

A Newsletter for the Members of the Arkansas ACEP Chapter



Russell P. Tarr, MD, FACEP, PhD
President

[Adriana Alvarez](#)
Executive Director
Phone: (855) 475-8176
Fax: (972) 767-0056

From the President

Russell P. Tarr, MD, FACEP, PhD

Happy 2017! I hope that the New Year has been a good one for everyone so far. For this quarter, I wanted to write an article to briefly introduce myself as the new Arkansas ACEP President for the 2016-2018 term. My name is Russell Tarr. I have lived in Arkansas for the past 13 years. I grew up in Texas and attended SMU in Dallas for my undergraduate work then went to medical school in Houston at the University of Texas Health Science Center. I was transplanted to Arkansas for residency at UAMS in Emergency Medicine. After 3 years at UAMS, I completed my residency. I then married my residency sweetheart and currently we still live in Arkansas!

I was first exposed to organized medicine when I was a medical student. I was a student member of both the TMA (Texas Medical Association) and AMA. During my student years, I

served as an officer in our local student chapter and went to conferences in Austin and New Orleans. These conferences opened my eyes to the many challenges and issues facing physicians and medicine in general and the need for advocacy. During my residency years as a student member of ACEP, I was given a scholarship to attend the Leadership and Advocacy Conference (LAC) in Washington DC. This opportunity allowed me to interact directly with Arkansas Congressmen and Senators at a federal level. I gained a lot of insight from this conference about the ongoing need for advocating for our specialty.

After residency I continued to be a proud member of ACEP. I received my FACEP status shortly after graduating from residency. Since then, I was elected to the Board of Directors for several terms. I was elected to the President-Elect position in 2013. I have been involved with the chapter regarding regular business and discussing Council resolutions. Over the years of attending Scientific Assembly, I have observed the Council process and met many influential people in Emergency Medicine. I am excited about using these experiences to continue to serve my fellow Emergency Physicians in Arkansas.

I joined the Arkansas Army National Guard in 2015 as a Major. I am being deployed this year (4-5 months) overseas. I am very excited about deploying, it will take me away from my duties as President of the AR ACEP. I am confident in our leadership that the business of AR ACEP will be handled smoothly during my absence.

In closing, I am looking forward to serving as your President for the next two years. While we have made many strides in advancing the specialty of emergency medicine since I joined ACEP, there are still many battles at both the State and Federal level requiring our diligence and voice. Please feel free to [email](#) me to discuss any issues you feel AR ACEP needs to get involved with. I look forward to working with everyone over the next two years to continue advancing the ACEP agenda both at the local and national level.

From a Chapter Member
Rawle "Tony" Seupaul, MD, FACEP
Chair of EM at [UAMS](#)

We have a number of exciting things to report this quarter. We have officially signed Drs. Zachary Lewis and Komi Vovor-Dassu as fellows for the EM Ultrasound fellowship that will commence July 1, 2017. This represents the first fellowship in the academic department's history.

Mike Wilson MD PhD (UC San Diego) joined the faculty towards the end of January 2017. His research focus is suicide prevention and acute psychiatric conditions. He will also be part of UAMS' clinician scientist program.

Dr. Marc Phan will be starting the critical care fellowship at UAMS after serving as a clinical faculty member this year.

Also, remember, you are invited to join us every Wednesday for free CME at our Resident Grand Rounds from 7:00am-11:00am. You can find the schedule and other information about it by clicking [here](#).

Adriana's Corner

[Wellness Week](#) came and went. I hope that all of you were able to take some time from your busy schedules to do something specific to take care of your health. If not, it's never too late.

Here at the national office, every day, we were sent various health tips. A particular one that caught my attention was the following:

HAVE A GOOD LAUGH

Maintaining a sense of humor can relieve stress in several ways. First, there are specific benefits that you get from laughter that can help you relieve stress and even stay healthier in your life. Also, laughter connects people, and social support is good for stress relief. It's hard to stay stressed when you're laughing. And maintaining a sense of humor reminds us that our stressors may not be as menacing as they seem, and probably have solutions, too. For these reasons, laughing in the face of stress can help you feel better in a matter of minutes. Learn more about the benefits of laughter and how to maintain a sense of humor in the face of stress by clicking [here](#).

If you have a health tip you feel has helped you and would like to share it with the members of the chapter, please send it via [email](#). I'd be happy to send it to the members of the chapter for you.

Clinical News

CT Can Indicate Mortality Risk in Elderly with Trauma

NEW YORK (Reuters Health) – Opportunistic CT screening for osteopenia and sarcopenia in older adults with traumatic injury can provide insight into frailty and one-year mortality, according to Seattle-based researchers.

[Read More](#)

HCV Infections Less Prevalent than Previously Estimated

NEW YORK (Reuters Health) – The global estimate of hepatitis C virus infection (HCV) is lower than previously thought, making World Health Organization targets for reducing infections and HCV-related deaths more attainable, researchers suggest.

[Read More](#)

Free CME for Reading Annals of Emergency Medicine’s Practice and Clinical Updates

Earn CME credit while reading the number-one journal in our specialty. Each month, a new Annals of...

[Read More](#)

Diversity and Inclusion: Our Chapters, Our Duty

Ryan P. Adame, MPA, CAE

Deputy Executive Director, California ACEP

Chair, ACEP Chapter Executives Forum

Member, ACEP Diversity & Inclusion Task Force

Diversity. Inclusion. Worthy goals or buzzwords? What do they mean to you? What is your reaction when you hear them being discussed? How much have you reflected on the diversity of your leadership, or the opportunities for inclusion in your organization? I hope you will take a moment to consider your answers to these questions, as well as to whatever feelings or emotions you experienced when you read “diversity” and “inclusion” because acknowledging our successes and shortcomings is, I believe, the first step to building organizations that better serve our physicians and, in turn, their patients.

Here are some statistics to consider about ACEP membership: women comprise 26% of total membership, 28% of committee membership, are 26% of committee chairs, and 27% of the Council. In senior leadership, women represent just 12.5% of the ACEP Board of Directors, and just 19% of Chapter presidents are female. Approximately 1% of ACEP members are African-American and another 1.5% are Hispanic. While this is just a sample of membership attributes, there are many, many other aspects of diversity to consider: other ethnic groups to be sure, but

also LGBT members, religious cross-sections, as well as generational considerations.

Why does this matter? To me, this matters because we have the opportunity and the duty to help build more diverse organizations that are reflective of the memberships we serve. Beyond diversity, inclusion matters because without meaningful participation by a diverse group of people, diversity can be reduced to a demographic check-box exercise. Our task, in my view, is to assist and, when necessary, lead our physician members in meaningfully integrating voices and perspectives that are as different as the millions of patients they treat every year.

As the staff leaders within our family of organizations, we have unique access to and influence over our programs, our communications, and, most importantly, our leadership. I urge you to examine what your Chapter currently does to ensure better diversity and inclusion in leadership. Maybe right now the answer to that is “nothing.” We all have to start somewhere. Perhaps that means making inroads in your educational conference faculty’s diversity. Perhaps it means that you have to cultivate younger leaders differently, or help connect members from underrepresented groups with current leadership. Many Chapters already have resident members of their Boards of Directors but if you do not, there is another opportunity. Check that your meetings and conferences do not conflict with major religious holidays. Consider programming aimed at unconscious bias and/or health care disparity.

There are many avenues by which our family of organizations – ACEP, Chapters, and EMRA – can build better, more diverse, more inclusive organizations for our members. But first, like our members do each and every day, we have to triage. We have to look honestly and soberly at our organizations as they are today and ask ourselves how we can make them more diverse, more inclusive for the members of today and tomorrow.

New Congress, New Administration, New Challenges

Now is not the time to sit on the sidelines. Wondering how can you influence health care policy on the national level?

Join the [ACEP 911 Grassroots Legislative Network](#) today to help emergency medicine convey our principles and priorities to legislators in Washington DC and their home districts.

Already a member of the Network? Take your advocacy to the next level. Host an emergency department visit for your legislator or invite them to meet with a group of local emergency physicians from your chapter.

Newly elected and veteran legislators are hiring key staff, getting up to speed on important issues, and setting priorities for the new Congress. Now is the perfect time to reach out on the local level to educate the member about the specialty and offer to serve as a local resource on issues relating to the delivery of health care.

ACEP 911 Legislative Network

Host a Member of Congress in your Emergency Department



Congress is shaping the nation's delivery of health care

CONTACT JEANNE SLADE IN THE
DC OFFICE: JSLADE@ACEP.ORG

ACEP will work with your schedule & provide visit materials.

www.ACEPAdvocacy.org

Go to the [ACEP Grassroots Advocacy Center](#) for detailed information on how to join the program and start engaging with legislators today!

Emergency Department to Hospital Admission and Discharge, Developed and Provided by ACEP, SHM and Our Educational Partner

EARN FREE CME - Heart Failure Management: From the Emergency Department to Hospital Admission and Discharge

Emergency medicine clinicians and hospitalists have a unique, collaborative relationship in the continuum of care of acute heart failure (AHF) treatment- providing optimal patient care from

first point of access through hospitalization to discharge.

Click [here](#) to take this free CME course and get up-to-date, evidence-based information on the clinical presentation of AHF, the importance of an accurate and timely diagnosis, and more! This program developed and presented by ACEP in collaboration with Haymarket and is made possible through an educational grant from Novartis.

Welcome New Members!

Ms. Ashley Bartels - Little Rock

Mr. Alex Sanders - Little Rock

Mr. Stephen R. Foster - Little Rock

Theron Williams, MD - Little Rock

**Arkansas ACEP Chapter
c/o National ACEP
1125 Executive Circle
Irving, Texas 75038-2522**

Copyright © 2016 Arkansas ACEP.

All rights reserved.

[Disclaimer](#) →

Getting too many emails? Update your [ACEP Email Subscription Center](#) and select only what you want to receive.

Click [here](#) if you don't wish to receive these messages in the future. (You will be removed from all future email communications)

