

LETTER FROM THE EDITOR-IN-CHIEF

Where Do We Go From Here?



A midst the many other-worldly contributions made by the Alan Parsons Project, who can forget the rather earthly lyric, "Where do we go from here, now that all of the children have grown up..."? Many a midlife crisis has pondered the

question. Sociologists have followed generations of people, often making the same mistakes when confronting the critical decision-making at this important intersection of life.

Some see the opportunity to celebrate and self-indulge ("It's my party now!"). Others self-deprecate, mourning the loss of purpose in life.

One path leads to reckless decision-making and the inevitable crumbling of all that had been built, and the other to wallowing in self-pity and failure to nurture new personal growth.

We have built the discipline of "urgent care" with a teenager's disregard for tradition. We liked being unconventional, standing out in a house of medicine inhabited by a bunch of old fuddy-duddies. We were the tattooed and body-pierced punks of medicine. We were dismissed as irrelevant, a mere nuisance that would eventually fade away.

Our youthful exuberance and rebellious ways helped us ignore the ridicule and develop strength from within. On a college budget, we scrapped our way to relevance.

We have built many things we can be proud of: A democratic organization with over 3,500 members, the only peerreviewed journal in our field, three fellowships in urgent care medicine, conferences attended by over 1,000 annually. And, yes, relevance.

But there is no time to celebrate. With relevance, comes responsibility. It is time to grow up—as an industry, and as a discipline.

So, where *do* we go from here? I propose three steps:

 Organize. This is not anarchy. Our legitimacy depends on organized representation. We must speak in a collective voice or we will lose all credibility.

If you're in the urgent care industry, the Urgent Care Association of America is your representative organization. Whether you are a practitioner, owner, or vendor, UCAOA is your voice. It is time for all us to get on board. 2. Contribute. Get involved, contribute, and support our collective efforts. You cannot measure the return on investment; you've simply got to believe in it. Join, advertise, sponsor. Contribute to conferences, committees, and to this journal. We simply cannot represent without your support. We need *everyone* to participate—no hiding. We are *all* "too busy."

"Appreciation" is not good enough; "participation" is critical.

3. *Nurture*. We are the Founding Fathers (and Mothers) of our discipline. With that distinction comes a responsibility to protect the future.

Clinical quality is our *only* ticket to longevity. If we do not take the necessary steps to ensure a quality product, our success will be short-lived.

A commitment to quality is not glamorous, but it is critical. Accessibility and customer service will not sustain alone. Take an inventory of steps you have taken to ensure clinical quality. What are you doing for professional development? How are you training your staff? How do you support competency? We all have work to do.

While we certainly deserve to toast our contributions to date, it is sobering to think there is much work yet undone. But, as Dr. Jonas Salk mused after his discovery of the polio vaccine, "The reward for work well done is the opportunity to do more."

Cheers! 🔳

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Lee A. Resnick, MD Editor-in-Chief JUCM, The Journal of Urgent Care Medicine