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From the AAEM's President
reproduced from Common Sense

Pandora's Box

by Antoine Kazzi, MD, FAAEM

“We can go on like this – recreating and reflecting the existing images of each other, and reflecting these reflections – endlessly – as in a hall of mirrors. The result will be that all of us will be locked in endless agony in a hall of mirrors of our own creation and from which there is no exit.

Or we can begin by adopting one certain integrity – a certain generosity - in the use of language.

That is not too hard. It's the easiest of the hard things that must be done if we are ever to come to peace with one another, and so with ourselves.”

Adapted from a statement by Journalist Michael Elkins, In the *Jerusalem Post*, Nov 1983

Dear Colleagues and Friends,

I choose to begin this President's Message with words that stuck with me for over two decades. I wish to resurface them here for their relevance to what I predict will be judged in the future as one of the most turbulent times in the history of our specialty. The Florida Board Certification conflict is and will always be remembered one that defined the future of Emergency Medicine as a primary specialty, answering the core question: Will EM ever succeed in commanding the respect of other disciplines in the house of medicine?

Emergency Medicine is currently at one of its most critical junctions - facing the most serious challenge to its existence since it was first recognized by the House of Medicine (the AMA, the AOA, the ABMS, and the ACGME) as a separate primary discipline with its own body of knowledge, curriculum, accredited training and certification process.

In my last President Message, I alerted you to what happened in Florida under the radar screens of all EM leaders who are genuine in their commitment to EM residency training and board certification. In this Common Sense issue (CS), the Chair of the AAEM Florida Board Certification Taskforce Mark Foppe, DO, FAAEM, FACOEP, and AAEM Board member Howard Blumstein, MD, FAAEM (as our new CS Editor) discuss this matter and its implications. I apologize for repeating some of what was stated in the last issue or in their articles and have sectioned my message into a number of segments that address different angles of the matter.

1) Overview of what happened in Florida:

In 2002, the Florida Board of Medicine (FBM) voted to allow AAPS as a third certifying body in the state of Florida (ABMS and AOA being the other two). This gave the holders of its BCEM certificates ground to advertise themselves as Emergency Physicians with comparable qualifications to ABEM and AOBEM graduates. The Florida Osteopathic Board of Medicine did the same.

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This was all based on flawed 2001 testimony and a travesty hearing where EM stakeholders were not invited and major differences between AAPS and ABEM/AOBEM were omitted (such as the absence of a requirement for specialty-specific EM residency training in BCCEM). EM was misrepresented and appalling conflicts of interests (among witnesses who were FBM board members) were omitted or disregarded in the process. AAPS lined up 14 witnesses (out of 19) who interestingly were nearly all BCCEM-certificate holders of AAPS – indicating that the AAPS move in Florida was staged primarily by BCCEM certificate holders. Only four witnesses clearly opposed the AAPS petition to the FBM. They represented Dermatology, ENT and Plastics. The only EM specialty organization who knew about any of this sent one representative who provided testimony that was sympathetic to the AAPS claim. AAEM, ACOEP, SAEM, AACEM, CORD, EMRA, and the ACEP Councilors and membership were not notified of any of these developments and this stayed under their radar screens until it was uncovered and forwarded by AAEM to the rest of EM community.

In 2003-2004, AAPS (BCCEM) found powerful legislators to sponsor a bill that would have provided their certificate holders equal status with ABMS. Such a status would have given BCCEM and AAPS legal ground to sue in any context where they perceived discrimination against their certificate holders. No one opposed this bill. The Florida Medical Association attempted to secure the input of specialty societies to determine if it should or should not oppose it. No one responded. No one worked with the FMA to oppose it. So, the FMA dropped their opposition. It passed the house (110-0!) and almost passed the senate was it not for a glitch that delayed it in one committee. It is expected to come back this year. AAEM, EMRA, ACOEP, CORD, AACEM, SAEM and the ACEP Council & members did not know about this until May 2004 when AAEM uncovered it and brought it up to all of the other EM organizations.

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Written testimony was prepared and distributed to the FMA Council on Legislation and included position statements from AAEM, AAEM/RES, ACEP, and CORD.

However, these written testimonials do not reflect the most important part of what happened at the FMA Council on Legislation: the verbal testimony and representation was indeed what enabled us to secure a first victory for the specialty of EM. Present were: Drs. Mark Foppe (AAEM TF Chair & member, ACOEP TF), Mylissa Graber (EMRA Past President), Antoine Kazzi (AAEM President), Comilla Sasson (EMRA President-Elect), Kenneth Schepcke (FI-AAEM VP), Sandra Schwemmer (Chair, ACOEP TF), David Siegel (ACEP/FCEP), Joel Stern (FI-AAEM President) and one staff member of FI-ACEP.

EM testimonials began mid-morning with FCEP Director of Governmental Affairs Dr. David Siegel who introduced ACEP and FCEP as the largest and oldest EM organization and as *the* specialty society recognized by the FMA. He stated “FCEP and ACEP believe the current standards for BCCEM, which do not include residency training in emergency medicine for all tracks, make the BCCEM standards different than those of ABEM and AOBEM.” Dr. Siegel concluded with “FCEP and ACEP would respectfully request that the Council of Legislation recommend to the FMA Board of Governors that the FMA oppose any attempt to codify recognition of the BCCEM component of AAPS for Board certification in emergency medicine in Florida Statute.”

This was then met with some concern from the Council which emphasized that it would be best to have this AAPS bill fought by all specialty societies united – rather than to see this fragmented into individual effort by an unspecified number of specialty societies who wish to address specific issues of individual importance to them within the bill.

Then the Council gave floor time to FMA members. FI-AAEM President Dr. Joel Stern who introduced AAEM, FI-AAEM, and its Vice President Dr. Kenneth Schepcke. Dr. Stern asked the Council to take note of the written testimonials we had just handed directly to them. Dr. Schepcke then read the AAEM testimony:

— AAEM and FLAAEM believe allowing BCCEM physicians to claim certification in EM that is equal in status and value to ABEM or AOBEM after acquiring variable unsupervised exposure critically undermines the value of EM residency training.

— AAEM and FLAAEM believe allowing BCCEM physicians to claim board certification in EM equal to the one administered by the ABMS or AOA critically undermines the whole process of specialty training and the entire graduate medical education system.

— AAEM and FLAAEM recognize the Florida Medical Association’s commitment to protect the patients of Florida by helping to ensure that only those physicians who are properly credentialed and performing within their scope of practice treat Florida’s patients.

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2) What has happened since then?

Since then, the house of EM has rallied to intervene on behalf of our patients and specialists: AAEM, ACOEP, AACEM, EMRA, AAEM/RES, ACEP, CORD and SAEM began internal and inter-organizational leadership discussions. So far, AAEM, ACEP, ACOEP, AAEM/RES, CORD and EMRA have already expressed their strong interest in this matter to the FMA. AAEM and ACOEP have also been working with the Florida Osteopathic Medical Association (FOMA) leadership. Both the FMA and FOMA have been dealing with our concerns with appropriately thoughtful and much appreciated attention. AAEM also began since May working with the Presidents and lobbyist representing the Florida chapters of the two societies representing Plastic Surgery and Dermatology.

The first challenge that we needed to win occurred on July 10th in Boca, Florida, at the annual FMA Council of Legislation. Preparatory conference calls and one in-person meeting on the eve of the Council were coordinated by AAEM and brought together representatives of EM organizations. I wish to begin by acknowledging all the organizations that rose to this occasion and providing representative. They included AAEM, AAEM/RES, AACEM, Florida AAEM (FI-AAEM), ACEP/Florida ACEP (FCEP), ACOEP, CORD, EMRA and FOMA.

--- **AAEM and FLAAEM urge the FMA to:**

1) Support ABEM and AOBEM certification and their ACGME- or AOA-accredited specialty-specific residency training as the standard in emergency medicine

2) Oppose any AAPS efforts or legislation to secure equal status with ABMS.

3) Continue to investigate this matter by formally requesting testimony from the ABMS and the AOA.

At that point, other specialties rallied to our support. The President of the Florida Dermatology Society, the lobbyist for Plastic Surgery and Dermatology and many plastic surgeons in the Council and audience spoke against AAPS and its bill and supported the need for FMA to oppose the AAPS legislative efforts to gain equal statute with ABMS.

Tough questions were asked by two members of the Council regarding the EP shortages and the impact of the FMA decision on the liability risk to AAPS-BCEM physicians. FMA members were the only ones who could address the Council and respond. Dr. Kenneth Schepke (FI-AAEM); Dr. Siegel (FCEP) and EMRA Past President Mylissa Graber responded to these questions.

I should point out that one cannot over-emphasize the critical value of the responses that were provided at that heated moment by Dr. Graber and Dr. Schepke. They went back to the podium and spoke credibly and unequivocally about these questions, emphasizing that there is no acceptable alternative to properly accredited EM residency training in ethically providing proficient emergency medical care to the unsuspecting public. That additional testimony speaks very highly of the unequivocal commitment of EMRA and AAEM to ensuring the protection of patients and opposing any erosion in the standards required for specialty-specific supervised and properly accredited residency training. Of course, EM should also thank all EM societies and individuals who rose to the occasion - including EMRA, ACEP, FCEP, ACOEP, AAEM/RES, AACEM/SAEM and CORD who either were present or provided official, written or verbal support and testimony.

And the result of the FMA vote speaks about this performance. On July 10th, 2004, the FMA Council of Legislation voted to: "support the specialty societies in their opposition to any legislation that seeks to recognize AAPS in statute." This was confirmed through a 2nd vote on the next day by the FMA Board of Governors.

3) What about the Florida Board of Medicine?

AAEM and AAEM/RES sent letters to the FBM and expressed their strong opposition to the FBM 2002 ruling and their concern with regard to the process and content of the testimony provided to the FBM. We expressed our intent to challenge this vote and to petition the FBM and FOBM to secure an internal review of what we consider a true travesty. AAEM continues to investigate the detail of what happened in 2001 and 2002, including all public records of the FBM and FOBM and hundreds of pages of testimonials and transcripts of the proceedings. AAEM also contacted the FSMB expressing concern and exploring mechanisms to challenge or review the flawed FBM process. Rest assured that AAEM will use all means - internal and external - to revoke this 2002 FBM ruling and to make sure that anyone who participated in orchestrating this 2001-2002 travesty is held fully accountable for the evidence, facts and conflicts of interest that were omitted or mischaracterized.

The AAEM Board yesterday voted unanimously to commit all necessary and available financial resources to ensure that this battle is fought to the end.

4) What we need of you? How can you help?

The battle has begun and we need everyone's help. At stake is the value of our EM specialty board certification and of EM residency training. At stake is all what we believe in with regard to the value of EM, board certification, and to which we have dedicated life and resources.

Join your State chapter. The importance of this membership was never more evident than in Florida where we were late in uncovering the travesty because we were too small and because AAEM has limited human and financial resources at the state levels.

AAEM and AAEM have begun to recruit our own lobbyist in Florida. If you are a Florida AAEM member, join the FMA. Let us know you did.

**-- Donate funds into PAC at www.aem.org
-- Donate tax-deductible funds into our AAEM Legal Fund. www.aem.org**

- These funds will be used without any doubt for what will be a difficult and expensive battle.

--- There will be no other time to defend your specialty and the value of your training!

We truly cannot do this without you!