

Newsletter

The NHACP chapter has been very active during this legislative session in the state with many Members testifying in person or online and we have worked with national on trying to get bills passed that would help all of us and our patients. As Governor I am still so impressed and proud of all the amazing work done by Internal Medicine Physicians throughout our state. The NHACP chapter is here for you. Please do reach out to us if you have any suggestions, questions, local issues that need attention of national ACP, or just to let us know how you are doing.

2024 Internal Medicine Meeting

In April 2024 ACP had its annual meeting in Boston. The education program was fantastic but even better was meeting so many great internal medicine physicians from across the country We hope to see you all in New Orleans in 2025.



During the meeting NHACP in collaboration with the Vermont and Maine chapters and a wonderful reception with good food, good laughs, and really a sense of Northeast community. Turnout was higher than expected for all three chapters, so the space was a bit tight but that just made it even more cozy. A lot of good networking occurred and even some future collaborations were born I believe. Please be on the lookout for our

reception invite as we get closer to our time down in New Orleans in April 2025!



In another collaboration with other chapters; New Hampshire, Michigan, Wisconsin, and Kentucky held a networking event for early career physicians attending the national meeting. People appeared to have a great time and were able to share with each other their experiences as ECPs. We even got to interact with a former NH Member who is now in Michigan, so it was great to catch up.



Convocation really kicks off the meeting as we celebrate award winners and the chapters new Fellows. Congratulations to Dr Rakeesh Veerareddy who walked at convocation as a new Fellow in the College. It was a nice evening celebrating the great accomplishments of Members of the college.

Leadership Day 2024





In May the NH Delegation; Dr William Palmer, Dr Dmitry Tarasevich, Dr Nisha Khubchandani, and myself participated in ACP's Leadership Day with one day of advocacy training followed by a day speaking with our Members of Congress regarding issues, chosen by national ACP, that impact internal medicine physicians. The specific asks this year included:

1. Co-sponsor and pass H.R.2630/S. 652, the Safe Step Act of 2023, a bipartisan bill that would require group health plans to provide an exception process for any medication step therapy protocol to help ensure that patients can safely and efficiently access treatment.
2. Co-sponsor and pass H.R. 2389/S. 1302, the Resident Physician Shortage Reduction Act of 2023, which would gradually raise the number of Medicare-supported GME positions by 2,000 per year for seven years.

3. Cosponsor and pass H.R. 6545, the Physician Fee Schedule Update and Improvements Act, that would raise the threshold for implementing budget neutral payment cuts from \$20 million to \$53 million and would provide an increased update to the threshold every five years afterwards based on the MEI.

JEDI Corner

Our DEI committee is currently considering how they want to pursue teaching as part of our JEDI corner but Dr Simrun Bal who was a NH council member and now member of the VT chapter put together some teaching that appeared in VT's newsletter. It contained valuable information so I have included here. Thank you Dr Bal.

Practical Pearls: Responding to Subtle Acts of Exclusion (Microaggressions) as an Upstander or Target

By Simrun Bal, MD

Dr. Bal lives in Burlington, VT, where she practices outpatient internal medicine at the Burlington VT Veterans' Affairs Clinic (affiliated with the White River Junction VA Medical Center).

For the summer ACP newsletter's DEIB (Diversity, Equity, Inclusion, and Belonging) Corner, we will be building upon our understanding of subtle of exclusion by considering specific ways to respond as either as an upstander (bystander) or as the target of a microaggression.





I became interested in this topic after facing a situation myself this year where I needed to address a microaggression (a comment that had racist and sexist undertones) made by a patient, about and directed to me, in front of a resident that I was supervising. In the heat of the moment, despite my prior interest in DEIB issues, I felt uncomfortable and overwhelmed, with conflicting feelings: not wanting to offend the patient, questioning if I had really just heard what I had heard, and feeling frustrated that these events were occurring still in 2024. The next day, after taking time to process what had happened, I felt it was important to debrief the situation with resident I was supervising and suggest ways to address microaggressions moving forward so that we both would be more prepared.

In a previous DEIB Corner, we have discussed **acts of subtle exclusion**. As a refresher, these acts (also known as **microaggressions**) are brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults towards marginalized groups (Pierce, 1974). The term “microaggressions” was coined in the 1970s by Dr. Chester Pierce, an African-American psychiatrist, to describe the harm that was caused by these slights to non-dominant groups.



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- Developing a strategy on how you might respond, either as a bystander (upstander) or as target of a microaggression, can be helpful in building empowerment and efficacy.
- As an **upstander**, how might you intervene when you see a colleague or friend targeted by a microaggression? Here are some pieces of advice, taken from Abrams, 2023 (APA):
 - **Disarm:** Voice your disapproval of a racist joke by saying “That’s really not OK,” or “I don’t agree with what you just said.” If it appears to be unintentional, it can be helpful to educate the perpetrator: “I know you meant well, but that stereotype is actually quite hurtful.”
 - **Speak for yourself:** Don’t automatically assume that others are offended or hurt by the microaggression, as this could suggest a “savior complex.” It may be helpful instead to speak in the first person: “What you said made me feel uncomfortable.”
 - **Ask a clarifying question:** “What do you mean by that?” “Are you aware of how that might be interpreted?”
 - **Consider circling back:** An immediate response is helpful in modeling appropriate behavior for other bystanders, but it’s not always possible. If you anticipate that a public response could lead to hostility or defensiveness, try to circle back privately to the offender.

- If you find yourself as the **target** of a microaggression, it can be helpful to practice implementing either indirect or direct strategies to address microaggressions using the table below. I find that actually practicing these strategies in advance and knowing what approach you might take can be helpful to avoid getting overwhelmed in the moment. Table from: Odinakachukwu, et al, *Curr Opin Anesthesiol* 2021.

Indirect Strategies	Direct Strategies
<p>Redirect: Change the subject or shift attention away from the target. Example: <i>Let's focus our attention on the reason you're here today.</i></p> <p>Uplift: Affirm and uplift the target. Example: <i>You are partnered with a great resident physician and are fortunate that he is taking care of you.</i></p>	<p>Reflect Back: Reflect the microaggressor's statement back to them and explore their intentions. Example: <i>I heard you say ____; can you explain what you mean by that?</i></p> <p>Communicate Impact: Describe the impact that you feel. Example: <i>When you use words like ____, it makes me feel uncomfortable.</i></p> <p>Raise Awareness: Educate the microaggressor using a fact-based narrative. Example: <i>I believe a more inclusive term is ____.</i></p> <p>Check-In (with the person who committed a microaggression): Example: <i>I've been reflecting on the conversation we had. Can we find some time to check in?</i></p> <p>Reaffirm Boundaries: Example: <i>We do not tolerate that type of language here, and I ask that you speak to our team members with respect, please.</i></p>

Committees

We need your help! Help make a difference. We have several committees that represent different aspects of medicine. These committees are open to all members including resident and student members. Each committee is chaired by a member of the Governor's Council with the plan to work with members of the committee to drive change, host events, advocate, etc. Please reach out to myself or our Executive Director Catrina Watson if you have any interest in serving on a committee. Our current committees open to members:

- Health & Public Policy: (legislation)
- Membership
- Women in Medicine
- Education
- Young Physician/Early Career
- Resident/Fellow
- Communications
- Diversity, Equity, and Inclusion
- Hospitalist

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Hold The Date: Our Annual Scientific Meeting will be held on Oct 18th, 2024 at Hilton Garden Inn, Lebanon, NH.

More information on our website: www.acponline.org/about-acp/chapters-regions/united-states/new-hampshire-chapter

Thank you for everything you do for NH patients and thank you for allowing me to represent you with the American College of Physicians. We look forward to hearing from you.

Kent Powell MD, FACP

Governor, NHACP