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President's Message

Dear Colleagues & Friends,

Last month, the American College of Emergency Physicians (ACEP) successfully held "ACEP20: Unconventional," with our local DC ACEP Chapter representing in significant ways.

I would like to recognize the extraordinary contributions from Dr. Marisa Dowling, Dr. James Maloy, and Dr. Leah Steckler, members of our DC ACEP Board, who amplified the voices of many of our members by calling for increased attention to racial and social justice in our communities by successfully submitting three resolutions, which were all passed by the ACEP Council. Read the Resolutions that were adopted by the Council & national ACEP Board [here](#).

While 2020 has brought us some victories, we also recognize the continued fight ahead of us this winter as the pandemic persists. I believe our collective experiences over these past nine months have made us better prepared for this battle with an increased understanding of how to manage COVID and how to keep ourselves protected while we await additional tools to combat this virus. Through this time, we have come together as colleagues within our practices to support each other and found ways to safely remain connected, even when forced to be physically apart. But the feelings of isolation, depression, and traumatic stress are real for many of us. Please continue to check in on each other as the winter months and holidays approach and know what resources are available if you or one of our colleagues needs assistance. Information about ACEP's Wellness & Assistance Program can be found [here](#).

Please join me in thanking and congratulating our own Dr. Rita Manfredi on receiving the 2020 Outstanding Director of Wellness Award from the ACEP Wellness Section for the contribution she and her team are making for our emergency medicine community during these challenging times. More information below.

And it is with immense joy that I congratulate our very own Dr. Aisha Terry on being re-elected to the National ACEP Board for a second term as she continues to advocate for health policy changes that will positively impact our patients and our practices. More information below.

Thank you for all you do for our patients and our communities. Please stay safe and be well.

2020 Council Meeting Update
Marisa K. Dowling, MD (Councillor)
James D. Maloy, MD (Councillor)
James M. Gaylor, MD (Councillor)

The virtual 2020 ACEP Council Meeting was novel in format, but nevertheless productive. The District of Columbia Chapter Board and Councillors take seriously their commitment to advocacy on behalf of public health and emergency physicians, as such the Chapter was active both in submitting resolutions and participating in debate.

The District of Columbia Chapter authored two resolutions: “Addressing Systemic Racism as a Public Health Crisis” and “Creating a Culture of Anti-Discrimination in our Emergency Departments and Healthcare Institutions.” Both resolutions passed easily by unanimous consent. These resolutions reaffirm ACEP’s commitment to recognizing and addressing the social determinants of health, resolve that ACEP use its voice to support members who seek to reform discriminatory systems more broadly, and recognize that emergency departments must integrate frameworks of anti-discrimination into our institutions and practice.

The DC Chapter also cosponsored the “ACEP Membership and Leadership” resolution authored by ACEP’s Diversity, Inclusion, & Health Equity Section. This resolution emphasizes the importance of diversity in ACEP’s organizational leadership, directs ACEP to create a plan to improve ACEP’s own diversity, and to present an annual diversity report to the Council. This resolution also passed by unanimous consent.

In total, thirty-six resolutions were passed by the Council, and seven resolutions were referred to the ACEP Board for further review. These resolutions address wide ranging topics, including telehealth, due process, climate change, personal protective equipment, health insurance/reimbursement, workforce issues, and scope of practice. Seven resolutions were not adopted. A full list of resolutions grouped by Council action can be found [here](#).

On behalf of your DC ACEP Councillors and the whole DC Chapter Board, we appreciate this opportunity to represent, serve, and advocate for DC emergency physicians.

Thank you!

What is on the Menu in Emergency Medicine? **Rita A. Manfredi, MD, FACEP**

At some time in our lives, we have all taken a trip to McDonald’s or Wendy’s or Burger King. Usually up on the wall there is a menu and from there you have made your choices. You can choose sides and sauces, meats and buns, or the whole works, just to mention a few.

Have you noticed that when we have seriously ill patients many emergency physicians tend to offer a similar menu of choices when it comes to artificial life support? Do you want everything? Would you like CPR? A breathing tube? Pressors? It is very difficult for us to make these decisions even with our medical training and experience. Can you imagine what it is like for the layperson to be confronted with these types of choices? We must do better. We must communicate with our patients and their families in a way where they can make difficult decisions based on their values and goals---NOT on the menu choices.

There is no more critical time than now to have the kind of conversation that you never wanted to have...the one about setting goals and plans regarding medical care and treatments known as advance care planning. Any physician can have an advance care planning conversation with a patient during a primary care visit or even in the emergency department. Mr. Fred Rogers, of Mr. Roger’s Neighborhood, said it best: “Anything human is mentionable, and anything mentionable can be manageable.”

Being able to talk about death and bad outcomes makes this whole serious illness conversation manageable. This article provides a simple approach to difficult

conversations focusing on complex decisions surrounding serious illness and end of life preferences.

Step 1. Ask the patient or family member to identify the health care proxy—the person or persons who will be the patient’s representative when he can no longer speak for himself. Health care proxies can be spouses, adult children, siblings, or any other designated person. Ensure that everyone involved in the patient’s care is participating in the discussion to keep open the option to re-negotiate whenever circumstances change.¹

Step 2. To answer thorny questions, we must know what we value. Take a moment to ask what is most important to you or your loved one? What gives you purpose and meaning in your life? We have had patients tell us being at family gatherings with everyone they love is most important. Others have said that their independence is essential. One gentleman most valued being in the garden with the butterflies. The responses are varied and very individual. What is important to me might not be so important to you.

Step 3. Knowing your patient’s values, you can move on to The Most Difficult Question You Never Wanted to Ask. “If you are so sick that you are unlikely to recover and would require artificial life support during the time you have left, would you prefer to continue on artificial life support or would you choose to allow a natural death?” Everyone may have a different answer. Some may say, “I prefer Nature to take its course. I want to die naturally.” Others say, “Keep me alive at all costs, no matter what. I can’t bear the thought of dying.” What is most important is that the decision is based on the patient’s values, not what their family, or even you as the provider, would prefer they choose.

Step 4. Offer a recommendation.

Language is everything. Studies indicate that what listeners understand is often different than what physicians intend. Certain phrases can lead families to feel abandoned and forced to choose between aggressive curative care and giving up.² As emergency physicians we should propose realistic goals.

“Given that you said you most value being at home and hugging your children, I would like to suggest home hospice”.

“My recommendation is that we accept that he will not live much longer and allow him to die peacefully.”

Instead of Saying.....	Try using this Language...
-Do you want us to do everything possible?	-Would you like us to initiate artificial life support or would you prefer to allow a natural death? -This disease is so deadly that no matter what we do given her age and co-morbidities it is not clear she would survive. -What do I need to know to do a better job of taking care of you?
-We will refrain from extraordinary measures... - I am going to make it so he will not suffer	- Your comfort and dignity are my top priority. - Can we agree not to escalate care, which is going to prolong the dying process?
-It is time we talk about pulling back... -Will you agree to discontinue care? - I think we should stop aggressive therapy	- I want to help you live meaningfully in the time that you have left. - What can I do to help fulfill your wish to be at home with your family? - Let us concentrate on improving your quality of life.

Decisions surrounding serious illness and planning for end of life is not a new phenomenon, but the presence of the COVID pandemic has made all of us a little more aware of our own mortality. We always hope for the best outcome with our patients and we must remember to tell them that, but we also must be practical, prepare for the worst, and be in alignment with our patients and their families.

Just remember...get rid of the menu!

1 Emanuel LL, von Gunten CF, Ferris FD. The Education for Physicians on End-of-life Care (EPEC) curriculum, 1999.2 Angus DC, Barnato AE, Linde-Zwirble WT, et al: Use of intensive care at the end of life in the United States: An epidemiologic study. Crit Ca



DC ACEP Chapter Social Media Ambassador

Kavita S. Jackson, MD

New Social Media Ambassador. Read more below

I am Dr. Kavita Jackson and I am thrilled to be DC ACEP's first Social Media Ambassador. My relationship with social media began as a personal venture when I started blogging through my journey with breast cancer this year and has now flourished into a passion.

I look forward to combining my newfound interest with the advocacy and growth of emergency medicine. I plan to keep you up to date on important events, like CME,

current emergency medicine education, and relevant DC ACEP chapter news. I am excited to engage with you all via social media and, hopefully soon, in person, too.

Please go follow us on Facebook (@DCACEP) and Twitter (@DC_acep) and [email](#) me with information to be shared with our chapter or if you would like to be featured.

Medical Student Corner
Fall 2020 Virtual Program Director Panel
Will Sweetser (DCMSC Co-Chair)
Christopher Wend (DCMSC Chair)

On September 10th, 2020, the DC Medical Student Council (MSC), in collaboration with the Maryland MSC and DC ACEP, hosted a panel of emergency medicine program directors from the District and Maryland. The panel consisted of Dr. Rahul Bhat from Georgetown University, Dr. Colleen Roche from George Washington University, Dr. Sarah Dubbs from the University of Maryland, and Dr. Linda Regan from Johns Hopkins University.

The event began with an overview presentation about DC ACEP and the DC and Maryland MSCs by Dr. Leah Steckler, the President-Elect of DC ACEP, and was followed by a moderated discussion amongst the program directors. 220 students registered and approximately 150 joined the virtual panel on the day of the event! This virtual panel provided a COVID-19-friendly platform for potential EM applicants from across the United States to be introduced to the program directors and learn more about the unique opportunities that each residency program affords. DC ACEP and the DC MSC moderated the discussion to focus questions on topics such as applicant characteristics, program features and curriculum strengths, diversity and inclusion, community engagement, and resident wellness. The program directors crafted a wonderful discussion in order to highlight their programs and provide important guidance for applicants on how to navigate this year's application cycle in light of the reduced ability to meet residents and faculty in-person.

A memorable point that each program director supported was for applicants to try to communicate their unique story with the selection committee. They underscored the importance of the personal statement to share applicants' distinct attributes. Furthermore, program directors encouraged applicants to attend virtual activities hosted by the residencies to meet current residents and learn more about their programs.

At the conclusion of the event, students expressed great thanks for the organization of the panel and for the opportunity to get their pressing questions answered. The DC and MD MSCs and DC ACEP truly appreciate the time that the program directors provided in support of this panel and for the students who joined the call to make this inaugural event such a success. Students are encouraged to get in contact with their state's MSC, become an EMRA member, and join their local ACEP chapter to get involved in future events.

Please listen to the recording [here](#) for the program director panel if you were unable to attend.

Congratulations!



2020 Re-Election National ACEP Board

Aisha T. Terry, MD, MPH, FACEP

Read more below.

Recently Dr. Aisha T. Terry was re-elected to the national ACEP Board. She was also elected to the role of national ACEP's Secretary/Treasurer.

Dr. Terry served as President for the DC ACEP Chapter from 2013 to 2016. During her Presidency, the Chapter's activity soared and its revenue more than doubled.

Dr. Terry has served as a voting ACEP Councillor for many years and continues to be an active member of the chapter. She regularly participates in chapter meetings and lends a helping hand when needed.

Since 2004, Dr. Terry has been a member of multiple ACEP Committees and Sections. The Public Health and Injury Prevention Committee, the Young Physicians Section, and the 911 Legislative Network.

During her residency in Fall 2005, Dr. Terry was elected President of the national Emergency Medicine Residents' Association (EMRA). Under her leadership, EMRA's budget reached an all-time high of \$1 million and she spearheaded the implementation of the ACEP/EMRA Mini-Health Policy Fellowship in Washington, DC. She has been and continues to be a mentor to many young ACEP members and Residents.

In 2008, she received a prestigious award from The College, Hero in Emergency Medicine, and in 2009 received The ACEP Council Teamwork Award.

Dr. Terry has also been a champion of diversity within our organization. She chaired ACEP's Diversity and Inclusion Task Force, which increased awareness, identified barriers and solutions to diversifying the physician workforce, and linked patient outcomes with workforce diversity. Dr. Terry was awarded ACEP's 2018 inaugural Diversity Champion Award.

During her first term on the Board, Dr. Terry made significant contributions to ACEP's quality portfolio by serving as Board liaison to ACEP's Quality and Patient Safety (QPSC) Committee, Clinical Emergency Data Registry (CEDR) Committee, and Quality and Patient Safety (QIPS) Section. In this capacity, she represented ACEP at numerous Center for Medicare and Medicaid Services (CMS) meetings

and oversaw quality measure development initiatives. She also served as Board liaison to the Diversity, Inclusion, and Health Equity (DIHE), Undersea and Hyperbaric Medicine (UHM), and Trauma and Injury Prevention (TIPS) Sections.

Dr. Terry has participated in collaborative research on many topics and published several peer reviewed publications. She has given numerous local, state, national and international lectures and speeches on topics such as the triage of emergency department patients to a medical home, sustained growth formula (SGR) reform, coordinated and integrated health care, physician reimbursement, and innovative physician health policy education. Dr. Terry has also led health policy and stroke research efforts, partially through grant funding from the National Institute of Health (NIH).

At present, Dr. Terry works at the George Washington (GW) University School of Medicine in Washington, DC, where she fulfills her true passion for clinical practice, teaching, and mentoring as an associate professor of Emergency Medicine and Health Policy at GW and the Milken Institute School of Public Health. She serves as senior advisor of the Health Policy Fellowship of her department and serves as a Learning Community Leader in the School of Medicine. She also serves as a Professional Development Mentor which requires her to teach professionalism skills to medical students through small group sessions focused personal reflection and team-building exercises.

She is the chief executive officer of the Minority Women in Science Foundation (MWSF). The MWSF provides mentorship, tangible resources, networking opportunities, and career-long support to its beneficiaries. Over the years, the Foundation has provided numerous scholarships and several standardized test preparatory course grants to aspiring youth.

Dr. Terry has the courage and vision to lead ACEP toward a better future. She has demonstrated the highest level of commitment to emergency medicine, our Chapter, and the College. She is a skillful communicator, excellent clinician, and exemplary community member committed to the cause and mission of emergency medicine.

The DC Chapter is proud and fortunate to have a dedicated advocate to represent emergency medicine.

Read about Dr. Terry's most recent activities below:

[Blog](#)

[Podcast](#)

[Stop the Spread](#)

[ACEP20 - Dr. Ibram X. Kendi](#)

[CEDR](#)

To see a list of all national ACEP Board members, click [here](#).

[Press Release](#)



2020 Outstanding Director of Wellness Award

Rita A. Manfredi, MD, FACEP

Read more below

Recently Dr. Rita Manfredi was nominated for the 2020 ACEP Outstanding Director of Wellness Award.

Dr. Manfredi has done excellent work on both the ACEP Wellbeing Committee (immediate past national chair) and the ACEP Wellness Section as well as her daily work contributing to wellness in all of her clinical arenas. In addition, she is an exceptional role model for her peers demonstrating how to balance a significant clinical workload with important and creative wellness initiatives and a full life outside of the hospital.

Dr. Manfredi is an Associate Professor of Clinical Emergency Medicine at the George Washington University School of Medicine and Health Sciences. She started her career as a US Navy Flight Surgeon and completed an Emergency Medicine residency at the University of Massachusetts. She previously completed a fellowship in Health and Spirituality at the George Washington Institute for Spirituality and Health, recently became board-certified in Hospice and Palliative Medicine and is interested in integrating Palliative Medicine concepts into the care of patients in the emergency department.

Dr. Manfredi served as the immediate past national Chair for the American College of Emergency Physicians' (ACEP) Wellbeing Committee. She is editor of the online book: "Being Well in Emergency Medicine- ACEP's Guide to Investing in Yourself". As one of the first members of the SAEM Wellness Committee she has been active in multiple writing projects and put forth many didactic proposals, with emphasis on residency education and attention to moral injury. She presented at "BalancED," the inaugural emergency medicine conference focusing on well-being in emergency medicine, and was co-chair of the 2019 Society for Academic Emergency Medicine's Consensus Conference on "Wellness for the Future: Cultural and Systems-Based Challenges and Solutions" which resulted in an important manuscript^[1].

Dr. Manfredi's work in Wellbeing focuses on how the system or organization impacts the wellness of the individual health care provider. She is always prepared with creative and dynamic ideas and has been a career-long staunch advocate for wellness in healthcare. She has presented at conferences nationally and internationally and is always well received and energizing.

1. Sikora RD, Manfredi RA, Chung A, Kaplan JA, Tyo CJ, Akhtar S, et al. Wellness for the Future: Cultural and Systems-based Challenges and Solutions. *Acad Emerg Med.* 2020;27(4):317-32.

Credit: The information for this article was pulled from the recommendation letter submitted by Kristen E Nordenholz, MD, MSc, FACEP. ACEP Wellness Section - Alternate Councillor. ACEP Wellbeing Committee Member and Mental Health Subcommittee Co-Chair. Associate Professor of Emergency Medicine.



Providers
Clinical Support
System

**Emergency Medicine Medications
for Addiction Treatment**

Waiver Training Course

Register for the updated EM-focused MAT Waiver Training required to apply to the Drug Enforcement Agency for a waiver to prescribe buprenorphine

This is your chance to complete the updated Emergency Medicine Focused MAT training required to apply to the Drug Enforcement Agency for a waiver to prescribe buprenorphine.

This is one of three medications, (buprenorphine, naltrexone, and methadone), approved by the FDA for the treatment of Opioid Use Disorder. Research demonstrates that MAT is effective in the treatment of Opioid Use Disorders and can help some people sustain recovery.

**Earn a maximum of 8.0 AMA PRA
Category 1 Credits™**

Funding for this initiative was made possible (in part) by grant no. 5U79TI026556-03 from SAMHSA. The policies of the Department of Health and Human Services, nor does mention of trade names views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official, commercial practices, or organizations imply endorsement by the U.S. Government.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American College of Emergency Physicians, the District of Columbia Chapter of Emergency Physicians, and the Providers Clinical Support System. The American College of Emergency Physicians is accredited by the ACCME to provide continuing medical education for physicians.

The American College of Emergency Physicians designates this live activity for a maximum of 8.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



**February 1,
2021**

**9:00 AM -
6:00 PM EST**

**Virtual
Hosted by the
District of
Columbia Chapter
of the American
College of
Emergency
Physicians**

**[Register
Here](#)**





New Fellow Designation!

Congratulations to:

Shantanu Agrawal, MD, FACEP
Rebecca M. Foster, MD, FACEP
Imad M. Khojah, MD, FACEP
Matthew Pyle, MD, FACEP

See the *ACEP20* Awards Brochure [here](#).

Welcome New Members!

A special welcome to the new members of the District of Columbia Chapter. We are excited to have you.

Abigail Rapp
Abraham Daniel Levitman
Ambica Chopra
Amy Nicole Tronnier
Andrea Ashley Barnes
Bill Wayne Chan
Bridget Marcinkowski
Brittney Imani Gordon
Christiaan Van Nispen
Denny Tsai
Iman Aly

Kavita S Jackson, MD
Kevin Y Jeng, MD
Kimi C Chernoby
Lesley J Walinchus-Foster, MD
Meg Keswani
Nathaniel C Hollister
Scott Derauf Brunk, MD
Sreenidhi Thirunagaru
Tammy Tarhini
Tess Alexandra Whiteside

You may wonder if you should get involved with District of Columbia ACEP or EMRA or at the national level? We encourage you to please get involved!

If you are unsure about how to get involved, feel free to contact the chapter [directly](#).

FROM NATIONAL ACEP



ACEP continues to update its COVID resources regularly to reflect the latest information. Visit the [COVID-19 Center](#) for access to all COVID content, including the following most popular tools from the past few months:

[COVID-19 Field Guide](#) | [COVID-19 Communication Hub \(engagED Forum\)](#) | [Wellness/Counseling](#) | [COVID-19 Severity Classification Tool](#) | [Elemeno/ACEP Tool](#) | [Literature Library](#) | [ACEP Statements on PPE & Other Physician Protections](#)

NEW Resource: [Monoclonal Antibody Toolkit](#)

Urge Your U.S. Senators to Take Action to Halt Impending Medicare Cuts

Negotiations continue in Congress on how to address the impending Medicare cuts that many physicians will face in 2021. Emergency physicians will face a 6% cut unless Congress acts. Although you may have already contacted your U.S. House member on this issue, your two U.S. Senators need to hear from you now about the importance of halting the cuts and the impact they would have on access for patients to emergency care. **Please [click here](#) to urge your U.S. Senators to take action that will ensure that any year-end legislation includes language to halt these harmful cuts.**

EMF Grant Available

The EMF/NIDA Mentor-Facilitated Training Award in Substance Use Disorders Science Dissemination Solicitation is due November 30, 2020. The purpose of the award is to enhance a resident/trainee's knowledge of SUD treatment research and the dissemination and adoption of evidence-based SUD treatment practices. [Apply here](#).

Federal Regulatory News

- Catch up on the latest federal regulatory news with [Regs & Eggs](#). Latest blog post: [The Holiday Gift-giving Season \(of Regulations\) is Here!](#)
- On November 17, the FDA [issued](#) an Emergency Use Authorization to Lucira Health for its COVID-19 All-In-One Test Kit for prescription home use.
- On November 10 and 11, the Medicare Payment Advisory Commission (MedPAC) held a [public meeting](#) covering a variety of pertinent Medicare policy topics, including the advanced use of telehealth and access to care in rural areas.

- For more information on ACEP's recent advocacy efforts, watch the [Capital \(30\) Minutes](#) video from November 18. It looks at election results and what they mean for emergency medicine. Other topics include the latest legislative and regulatory updates, potential COVID-19 relief package and more.
-

Address Pressing EM Issues with the Theater of War

After rave reviews of the Theater of War event at ACEP20, [another FREE performance has been scheduled for the EM community](#) on 12/2 from 7-9pm. The actors will present scenes from Sophocles' Ajax to create a vocabulary for discussing themes such as burnout, betrayal, personal risk, loss, moral distress, suicide, depression, shame, and working in a complex hierarchy. It's free, but [registration is required](#).

Opioid Webinar Series Continues Dec. 3

Part five of the six-part webinar series on opioid use disorder and federal, state and regulatory considerations examines New York's I-Stop program and other state initiatives to curb the opioid epidemic. Led by Dr. Keith Grams, this free webinar is 2 p.m. EST on Dec. 3. [Register today](#).



ACEP20 Access Continues, New Option Available for Non-Attendees

If you participated in ACEP20, remember that you continue to [have access](#) to the education, Research Forum, exhibit showcase and more. This content will remain on the ACEP20 platform for 90 days post-conference before moving to the ACEP Online Learning Collaborative for the remainder of your three-year access period. This is how you [claim CME](#).

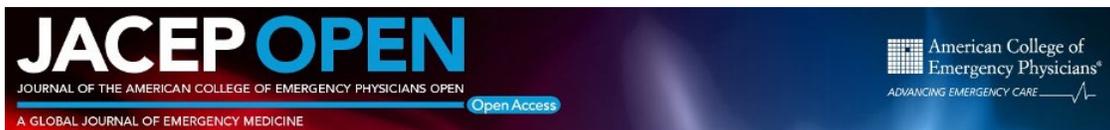
Those who were unable to attend can still get the education you missed from ACEP20 Unconventional and earn up to 276 CME hours for three years with the [Virtual ACEP20](#) component. One new element of Virtual ACEP20 compared to previous years is that it includes highlights from Research Forum, including State of the Art and Plenary presentations.

Podcast: COVID-19 and Stroke

With stroke being one of the top three causes of death in the nation, timing is everything. Join the conversation between host Dr. Ryan Stanton and Dr. Aisha Terry as they discuss the different factors that affect the presentations of stroke in the emergency department due to COVID-19 and how you can advocate for improved care for stroke patients. [Listen now.](#)

ACEP Leadership and Excellence Awards

The program provides an opportunity to recognize all members for significant professional contributions as well as service to the College. Nominations will open in December and be accepted until March 1, 2021. Some of the newest awards include the Community Emergency Medicine Excellence Award, the Innovative Change in Practice Management Award, the Pamela P. Bensen Trailblazer Award and the Policy Pioneer Award. [Check out all Leadership and Excellence Awards.](#)



JACEP Open is the official Open Access journal of the American College of Emergency Physicians (ACEP). Complementing ACEP's flagship journal, *Annals of Emergency Medicine*, *JACEP Open* welcomes high quality reports representing the full spectrum of emergency care.

Why publish in *JACEP Open*?

- Open access – free to read for everyone
- PubMed Central indexed
- Fast turnaround times: 17 days to decision, < 30 days to publication
- CME for reviewers
- Podcasts
- Visual abstracts

Submit at www.editorialmanager.com/jacep

JACEP Open is always looking for qualified reviewers. Please send your CV to Stephanie Wauson, Managing Editor, swauson@acep.org.

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EMRA Opportunities for Residents and Medical Students

[EMRA Committee Leadership](#) applications are due December 1 for Chair Elect and Vice Chair positions for [EMRA's 19 Committees](#).

[EMRA Medical Student Council applications](#) are due December 1 to lead our medical student efforts.

Applications are due for the Class of 2022 for the [EMRA/ACEP Leadership Academy](#) on December 31. The EMRA and ACEP Leadership Academy is a leadership/professional development program and virtual community for emerging leaders in emergency medicine.

[EMRA Winter Awards Deadline](#): January 10. Awards and scholarships include a travel scholarship for ACEP21, Resident of the Year, Fellow of the Year, Medical Student of the Year, Chair of the Year, Residency Director of the Year, APD of the Year, Residency Coordinator of the Year and more.

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