



AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

■ Charter ■

In accordance with the Constitution and Bylaws of the American College of Emergency Physicians, the undersigned members of the Board of Directors hereby issue to the

State of Arizona

this Charter establishing a Chapter of the American College of Emergency Physicians and confer upon its representatives the attendant responsibilities and necessary powers to officially govern and represent the College in the aforementioned geographical region.

James D. Mills
James D. Mills, Jr., M.D., President
William Y. Haack
William Y. Haack, M.D., Treasurer
Richard S. Eron
Richard S. Eron, M.D.
Henry B. Green
Henry B. Green, M.D.

Francis A. Hurlburt
Francis A. Hurlburt, M.D.
Karl C. Mangold
Karl C. Mangold, M.D.
Ben E. Moore
Ben E. Moore, M.D.
Edwin C. Kalfour
Edwin C. Kalfour, M.D.

February 26, 1972
John F. Riggen
John F. Riggen, M.D.
John A. Spake
John A. Spake, M.D.
John H. van de Looz
John H. van de Looz, M.D.
John G. Wingerton
John G. Wingerton, M.D.



AzCEP 50th Anniversary Reception

February 2, 2022

AzCEP
invites you to the

*50th Anniversary
Reception*

FEBRUARY

2nd

WEDNESDAY

2022 from 5-7pm

POMELO AT
THE ORCHARD

*7100 N. 12th Street
Phoenix, Arizona 85020
We hope to see you there!*

RSVP

21st

JANUARY

Friday

ARIZONA EPIC

Emergency Physicians Interim Communique

June 1972

The Arizona Chapter of the AMERICAN COLLEGE OF EMERGENCY PHYSICIANS held their elections during the Arizona State Medical Association meeting on April 28, 1972. The following officers were elected:

President: Frederick C. Scott, M.D. - Phoenix
Secretary: Lawrence B. Dunlap, M.D. - Tempe
Treasurer: Patty J. Ryan, M.D. - Phoenix
Alternate Delegate: Dennis E. Weiland, M.D. - Scottsdale

The first organized state meeting held on the above date was quite successful. The information conveyed by the speaker was most rewarding and it was the unanimous opinion of the people present that we continue to have these State Chapter meetings on a monthly basis. They will be both education and business meetings.

The Arizona Chapter of ACEP is having their monthly Chapter meeting on June 20, 1972 at Hotel Francisco Grande, Cactus Room, Casagrande, Arizona.

Guest speaker will be William Trier, M.D., Chief of Plastic Surgery, Department of Surgery, University of Arizona College of Medicine. He will speak on "Emergency Department Treatment of Facial Trauma."

Coctails will begin the evening at 8:00 PM, and dinner will be served at 8:30 PM.

For additional information call (602) 838-6047.

Our membership chairman, as of the monthly meeting, May 23, 1972, is Lawrence B. Dunlap, M.D., 1628 East Donner Drive, Tempe, Arizona 85282.

The Arizona Chapter will be continuing to have monthly meetings which will be held at the Hotel Francisco Grande in Casagrande, Arizona. They will be held each month on the third Tuesday of the month at 8:00 PM.

FOR ACEP MEMBERS IN ARIZONA

Members Petitioning for Chapter Status for the State of Arizona

Leo E. Anderson, MD, Scottsdale
 David M. Baker, MD, Tucson
 Lawrence B. Dunlap, MD, Tempe
 Robert J. Haley, Jr., MD, Holbrook
 Delmer J. Heim, MD, Tucson
 Gerald L. Looney, MD, Tucson
 Theodore L. Lothman, MD, Holbrook
 Patty J. Ryan, MD, Phoenix
 James L. Schamadan, MD, Scottsdale
 Charles E. VonPohle, MD, Tempe

1972 Arizona ACEP Membership

Leo E. Anderson, MD, Scottsdale
 Robert J. Antos, MD, Phoenix
 David M. Baker, MD, Tucson
 Robert F. Cuthbertson, MD, Phoenix
 Lawrence B. Dunlap, MD, Tempe
 A. Howard Erickson, MD, Phoenix
 Barbara J. Felland, MD, Tucson
 Rafael Garbayo, MD, Chandler
 Robert J. Haley, Jr., MD, Holbrook
 Delmer J. Heim, MD, Tucson
 Howard P. Hyde, MD, Phoenix
 Norman A. James, MD, Glendale
 Charles D. Kartchner, MD, Benson
 Harmon E. Keyes, Jr., MD, Phoenix
 Donald Kunkel, MD, Phoenix
 Gerald L. Looney, MD, Tucson
 Theodore L. Lothman, MD, Holbrook
 John B. Miller, MD, Phoenix
 Jacques Raulot-LaPointe, MD, Phoenix
 Patty Ryan, MD, Phoenix
 James L. Schamadan, MD, Scottsdale
 Frederick C. Scott, MD, Phoenix
 Herbert C. Simonson, MD, Phoenix
 Charles E. VonPohle, MD, Tempe
 Dennis E. Weiland, MD, Scottsdale
 Tom White, MD, Phoenix

Charter signed January 26, 1972

Arizona College of Emergency Physicians

PAST Executive Directors

1976-1979, Mary Wood (with ArMA)
 1979-1981, Carol Turner
 1981-1983, Beverly Richter
 1983-1985, Douglas Allen (lobbyist too)
 Secretary-Marriann Gofonia
 1986-1994, Judy Dunfer
 1994-1999, Teri Glidewell
 1999- Present, Stephanie Butler

PAST Lobbyists

1994-2005, Richard E. Bitner, JD
 2005- Present, John D. Thomas, JD



PAST ACEP Board Members/Officers

1984-1989, ACEP Board Member
 1986-1987, ACEP President
Michael J. Krentz, MD, FACEP
 2003-2005, Council Vice Speaker
 2005-2007, Council Speaker
Todd B. Taylor, MD, FACEP

PAST ACEP Board Committee Chairs

1986-1988, *EMS Committee*-Chair; Kathleen A. Handal, MD
 1987-1989, *EM Practice Committee*-Chair;
 Kenneth V. Iserson, MD, FACEP
 1987-1988, *National/Chapter Relations*-Chair;
 Brian D. Mahoney, MD
 1987-1989, *Clinical Policy*-Chair; Harvey W. Meislin, MD
 1988-1990, *Ethics Committee* Chair;
 Arthur B. Sanders, MD, FACEP
 2004-2006, *National/Chapter Relations*-Chair;
 Bradley S Butler, MD, FACEP
 2004-2011, *Pediatric EM*-Chair; Mark A. Hostetler, MD
 2008-2010, *Research Committee*-Chair;
 Charles Bennett Cairns, MD, FACEP
 2011-2012, *Research Committee*-Chair;
 Brian Geyer, MD, PhD
 2011-2013, *Education Committee*-Chair,
 Kenneth C. Jackimczyk, MD, FACEP
 2019-2022, *Health Innovation Technology*-Vice Chair;
 Todd B. Taylor, MD, FACEP

THE W. JAMES BURSEY AWARD of the Arizona College of Emergency Physicians

Introduction: In 1982 the Board of Directors of the Arizona Chapter, American College of Emergency Physicians, authorized the establishment of the W. James Bursey Award to be presented periodically to Arizona emergency physicians deemed to have made an outstanding contribution to emergency medicine in Arizona. W. James Bursey, M.D. was named as the first recipient of this award. It is entirely fitting that this special recognition award is named after its first recipient. Dr. Bursey is widely considered to be the father of emergency medicine in Arizona, and the extent of his commitment and contribution to the growth of this important specialty in the State of Arizona is virtually immeasurable. At the same time, Dr. Bursey has achieved a widespread reputation for impeccable intellectual honesty and moral integrity. It is in the hopes that other emergency physicians will choose to emulate the example of this outstanding physician and human being that this award is established.

Criteria for Selection: In order to be considered for this award, nominees shall satisfy all the following criteria:

- 1) Shall have been a full-time practitioner of emergency medicine in the State of Arizona for at least five years.
- 2) Shall have been an active member of the Arizona College of Emergency Physicians, for at least five years.
- 3) Shall have served the Arizona Chapter in some formal capacity as an officer, Board member, councillor, committee chairman, or similar elected or appointed position.
- 4) Shall not, at the time of nomination, be a current officer, Board member, councillor, committee chairman, or holder of a similar elected or appointed position.
- 5) Shall be deemed by the Board of Directors to have made an outstanding contribution to emergency medicine in the State of Arizona, as evidenced by attaining at least a two-thirds majority vote of the Board in the selection process described above.



Past Recipients

W. James Bursey, MD
 Michael J. Krentz, MD, FACEP
 John H. Raife, Jr., MD, FACEP
 Thomas C. Patterson, MD
 Patrick N. Connell, MD, FACEP
 Todd B. Taylor, MD, FACEP
 Steve J. Lipsky, MD, FACEP
 Craig Norquist, MD, FACEP

Above and Beyond AzCEP Advocate of the Year

Presented on June 8, 2017 to

Alan J. Levene, MD, FACEP



Arizona College of Emergency Physicians

PAST PRESIDENTS

1972-1973	*Frederick C. Scott, MD	2012-2013	Paul A. Kozak, MD, FACEP
1973-1974	David M. Baker, MD	2013-2014	Patricia A. Bayless, MD, FACEP
1974-1975	*Sidney A. Blubaugh, MD	2014-2015	Ross B. Rodgers, MD, FACEP
1975-1976	Herbert Simonson, MD	2015-2016	Dale P. Woolridge, MD, FACEP
1976-1977	*Donald B. Kunkel, MD	2016-2017	Donald J. Lauer, MD, FACEP
1977-1978	*Michael V. Vance, MD	2017-2018	Michael Sheehy, DO, FACEP
1978-1979	Michael J. Krentz, MD	2018-2019	Casey Solem, MD, FACEP
1979-1980	*Bert McDowell, MD	2019-2020	Willard R. Van Nostrand, MD
1980-1981	*W. James Bursley, MD	2020-2021	Steven Maher, MD, FACEP
1981-1982	William E. Kuchar, MD	2021-2022	Nicole Hodgson, MD, FACEP
1982-1983	Forrest Holden, MD, FACEP		
1983-1984	Patty J. Ryan, MD		* Indicates person is deceased.
1984-1985	John H. Raife, Jr., MD, FACEP		
1985-1986	Willard R. Van Nostrand, MD		
1986-1987	Manuel Guerrero, III, MD		
1987-1988	Charles Goldstein, MD		
1988-1989	*Paula L. Cho, MD		
1989-1990	Thomas C. Patterson, MD		
1990-1991	Peter W. Vann, MD, FACEP		
1991-1992	Richard A. Melde, MD		
1992-1993	*Robert Nimlos, MD		
1993-1994	Roger A. Willcox, MD, FACEP		
1994-1995	Richard N. Horne, MD		
1995-1996	Todd B. Taylor, MD, FACEP		
1996-1997	Patrick N. Connell, MD, FACEP		
1997-1998	Steven Pike, MD, FACEP		
1998-1999	Kevin S. Veale, DO, FACEP		
1999-2000	Wendy A. Lucid, MD, FACEP		
2000-2001	Scott D. Bingham, DO, FACEP		
2001-2002	Bradley S. Butler, MD, FACEP		
2002-2003	Steven J. Lipsky, MD, FACEP		
2003-2004	Brian R. Tiffany, MD, FACEP		
2004-2005	Matthew A. Wilks, MD, FACEP		
2005-2006	Michael C. Christopher, MD, FACEP		
2006-2007	James D. Walker, MD, FACEP		
2007-2008	Robert M. Kec, MD, FACEP		
2008-2009	Craig Norquist, MD, FACEP		
2009-2010	Jennifer Casaletto, MD, FACEP		
	Craig Norquist, MD, FACEP		
2010-2011	Alan Roga, MD, FACEP		
2011-2012	Nicholas F. Vasquez, MD, FACEP		

Past Presidential Memories...

John H. Raife, Jr, MD, FACEP (1984-1985);

Biggest Issue; Recruitment of physicians to join ACEP

Wins/successes, The Pope's mass in Tempe

Best Memory; Recognition at National ACEP when Mike Krentz was president

Funniest Memory; During the state workshop, put together pig-eyed wig-heads to practice ophthalmology procedures with my friend Steve who was an ophthalmologist

Why AZ? Warmer than Iowa

Surprises; Dealing with managed care

Trick of Trade, Reducing nurse maid's elbows

Best part of being EM physician; Worked with great staff and pts and met my wife working in the ER

Worst part; Erratic schedule, dealing with attendings

If you had it to do all over again, what would you do differently? I'd do it the same

M Ma Guerrero, III, MD (1986-1987): Thanks for the opportunity to express myself. I am loathe to take sole credit for my "accomplishments" since it was all a collaborative effort by the officers, board and members.

One of the biggest issues was safety. We made appearances at the legislature in support of seat belt, motorcycle helmet laws. I on a personal level rendered written testimony to a congressional subcommittee on the unsafe design of 3 and 4 wheel ATV's (based on my ER practice experience) Another health issue centered on the unsafe handling of agricultural pesticides and aerial applying (also based on my ER findings.) This resulted in safer field procedures for workers (flagmen) and ground crew (dry-break) valve for filling the crop-duster's hopper with pesticide). We did a lot of planning emergency response on a regional level. I was the main medical officer for the Arizona component of Hands Across America.

One of the glamorous aspects was an "emergency" TV interview by a news anchor to comment on something that just happened.

It was a thrilling moment to meet the new chapter national officers and new presidents at the new-chapter-president week-long briefing in Dallas.

A funny moment was when I met a patient, who had a partial colectomy. He said, "You can call me semi-colon." Another was a patient who was named (don't laugh), Donald Duck. I had 3 Charlie Browns.

I chose Arizona because my family got tired of driving and almost got killed driving in the snow. Emergency Medicine became my choice when I grew weary of doing general practice and being called at all hours.

What has surprised me is that the current generation is more trained in theory as well as in practice. They are more focused on not only ER but also non-ER matters. In my time the ER doc would go back-packing for two weeks then work the next two, as a cycle to be repeated. However I have seen the downside where this generation of ER doc undertakes more than he/she can handle.

A "trick" I would do was to let a mother hold the elbow of a screaming child with radio-ulnar dislocation. I would the cup her hand, and with my other hand do a forced supination, of the child's hand thus reducing the dislocation and dramatically ceasing the crying. When she feels the click and sudden peace she is very grateful.

The best part of ER is literally saving lives in real time. This could be doing CPR, giving meds IV, etc. The downside not for everybody but for me personally was that occasionally a patient or family would bring attention to my race and accent in front of those present. My response was to bite my lip and stay professional.

If I were to do it all over, I would work for the Royal Flying Doctor Service in Australia. For those in the bush, one would talk to the medic by radio, give them instructions. If this fails, you get on the plane and go pick them up. I actually was offered a position but by then I was already established in the States.

Charles Goldstein, MD (1987-1988); *Funniest thing you remember from your time in AzCEP?*

On one of my shifts in the early evening two teenagers came to my emergency room. They had heard from some remote source, perhaps a cousin's boyfriend, that he had an STD. When I explained to them that they were in no danger of having STDs themselves despite having been in the same room with him, they asked with a great deal of relief "so it's OK for us to have sex again?" I said yes. When the nurse got back to the room to discharge them they were having sex.

Thomas C. Patterson, MD (1989-1990);

By the mid-1970s, there were 10 or so emergency physicians in the Phoenix area interested in developing emergency medicine into a specialty. The ACEP chapter was formed primarily by them to advance this aim and as a mutual support society. We were not particularly politically oriented or interested in moving the needle on public policy. We did want to support national ACEP, which was more involved in driving the policymaking within the house of medicine. Support for the cause came from the community hospitals in the area, particularly St. Luke's and Maryvale Samaritan. Teaching hospitals weren't interested in getting involved.

The founders of the ACEP chapter were mostly the leaders of their hospital groups. Emergency Medicine had begun forming in the late 1960s after the advent of Medicare and Medicaid. As Hospital ER admissions began to increase, the common practice in community hospitals to rotate staff physicians as the "doctor of the day" on call became less feasible. Up to date community hospitals to begin to contract with physicians to provide at least part time emergency room staffing and these doctors recruited as possible among available physicians. Physicians whose careers were not going well or had not started yet and residents from nearby teaching hospitals filled most of the shifts initially.

In 1972, I was probably a typical entrant into the field, fresh out of a rotating internship at Good Samaritan hospital and relieved of my pending obligations to serve in Vietnam by the end of the doctor draft. I really wasn't that interested in any particular medical specialty and decided to "work ERs" to support my family until things worked out. I made \$15 per hour working for Emergency Physicians Inc. and thought I was stealing. Part-timers (residents) made \$12.50 an hour.

Rising to a leadership position in the group was basically a matter of being willing to do what none of the other full timers were willing to do- the organizing and administrative work of the group. Most full time docs were "working emergency rooms" because they wanted to work shifts with as little involvement otherwise as possible. Hospital ERs weren't very busy in those days, compared to the present, so they like to load up with consecutive shifts and then take extended time off for a ski vacation or whatever. Within three years I was the head of a four-hospital group.

The practice of emergency medicine at that time was very different from today's. The medical staff at our community hospitals had practiced in the 40s 50s and 60s, when they had almost like an ownership right in their patients, to whom in turn they owed unlimited access. Seeking care after hours or unnecessarily inconveniencing your doctor was considered bad form. Thus if a patient came into the emergency room that was "theirs", the doctor had the right to come and see the patient themselves or alternatively to be called after the patient had been seen and was ready for disposition. Often they would come if the timing was convenient or if the needed service was lucrative, like a simple laceration.

Many members of the medical staff frankly helped doctors like me fill in the gaps in our training. There was always more than a hint of condescension between the medical staff physicians and the docs in the ER. Many wanted me to know that they had already done the work I was doing when they were in the military or during their medical training and contrasted that with how I obviously was unqualified in their specialty. It was pretty obvious that in their mind we were in no way professional equals.

There were no paramedics, no hospitalist, no MRIs or CAT scans. Treatment of CVAs and MIs was basically watchful waiting. Before the advent of trauma centers, unvetted patients from traffic accidents and other traumas would be brought to the nearest ER where the physician on duty would evaluate him as possible and call the surgeon on-call if surgery was warranted. The surgeon would typically request that the anesthesiologist be consulted and let him know when the patient was “ready”.

Most of these conditions in EM at the time were considered normal “life in the pit”. ACEP, of course, was the voice of emergency docs in promoting trauma centers, poison centers and paramedic services. We trained the first classes of paramedics, most of us learning the curriculum as we taught. In Mesa, we trained a paramedic named Harold whose duty station was in the far east valley near Apache Junction. Mesa Lutheran (since deceased) was the eastern-most hospital in the valley at that time so we were his base station. Harold loved paramedicine, was very aggressive and seem to believe that there were seven sodium bicarb ampules in his treatment box for a reason. Before he had time to call in, he often gave them all to patients in cardiac arrest, of which were quite a few in his area. We said that Harold kept treating at the scene until he “saw the blue“ i.e. the bottom of his box and then transported. If you died it was not from acidosis.

Probably our major concern as a group was the development of EM as a specialty as it began to seem more and more possible. Our local chapter wasn’t much involved in the early development of residencies but was definitively interested in the certification process, especially how those of us already in practice would be treated. Few of us ended up going back into a residency. In the end, most of us had practiced long enough that we were grandfathered in as board eligible and only had to pass the certification test.

We have definitely come a long way baby. When I think back on it, it’s astonishing and gratifying to see Emergency Medicine accepted as a popular specialty choice among medical students and to see emergency physicians consulted by the media as the experts they are. The EM physicians of today have done a great job of carrying the banner and millions of patients have benefited as a result.

Thomas C. Patterson
January, 2022

Roger A. Willcox, MD, PLC, FACEP (1993-1994);

What was the biggest issue during your term as AzCEP President?

Leading and working with other organizations to work with the AZ legislature to make assault against healthcare professionals a felony

What was the big Win/Success during your term?

he legislation making assault against healthcare professionals a felony. I must admit though that Pat Connell and Todd Taylor deserve most of the credit.

Best memory of an event/meeting during your term?

My years at national ACEP as a counselor and meetings of our state organization there.

Funniest thing you remember from your time in AzCEP?

The annual Curmudgeon Award

Why Arizona and why Emergency Medicine?

I chose Arizona because: 1. I wanted warm winters 2. My sister lived here and was a physician here and 3. As compared to my other possibility, Florida, in Phoenix there was an opportunity to work in 2 trauma centers, one being Maricopa Medical Center where they were just starting an emergency medicine residency. I had two friends from National ACEP, Mike Krentz and Kay Handal at John C. Lincoln’s ED

As to why emergency medicine? It seemed like emergency medicine chose me. I was fortunate to live at a time when I was able to become an emergency physician without having to make the decision in high school like today. This relatively new specialty fit my personality and skill set perfectly. I was recruited by emergency physicians and surgeons to be an emergency physician and ED Director at a relatively young age. My first ACEP meeting was in 1977 but in the 80s a former pioneer in EM and one of the first national ACEP presidents, R. R. Hannas, recruited me to be President of Missouri ACEP and subsequently a national councilor.

What has surprised you the most about medicine since you were AzCEP President?

The major corporatization of emergency medicine was already happening but has increased immensely. Small democratic groups have gone the way of the dodo. I supported the electronic medical record as an idea but have been disappointed with the poor the quality of the programs.

What is/was your favorite "trick of the trade" in the ED?

Treating fellow healthcare workers and patients decently

What is the best & not so best part about being an emergency physician?

The best part is you never know what's coming through the door. The worst part is you never know what's coming through the door.

If you had it to do all over again, what would you do or how would you do it differently?

I wouldn't change anything. I've been remarkably fortunate in finding my chosen profession and thriving at it despite the ups and downs.

Patrick N. Connell, MD (1996-1997); During my tenure as AzAcep President we lobbied for making assault on a health care worker a felony. And were successful in getting it passed. We also worked on "prudent layperson" issues with insurance providers who were working hard to deny coverage for ED visits.

Kevin S. Veale, DO, FACEP (1998-1999);

Biggest issues, wins, etc.: None specific to my term but our work built upon predecessors regarding congressional influence, ED influence within hospital hierarchy, liability protection, and the explosion of ED pt volume.

Why Arizona & EM: An exciting field which provided for broad skills and knowledge as well as regular interaction w other specialists. Also, for me specifically, was the opportunity for my practice to include ED & ICU settings. Oh, and have you been outside recently? It's freaking beautiful out there.

Biggest surprise....: EM practice has really changed. From safer vehicles, ED use as convenience care centers, chronic disease presentations, and the advancement of other specialists like cath lab, radiology, and hospitalists. A completely different field compared to late 1900s.

To do it all over again? Absolutely. A wonderful field, composed of relatively like minded folks, all doing their best to make a difference in so many lives, while not being on call. Every day was an opportunity to do better than the day before

Bradley S. Butler, MD, FACEP (2001-2002); *What was the biggest issue during your term as AzCEP President?* MALPRACTICE REFORM

What was the big Win/Success during your term? INITIATING THE "WHY EM?" LECTURE SERIES FOR MEDICAL STUDENTS INTERESTED IN EM (STILL GOING 20 YEARS LATER....)

Best memory of an event/meeting during your term? FIRST MEETING/RETREAT IN SEDONA AS THE RESIDENCY REPRESENTATIVE FROM MARICOPA.

Why Arizona and why Emergency Medicine? 5th GENERATION ARIZONAN. WHY NOT/WHY ANYTHING ELSE BUT EM?

What has surprised you the most about medicine since you were AzCEP President? SOLVING MALPRACTICE REFORM IN AZ.

What is/was your favorite "trick of the trade" in the ED? MY NOSEBLEED COCKTAIL (LIDOCAINE, EPINEPHRIN, AFRIN NASAL SPRAY, AND NOW TXA AS WELL) AND SPROTTE NEEDLES FOR SPINAL TAPS.

What is the best & not so best part about being an emergency physician? TAKING CARE OF INTERESTING PATIENTS. FUNCTIONING AT WORK/NIGHT SHIFTS WITH LITTLE SLEEP AS I GET OLDER.....

If you had it to do all over again, what would you do or how would you do it differently?
I WOULD NOT CHANGE A THING! MY CAREER HAS BEEN AN AMAZING ADVENTURE, FROM EMPLOYED PRACTICE TO PRIVATE PRACTICE (PARTNER IN DEMOCRATIC GROUP) TO ACADEMICS TO SMALL TOWN RURAL (SPRINGVILLE) TO OWNING AN URGENT CARE (TO SELLING MY URGENT CARE, EVEN AT A LOSS :) TO WORKING FOR UNITED HEALTHCARE AS A MEDICAL DIRECTOR TO JOINING THE NAVY RESERVE AND SERVING IN OKINAWA, AFGHANISTAN, IRAQ, AND NYC/JAVITS CENTER FOR COVID TO WORKING AND SERVING MY FELLOW VETERANS AT THE PHX VA! INCREDIBLE!

James D. Walker, MD, FACEP (2006-2007);

What was the biggest issue during your term as AzCEP President? Tort Reform; Governor Napolitano's backstabbing veto of minimal reform that had been passed by AZ Congress.

What was the big Win/Success during your term? Keeping meetings from being a place where minutes are kept whilst hours are lost.

Best memory of an event/meeting during your term? Washington, D.C. trip to represent AzCEP to Congress.

Why Arizona and why Emergency Medicine? Moved to Arizona to escape California craziness of "Business Ethics" and managed care madness.

What has surprised you the most about medicine since you were AzCEP President? The rapid and unrelenting erosion of physician autonomy, status, and general well-being.



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What is the best part about being an emergency physician? Close interaction with superbly qualified and dedicated colleagues.

Strangest thing you remember from your time in AzCEP?

Being on the other end of the stethoscope. Following the old adage that if one is good, more is better; I consumed multiple Red Bulls over the course of a night shift followed by rewiring the TV cable in my home, requiring the exact mechanism to induce vertigo. Linda, my ER Nurse spouse, had to call the ambulance for transport to MY ER. I couldn't open my eyes (severe vertigo) and upon arrival of EMS heard a deep sigh that I immediately recognized as that of my recently graduated Paramedic Academy. He nervously intoned, "Doc, you always said that one day we were gonna run on a fat old guy & that it would be you. I just never thought that it would be me on that call." Arriving at the ED, the ambulance door broke... could NOT get it open! Medic was calling for the "Jaws of Life". Linda, my co-instructor at the AWC Public Safety Institute, solved the issue by guiding him to use the side door. My pulse was somewhat elevated (about 200), warranting a rapid transfer to the "closely Monitored" room; I heard them wheel the Code Cart to the outside of those "soundproof curtains". I was reassured that it wasn't serious enough to necessitate a "Code Room" visit until I found out that the resuscitation room was "occupied". Turns out that Linda had arrived prior to the ambulance, met the ED Director of Nursing, and asked where I had been taken. The poor fellow in the Code Room had not yet been identified and the hapless nurse thought that I had been the unfortunate departed soul. Awkward!

What is/was your favorite "trick of the trade" in the ED?

Listening to those colleagues who have shown themselves to be able to differentiate "Sick/Not Sick"; be they nurses, techs, medics, housekeeping, and even some physicians.

If you had it to do all over again, what would you do or how would you do it differently?

I've enjoyed 3 careers: Military; Police; & Emergency Medicine. I would definitely do it all again but I'm SO glad that I'm retired!

Robert Kec, MD, FACEP (2007-2008); This questionnaire feels like a mental status test that I'm failing!

I can't remember too much from that long ago, I'm trying to remember what we were lobbying for in DC and it escapes me at the moment. It may have been the national equivalent of the clear and convincing evidence standard that we have here in AZ.

Having just been through a trial, and having colleagues go through the same, that standard has been very helpful

I'm not sure if it's a trick of the trade, but the bougie and the glidescope are the two best things to ever happen to emergency medicine. Well maybe Haldol for hyperemesis is up there too.

The biggest surprise of late for sure was the corporate takeover of EM groups and the scarcity of decent jobs, very depressing...

As a younger person with little kids, the weekend/night/holiday schedule wasn't that big of a deal, but as life rolls on, this gets harder.

The best part of being an EM doc is knowing a little something about everything, but the worst is that you are constantly peppered with questions and requests from friends and relatives.

I'm not sure of a funniest moment, but I have very fond memories of the group dinners and get-togethers.

Craig Norquist, MD, FACEP (2008-2009/2009-2010);*What was the biggest issue during your term as AzCEP President?*

One of the bigger issues was tort reform but a lot of that work was done before my term and we carried it as well

Best memory of an event/meeting during your term?

Being part of the Arizona contingent at the council meeting was great and having beers at the tail end of the meeting while in the front row was awesome

Why Arizona and why Emergency Medicine?

I came to AZ for residency in EM and ended up staying and loving the area and specialty

What has surprised you the most about medicine since you were AzCEP President?

We are still discussing the same issues 20 years later

What is/was your favorite "trick of the trade" in the ED?

Ask patients something about themselves not related to the reason they are in the ED to be more personable and empathetic

What is the best & not so best part about being an emergency physician?

Best part is knowing a lot of different things. Worst part is having to know a lot of different things.

If you had it to do all over again, what would you do or how would you do it differently?

I would encourage more people to be involved with local and national level initiatives and represent their specialty like ACEP

Alan Roga, MD, FACEP (2010-2011);*What was the biggest issue during your term as AzCEP President?* Medical Liability reform*What was the big Win/Success during your term?* Medical Liability Reform*Best memory of an event/meeting during your term?* Seeing new and old groups come together for the annual meeting*What has surprised you the most about medicine since you were AzCEP President?* The main issues are still the same but the key topics within them change*What is/was your favorite "trick of the trade" in the ED?* Always grab the nursemaids elbow when you are having a tough day*What is the best & not so best part about being an emergency physician?* People let you into their lives and share things they wouldn't tell their best friends or family.*If you had it to do all over again, what would you do or how would you do it differently?* Nothing. ER is a great specialty.**Nicholas F Vasquez, MD, FACEP (2011-2012);***What was the biggest issue during your term as AzCEP President?*

The ongoing budget crisis in Arizona leading to childless adults being kicked off AHCCS

What was the big Win/Success during your term?

Creating and continuing the EM Doc Day at the Capitol. We had started it under Dr. Roga's term and continued it during my term. The intent was to make it a yearly event which happened.

Best memory of an event/meeting during your term? Always the dinner at ACEP in October-fun group.

Funniest thing you remember from your time in AzCEP? Not so much funny but ironic... one of our past presidents just up and leaving for WV!

Why Arizona and why Emergency Medicine? I was born here, so I came back home after my time away. Why EM? Because it's not clinic, because it's always a little different, and because I can make a difference while having fun.

What has surprised you the most about medicine since you were AzCEP President? That so much around us has changed but so little has changed in medicine. When I go to work, I use technology that comes from the 1990's even though it's 2020. There's a desperate need to change how we get things done in healthcare in regards to technology.

What is/was your favorite "trick of the trade" in the ED? The Captain Morgan hip reduction! So much easier than trying to pull a hip back in place

What is the best & not so best part about being an emergency physician? Best part is the culture. Love it. Worst part are the hours... no rhythm, no routine, and when you're off most everyone else is working.

If you had it to do all over again, what would you do or how would you do it differently? I think my path was the right one... but in my young life I never really felt ownership until I got to medical school. Maybe things would have been different if I had been able to change that.

Patricia A. Bayless, MD, FACEP (2013-2014);

Biggest issues during your term as AzCEP President?

-2012-2013 as president elect and President 2013-2014. Continuing to refine "Doc Day at Legislature"-talking points meeting on night before. Chapter Bylaws revision, completed with help of Drs. Taylor and Sawchuck. Release of ACEP report card/multiple media interviews. Ongoing Opioid crisis, legislation restricting prescribing options, interim carve out for Emergency Medicine

What was the big legislative Win/Success during your term?

AzCEP support with ArMA: Medicaid expansion under the Affordable Care Act, signed into law in Arizona in July 2013

Best memory of an event/meeting during your term?

Screening "Waiting Room" movie at summer retreat in Sedona with popcorn and Red Vines.

Why Arizona and why Emergency Medicine? I

am a "native Arizonan" and love this state. When finally realizing Emergency Medicine was my calling, it gave me opportunity to treat anyone and everyone who enters, intellectual challenge of diagnosis for undifferentiated chief complaints, procedures, helping people at a very vulnerable place in their lives, helping remove barriers to care and working at a "teaching" hospital.

What has surprised you the most about medicine since you were AzCEP President?

Enjoying learning more about Council and governance in a National organization, what happens beyond the bedside

What is the best & not so best part about being an emergency physician?

The things I like about EM are also sometimes the hardest things about EM (see above, why EM)

Also, love Happy Hours at AzCEP, & ACEP meetings!

Not so good; trying to reach diagnoses w/o complete information, disruption of biorhythms, giving bad news, patients who try to wear out your compassion esp when you are tired and managing consultants

If you had it to do all over again, what would you do or how would you do it differently?

Would do all it over again. My career has been great. Love taking care of patients. Great colleagues (including nurses) who teach me and take care of each other. Feeling/hoping that I have helped someone. When I can't "fix", learning to provide kindness and compassion to a patient and family. Meeting folks in AzCEP with so much talent and opening horizons to what is possible in our specialty

Ross B. Rodgers, MD, FACEP (2014-2015);

What was the biggest issue during your term as AzCEP President? SGR repeal and insurance companies trying to post review emergency cases for authorization.

What was the big Win/Success during your term? Keeping reimbursements for EM services and defeating the above bills.

Best memory of an event/meeting during your term? Loved all the summer retreats and getting to know other EM docs from various parts of the state. Working with Steph and just trying to do anything she said because she is the one person who makes this organization function.

Funniest thing you remember from your time in AzCEP? Anything with Dale Woolridge. He is just that funny. Any man who can wear pink and brew his own beer is a dude you want to hang out with.

Why Arizona and why Emergency Medicine? I am ADD and love the unknown, procedures and quick gratification. Helping people during their worst/bad day. I grew up in AZ, my family and my wife's family live in AZ. Fortunate enough to go to the best residency in the country. (Not like I need to say it but that would be UofA)

What has surprised you the most about medicine since you were AzCEP President? There is always another battle to fight. You have to stay positive and keep moving forward.

What is/was your favorite "trick of the trade" in the ED? Nothing better than the evolution of videoscopes for intubation. As Billy Mallon once said those DL blades are just dinosaurs waiting for a tar pit.

What is the best & not so best part about being an emergency physician? BEST: Being there for someone 24/7 when it seems medicine in general is moving away from that basic principle. Provides a great career for me and allows me to be a pretty good dad to my daughters which is the most important thing in my life. WORST: All the bureaucracy that stands in the way of quality medicine.

If you had it to do all over again, what would you do or how would you do it differently? I would do it the same. If you always think what would you do different you never enjoy what you are doing now. I find myself wanting to retrospectively evaluate decisions but really need to be in the moment. Which is our specialty. We need to be in the moment and not let the folks who show up Monday morning tell us what we could do better.

Michael Sheehy, DO, FACEP (2017-2018);

What was the biggest issue during your term as AzCEP President? The surprise billing bill. Still not sure how this helped patients, seems like a big win for the insurance industry.

What was the big Win/Success during your term? Pretty happy with the turn-out for ED Doc at the Capital, but I know that was all Stephanie's doing.

Best memory of an event/meeting during your term? ED Doc at the Capital, see below for why

Funniest thing you remember from your time in AzCEP? I had brought the residents from Kingman, Adman Dawson DO, Hee Sun Choi DO, Krista Walker, DO, to the ED Doc At the Capital event and on the morning of the event my truck started pouring out a white cloud of smoke and overheated. We managed to make it to the event just on time. After we finished for the day I had the truck towed to a local Ford Dealership for repair. We also had to find a rental car place to rent a car for the drive back to Kingman. When we got to the rental car place I decided a sedan would be the best and most comfortable way to get 4 people day to Kingman. Dr Dawson had a better idea, a Mustang Convertible, totally practical for a drive home in early February late in the day. The rental car guy was very helpful pointing out that the Mustang was the same price as the sedan and seats four. I love Mustangs and was driving so it was fine by me as long as Dawson and Choi sat in back being smallest of the group. Well we made it about 10 miles before there was cries from the backseat to put the top back up that they were freezing. Definitely funniest time while President.



Why Arizona and why Emergency Medicine? I grew up in Michigan but for my whole life I always loved the idea of living in the wild west though I had never been there. I told my wife after finishing my time in the Air Force that we would not be going back to Michigan and since my wife had family in Arizona we decided that would be our future home and we have not regretted it.

I came to EM while volunteering every Saturday in undergrad at a local ER, which just happened to be the ER that John Wiengenstein MD founding member and past ACEP president and future ACEP president Vidor Friedman MD were attendings. I saw so many cool things during those 4 years and I was hooked. Once I was on my medical school rotations I was bored on all my rotations at the slow pace and was sure EM was the only specialty for me.

What has surprised you the most about medicine since you were AzCEP President?

How Covid 19 has so polarized medicine and how it has turned ER's into what feel like battle fields.

What is/was your favorite "trick of the trade" in the ED?

When pushing Adenosine for SVT, I put the dose of Adenosine in a 20 CC syringe and fill the remaining volume with saline and use it as a single syringe push so as to not have coordinate two people pushing the medication and flush.

What is the best & not so best part about being an emergency physician?

Best getting to help people on their worst day. No so best part a complete lack of control of anything not medical in the ED.

If you had it to do all over again, what would you do or how would you do it differently?

If I had it to do over I don't think I would change a thing. I have had a great career in EM to this point, I was able to serve my country working as an ED in the Air Force including one deployment during the Afghanistan war. I had the privilege of being a residency program director for 10 years helping to shape multiple young physicians become amazing EP's. For the past 5 years I have been able to work in another busy community ED without residents which allows me to do all the great procedures I had to give over to my residents. Nope no changes but I still believe and tell people about EM, it's the best and the worst job all in one.