD | St. Mary's, Saginaw, MI |
| Sarah DiBartolomeo, MD | St. Mary's Hospital-Madison, Reedsburg Area Medical Center, Upland Hills Health Hospital, Madison, WI |
| Brennan Essex, MD | McLeod Health Cheraw, Cheraw, SC |
| Sarah Galla, MD, PhD | Cleveland Clinic/Mercy Hospital, Canton, OH |
| Ian Gatchell, MD | Parkview Health Systems, Fort Wayne, IN |
| Cole Gleason, MD | Nuvance Health - Danbury Hospital, New Milford, CT |
| Rebecca Gorz, DO | Corewell Health East, Troy, MI |
| Aakash Naik, DO | University of Rochester and St. James, Rochester, NY |
| Jacob Nelson, MD | Bronson Methodist Hospital, Kalamazoo, MI |
| Benjamin Ross, MD | Paradise Valley Hospital, National City, CA |
| John Shanley, MD | University of Michigan, Ann Arbor, MI |
| Deborah Trimble, MD | Carle BroMenn Medical Center, Normal, IL |
| Todd Zimmerman, MD | Endeavor Health System; University of Chicago, Evanston, IL |

## FROM HENRY FORD GENESYS

| | |
|---|---|
| Michael Hammond, MD | Wexford Hospital and Forbes Hospital, Pittsburgh, PA |
| Brett Hinsley, MD | USACS St Francis Health System, OK |
| Jordan Place, DO | McLaren Northern Michigan, Petoskey, MI |
| Meg Stiles, DO | Wexford Hospital, Pittsburgh, PA |
| Nicholas Stiles, DO | Forbes Hospital, Pittsburgh, PA |
| Ellie Virgin, DO | Oaklawn Hospital, Marshall, MI |

## FROM HENRRY FORD JACKSON HOSPITAL

| | |
|---|---|
| Michael Anderson, DO | Borgess Hospital, Kalamazoo, MI |
| Jonathan Baptiste, MD | Wetherby Healthcare - Locum Tenens, Various Locations |
| Nicklas Beck, DO | Genesis Medical Center, Davenport, IA |
| Patrick Fann, MD | Ascension Columbia St. Mary's, Milwaukee, WI |
| Kevin Killian, DO | University Hospital - Sports Med Fellowship, Cleveland, OH |
| Krystyn Suppa, MD | Ocean University Medical Center, Brick, NJ |
| Timothy Yu, MD | Emergency Physicians Associates, San Jose, CA |

## FROM HENRY FORD PROVIDENCE

| | |
|---|---|
| Ayodeji Akadiri, MD | Phoebe Putney Memorial Hospital, Albany, GA |
| Zachary Blea, MD | Estes Park Health, Estes Park, CO |
| Irisha Clark, MD | Swedish American Hospital, Rockford, IL |
| Ali Dakka, MD | Advent Health, Kissimmee, FL |
| David Kline, DO | Ascension Providence Hospital, Waco, TX |
| Rita Mihaltan, DO | Cleveland Clinic, Vero Beach, FL |
| Joshua Olinger, MD | Deaconess Hospital, Evansville, IN |
| Rahul Puttagunta, MD | St Francis Hospital, Colorado Springs, CO |
| James Roberson III, MD | Vassar Brothers Medical Center, Poughkeepsie, NY |
| Remberto Rosales, MD | Holy Cross Hospital, Silver Spring, MD |

## FROM HENRY FORD WARREN

| | |
|---|---|
| Call Coddington, DO | Hurley Medical Center, Flint, MI |
| Purvi Desai, DO | Trinity Health, Grand Rapids, MI |
| John Claude Kemink, DO | Independent Emergency Physicians, MI |
| Kurt McBride Erhardt, MD | Thompson Hospital - University of Rochester Health System, Canandaigua, NY |
| Brian Powers, DO | Addiction Medicine Fellowship, University of Washington, Boise, ID |
| Katherine Reyburn, MD | Mat-Su Regional Medical Center, Palmer, AK |

***(Continued on Page 18)***

## 2024 — WHERE ARE THEY GOING? *(Continued from Page 17)*

### FROM HENRY FORD WYANDOTTE

| | |
|---|---|
| Jacob Babel, DO | Essentia Health, Fargo, ND |
| Olivia Boyette, DO | Pikeville Medical Center, Pikeville, KY |
| Andrew Broome, MD | Mayo Clinic Mankato, Mankato, MN |
| Kaitlyn Hanlon, DO | Henry Ford Health-Wyandotte, Wyandotte, MI |
| Katherine Jones, DO | HCA St. Petersburg, Petersburg, FL |
| Fatimoh Oyedele, MD | St. David Medical Center , Austin, TX |
| Lance Shamoun, MD | St. David Medical Center, Austin, TX |
| Zachary Strobel, DO | Aurora Medical Center, Oshkosh, WI |
| Alyssa Wood, DO | Henry Ford Health-Wyandotte, Wyandotte, MI |

### FROM MCLAREN MACOMB

| | |
|---|---|
| Andrew Awabdeh, DO | Detroit Medical Center, Detroit, MI |
| Erin Cuddeback, DO | Henry Ford Hospital, Detroit, MI |
| Cole Hensley, MD | Team Health, MI |
| Matthew Irick, DO | Ascension St. Vincent, Indianapolis, IN |
| Brandon Smyth, DO | Ascension Rochester, Southfield, MI |
| Anisha Tailor, MD | University of Utah, Salt Lake City, UT |

### FROM PROMEDICA MONROE REGIONAL HOSPITAL

| | |
|---|---|
| Jennifer Astacio, MD | TeamHealth Special Ops Southeast, Tampa, FL |
| Bradley Billings, DO | HCA Florida Pasadena, Tampa, FL |
| Christine Bowman, MD | Fredericksburg Emergency Medical Alliance, Fredericksburg, VA |
| Michael Golden, DO | Mercy Health, Rockford, IL |
| Zachary Koppelmann, MD | Ascension Via Christi, Manhattan, KS |
| Rachna Patel, DO | TeamHealth Special Ops Midwest, Chicago, IL |
| Apekchaya Pokharel, MD | TeamHealth Special Ops Northeast/Midwest, Coldwater, MI |
| Shane Snider, DO | Southeast Health, Dothan, AL |

### FROM TRINITY HEALTH MUSKEGON

| | |
|---|---|
| Eric Applebach, MD | Trinity- Muskegon/LMES, Muskegon, MI |
| Stephanie Coallier, MD | Trinity - Grand Rapids/GREMG, and United Mission Hospital, Grand Rapids and Tansen, MI and Nepal |
| Bernadette Dazzo, DO | Colquitt Regional Medical Center, Moultrie, GA |
| Angelic Dye, DO | Ascension Borgess/Vituity, Kalamazoo, MI |
| Uzair Raja, MD | Dignity Health/Vituity, Camarillo, CA |
| Hanna Skok, MD | Corewell Health-Ludington/ECS, Ludington, MI |
| Justin Staley, DO | Trinity - Grand Rapids/GREMG, Grand Rapids, MI |

### FROM UNIVERSITY OF MICHIGAN

| | |
|---|---|
| Emily Ager, MD | University of California, San Francisco, CA |
| Carrie Bailes, MD | University of Michigan, Ann Arbor, MI |
| Matthew Basinger, MD | Trinity Health Ann Arbor, Ann Arbor, MI |
| Samantha Chao, MD | University of Michigan, Ann Arbor, MI |
| Michelle Feeney, MD | Team Health, Philadelphia, PA |
| Rachel Frederick, MD | Compass Emergency Physicians, Cincinnati, OH |
| Sarah Jamali, MD | Baystate Health, Springfield, MA |
| Aaron Krumheuer, MD | Mass General/Brigham & Women's, Boston, MA |
| Miyante Newton, MD | University of Maryland, Baltimore, MD |
| Connor O'Hare, MD | Mayo Clinic Hospital, Phoenix, AZ |
| Ina Prevalska, MD | Washington University, St. Louis, MO |
| Nathan Roberts, MD, PhD | Medical University of South Carolina, Charleston, SC |
| Shoshana Rudin, MD | University of Pittsburgh Medical Center, Pittsburgh, PA |
| Maxwell Spadafore, MD | University of Michigan, Ann Arbor, MI |
| Nicholas Valentini, MD | Brown University, Providence, RI |



**FROM UNIVERSITY OF MICHIGAN HEALTH WEST**

| | |
|---|---|
| Mileah Fritzell, DO | Linn County Emergency Medicine Group, Mercy Hospital System, Iowa City, IA |
| Evan Pasternak, DO | Emergency Care Specialists, Corewell Health System, Grand Rapids, MI |
| Alex Pittman, DO | Samaritan Albany General Hospital, Albany, OR |

**FROM UNIVERSITY OF MICHIGAN HEALTH-SPARROW/ MICHIGAN STATE UNIVERSITY EMERGENCY MEDICINE RESIDENCY**

| | |
|---|---|
| Ghufraan Akram, MD | McLaren Greater Lansing, Lansing, MI |
| Leah Babiarz, DO | Ascension-St Vincent Fishers, Fishers, IN |
| Ian Batson, DO | University of Pennsylvania (Medical Education Fellowship), Philadelphia, PA |
| Spencer Batten, DO | McLaren Greater Lansing, Lansing, MI |
| Lauren Burmann, DO | Banner Health Medical Center, Phoenix, AZ |
| Walter Czop, DO | University of Michigan Health-Sparrow, Lansing, MI |
| Haziq Rauf, MD | Sunrise Hospital, Las Vagas, NV |
| Hannah Russo, DO | University of Michigan Health-Sparrow, Lansing, MI |

**FROM WAYNE STATE UNIVERSITY/DMC SINAI-GRACE HOSPITAL**

| | |
|---|---|
| Esther Adeyemi, MD | Trinity Hospital, Chicago, IL |
| Brandon Cornwell, DO | Sinai-Grace and Huron Valley Hospitals, Detroit, MI |
| Jacob Dirkman, DO | Aspirus Wausau Hospital, Wausau, WI |
| Kelly Giuliani, DO | Swedish Medical Center, Denver, CO |
| Bryant Hansen, MD | Ascension St. Vincent, Indianapolis, IN |
| Urvashi Katiyar, MD | Ascension St. Joseph-Joliet, Joliet, IL |
| Manpreet Kaur, MD | Ascension Hospital, Standish, MI |
| Lauren Ripley, DO | Sinai-Grace and Huron Valley Hospitals, Detroit, MI |
| Kathryn Stromsland, MD | CPMC Van Ness, Davies, and Mission Bernal, San Francisco, CA |
| Aaron Szpytman, MD | University of Colorado-Addiction Medicine Fellowship, Aurora, CO |
| Magdalene Teba, MD | Touchette Regional Hospital, Centreville, IL |
| Kristopher Torossian, MD | Anderson Hospital, O'Fallon, IL |

**FROM WESTERN MICHIGAN UNIVERSITY**

| | |
|---|---|
| Alicia Anderson, DO | Banner Thunderbird Emergency Department, Glendale, AZ |
| Baturay Aydemir, MD | Portsmouth Regional Hospital, Portsmouth, NH |
| Kenneth (Alan) Bridgmon, DO | Ascension Borgess Hospital, Kalamazoo, MI |
| Corbin Donham, MD | Elite Emergency Physicians Inc., Elkhart, IN |
| Edwin Fundingsland, DO | Kansas Emergency Physicians - AdventHealth Shawnee Mission, Merriam, KS |
| Eric Hovda, DO | Eastern Iowa Acute Care Partners, Cedar Rapids, IA |
| Erik Krueger, DO | Elite Emergency Physicians Inc., Elkhart, IN |
| Nahal Massoudi, DO | UnityPoint Health - St Luke's Hospital, Cedar Rapids, IA |
| David Piscitelli, MD | Sturgis Hospital, Sturgis, MI |
| Joshua Recknagel, MD | Lake Michigan Emergency Specialists, Muskegon, MI |
| Kevin Richardson, MD | St. Francis Hospital, Cape Girardeau, MO |
| Michael Samborn, DO | MyMichigan Medical Center, Midland, MI |
| John Shinners, MD | Covenant Hospital, Saginaw, MI |
| Mariah Smith, DO | Elite Emergency Physicians Inc., Elkhart, IN |
| Justin Winkler, MD | Corewell Health - Ultrasound Fellowship, Grand Rapids, MI |

## MCEP CALENDAR OF EVENTS 2024-2025

**January 23-26, 2025**
MCEP Winter Symposium
Mountain Grand Ledge
Boyne Mountain, Michigan

**January 25, 2025**
Board of Directors
Mountain Grand Lodge
Boyne Mountain, Michigan

**February 12-13, 2025**
ITE Review Course
Virtual Zoom Meeting

**March 5, 2025**
Board of Directors
Chapter Office
Lansing, Michigan

**March 20, 2025**
Critical Care Course
Virtual Zoom Meeting

**April 27-29, 2025**
ACEP Leadership
& Advocacy Conference
Washington, DC

**May 7, 2025**
Board of Directors
Chapter Office
Lansing, Michigan

**May 14, 2025**
EMRAM SIMWARS
Western Michigan University
Kalamazoo, Michigan

**July 27-30, 2025**
Michigan EM Assembly
The Grand Hotel
Mackinac Island, Michigan

**July 28, 2025**
Annual Membership Meeting &
Board of Directors
The Grand Hotel
Mackinac Island, Michigan

**August 19, 2025**
MCEP Councillor Meeting
Chapter Office
Lansing, Michigan

**September 5-6, 2025**
ACEP Council Meeting
Salt Lake City, Utah

**September 7-10, 2025**
ACEP Scientific Assembly
Salt Lake City, Utah

**September 24, 2025**
EM Career Planning:
Life After Residency
Somerset Inn
Troy, Michigan

**October 1, 2025**
Board of Directors
Chapter Office
Lansing, Michigan

**December 3, 2025**
Board of Directors
Chapter Office
Lansing, Michigan





**Thank you for all that you do!**

To all of our frontline workers

*From all of us at MCEP*