

Emergency Medicine Resident/Faculty Retreat

Wednesday, October 27, 2004, 7:30 - 12:00

Embassy Suites - St. Paul

Recorded by: Lori Barrett

✓ if present							
	Residents	✓	Jeffrey Geddes, MD	✓	Emily Mason, MD	✓	Jon Henkel, RN
✓	Jared Friedman, MD	✓	Elizabeth Godin, MD	✓	Lane Patten, MD	✓	Ruth Johnson, RN
✓	Keith Henry, MD	✓	Martin Richards, MD	✓	Kevin Smith, MD	✓	Lesley Moore
✓	Jon Hokanson, MD	✓	Trenten Thorn, MD	✓	Beth Wicklund, MD	✓	Topher Obetz, MD
✓	Nicholas Johnson, MD	✓	John Travnicek, MD		Support/Guests	✓	Jim Parker, MD
✓	Todd Joing, MD	✓	Melissa Tschohl, MD	✓	Pat Anderson	✓	Carl Patow, MD
	Darren Manthey, MD	✓	Joseph Wahlberg, MD	✓	Lori Barrett	✓	Karen Poor, RN
✓	Matt Morgan, MD	✓	Roseann Ekstrom, MD	✓	Bruce Bennett, MD	✓	Kathy Reeves, RN
✓	Ann Schapiro, MD	✓	Sandy Fritzlar, MD	✓	Eugenia Canaan		
✓	Nicole Stethem, MD		Martin Klinkhammer, MD	✓	Shelly Feaver		
✓	Nathan Anderson, MD	✓	Heidi Lako, MD	✓	Thom Flottemesch		
✓	Scott Donner, MD	✓	Joseph Madigan, MD	✓	Nancy Harold, LICSW		
Faculty							
✓	Felix Ankel, MD		RJ Frascone, MD	✓	Brad Hernandez, MD	✓	Robert LeFevre, MD
✓	Brent Asplin, MD	✓	Teri Gunnarson, MD		Joel Holger, MD	✓	Barb LeTourneau, MD
	Scott Burry, MD	✓	Brad Gordon, MD		Kurt Isenberger, MD	✓	Brian McBeth, MD
✓	Won Chung, MD		Paul Haller, MD		Kory Kaye, MD	✓	Alda Moettus, MD
	Robert Dahms, MD	✓	Jeahan Hanna, MD		Kevin Kilgore, MD		Kathy Neacy, MD
	Rachel Dahms, MD	✓	Carson Harris, MD	✓	Robert Knopp, MD	✓	Karen Quaday, MD
✓	Kristen Engebretsen, PharmD		Cullen Hegarty, MD		Peter Kumasaka, MD		Susan Scanlon, MD
				✓	Richard Lamon, MD		

		Item	Key Points
7:30 am	Ankel	Welcome	Welcome and introduction of guests. Overview of agenda.
7:40 am	Asplin	Departmental Update	<p>Reviewed 2004 Department accomplishments including new physician hires, great residency match, BEST project, Epic tracking system, improved outreach and referral relationship for trauma, EMS and cardiology, improved waiting times, etc.</p> <p>Reviewed plans for the next 12 months. Develop a mission and vision statement. Recruitment of nurse management position. Remodeling of triage and clinical decision unit. Implementation of Epic documentation and provider order entry. Implementation of team-based care system.</p>
8:00 am	Ankel	Historical perspective	A look back on the residency - 72 residents, 45 graduates – where they came from and where they are now, geographically. Faculty demographics were summarized – 29 staff from 16 different residencies. Recap of yearly rotations and 2003 strengths, areas of focus and future direction. Review 2003-2004 changes.
8:20 am	Knopp	Update	<p>Tips on life after residency. Residents were advised to focus on the everyday areas of EM - use of fiberoptic scope, anascopy, dermatology, ENT, etc.</p> <p>Dynamic changes due to new information – residents were encouraged to become involved in area EM organizations.</p>

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8:30 am	Gunnarson	Update	Importance of residency feedback - no issue is too small or big, The input is very important to improving the residency.
8:40 am	Gordon	Update	<p>Working on building a solid foundation. EMRES allows us to communicate with 120 people around the world who are or have been associated with our residency. EMREL is a work in progress with the goal to have one source for digital depository of knowledge. Video content has been added and we now consistently place our conferences online.</p> <p>Continuing to make investment in residency education. Brad mentioned the video resources available to residents.</p> <p>Brad touched on the benefits of Epic to resident education.</p>
8:50 am	Feaver	Research Update	<p>Awards granted in the past year: EMF grants to Trent and Nate for study on ED overcrowding; and Thom Flottesmesch for cost associated with ED overcrowding. Brad Gordon K Award.</p> <p>The department has a total \$400,000 of research funding for 2005.</p> <p>In 2004 there were seven staff publications.</p> <p>SAEM – deadline for abstract 1/5. Residents were asked to contact Thom and Shelly by 11/2 if they would like their assistance.</p>
9:00 am	Harris	Tox Update	Toxicology fellowship has been approved. Currently recruiting for two positions for new PharmD tox residency. Toxicology has had several combined conferences with Occupation Medicine, Renal, and HCMC.
	Henry	Chief Residents	Many schedule and rotation changes were made in the past year. The residency presence in the hospital is strong. The ED schedule for the next 6 months next week will be completed next week.
9:10 am		Small groups	Small groups facilitated by J Parker, T Obez, N Stethem, and L Godin were asked to identify strengths and areas of focus.
10:45 am	Ankel	Large group	<p>Perceived strengths & areas of focus were compiled from all groups. Participants were then asked to choose 3 from each list that they felt were most important.</p> <p>Strengths:</p> <ul style="list-style-type: none"> • Rotations: <ul style="list-style-type: none"> - Hand/Plastics - Tox (5) - Mpls Children's - Peds 3rd year "drip" approach - MICU - SICU (8) - Selective (5) - North - Cards - EKG w/McBride - Ortho - "do it yourself" • 24 hour Social Workers (14) • Case Managers (20) • Curriculum: rotation changes • Core content (1) • Great RNs, ERTs (12) • EPIC (6) • Conferences (2) • New ED staff (4) • Resuscitation opportunities • Good relations with other departments (5) • Transfer calls

		Item	Key Points
			<ul style="list-style-type: none"> • Critical case consultants • Ownership of residency (6) • Faculty engagement/involvement (4) • Flexibility/diversity of staff (5) • Financial counselors • Mock codes - want more (13) • New scrub color (1) • Morning report (3) <p>Areas of focus:</p> <ul style="list-style-type: none"> • Rotations: <ul style="list-style-type: none"> - SICU - Hrs/call (2) - Ortho (11) - Admin (7) - Anes - CRNA students - Plastics - divided service (1) - Peds 3rd year - ED-Gyn - 3rd year surgical subspecialty (5) - OB (8) • Transfer calls - limit 1) • Morning Report (5) • Alternative Airway Techniques (3) • Pediatric Intubations (4) • Time for Research (10) • Discharge Process (4) • Time for Crit Case Conf outside faculty (1) • Admin/Business/Management of EM Education (16) • Peds @ Regions (20) • Ultrasound (7) • Equipment Training (3) • Shift Evals (3) • Eye/ENT Rooms • Cards Conference (4)\ • Cafeteria (2) • Time Management • C & D shifts • Resident/SW interactions • Formal daily EKG (4) • Hospital code leadership • Extra 1st year ED shifts • Definitive protocols • Mock codes (4) • Jr. faculty shifts (3) • Pre-op physicians/consents • Staff ID for patients • Resident support group
11:30	Ankel	Summary	<p>Areas of focus for 2005:</p> <ul style="list-style-type: none"> • Admin Rotation • Ortho Rotation • OB Rotation • Cards Rotation • Extending Selective to other area hospitals

Emergency Medicine Resident/Faculty Retreat

Wednesday, October 29, 2003, 7:30 - 12:00

Embassy Suites - St. Paul

Recorded by: Lori Barrett

4 if present

Residents						
	✓	Nicholas Johnson, MD	✓	Trenten Thorn, MD	✓	Jeff Fritz
✓		John Fuerstenberg, MD	✓	Todd Joing, MD	✓	Mary Healy, RN
✓		Jessie Gillund, MD	✓	Darren Manthey, MD	✓	Sue Irle, RN
		Kurt Isenberger, MD	✓	Matt Morgan, MD	✓	Phelps Johnson, MD
✓		Tanya Kleven, MD	✓	Ann Schapiro, MD		Support/Guests
✓		Robert LeFevere, MD	✓	Nicole Stethem, MD	✓	Sue LaMotte, RN
✓		Kelly Rhone, MD	✓	Nathan Anderson, MD	✓	Dave Lee, MD
✓		Stephanie Witt, MD	✓	Scott Donner, MD	✓	Carl Patow, MD
✓		Jared Friedman, MD	✓	Jeffrey Geddes, MD	✓	Kathy Reeves, RN
✓		Keith Henry, MD	✓	Elizabeth Godin, MD	✓	David Roberts, MD
✓		Jon Hokanson, MD	✓	Martin Richards, MD	✓	Helen Strike, RN
				David Dries, MD	✓	Pete Tanghe, MD
					✓	Rob Zeleznikar, MD
Faculty						
✓		Felix Ankel, MD	✓	RJ Frascone, MD	✓	Peter Kumasaka, MD
✓		Brent Asplin, MD	✓	Teri Gunnarson, MD	✓	Richard Lamon, MD
		Scott Burry, MD	✓	Brad Gordon, MD	✓	Barb LeTourneau, MD
		Mary Carr, MD		Paul Haller, MD	✓	Alda Moettus, MD
✓		Won Chung, MD	✓	Jehan Hanna, MD		Kathy Neacy, MD
✓		Robert Dahms, MD	✓	Carson Harris, MD	✓	Karen Quaday, MD
✓		Kristen Engebretsen, PharmD			✓	Susan Scanlon, MD

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7:30 am	Ankel	Welcome	Introduction of guests, outline of morning events.
7:40 am	Asplin	Departmental Update	Systems; human error rates, department development – moving to the next level in operations, teaching & research – making a national success story.? How can we lead the organization on a path of transformational change? Major tasks ahead – improve patient flow.
8:00 am	Ankel	Historical perspective	A look back on the residency – 63 residents, 38 grads, where they came from and where they are now, geographically. Faculty from 15 different residencies. Rotations and selected residency areas. Recap of 2002 strengths, areas of focus, future directions.
8:15 am	Knopp	Update	Dramatic changes in EM. Importance of historical questions along with good physical exams.
8:25 am	Gunnarson	Update	Importance of feedback - key to our focus this past year.
8:35 am	Kumasaka	US update	Report on our progress. Push cardiac exams. Procedural US. Get staff involved.
8:45 am	LeFevere/Rhone	Chief Resident Report	Schedule -10 babies due within the next 8 months. Flexibility is key.
8:55 am	Gordon	Update	EMRES list - 93 users currently subscribed. New web site. Educational server. Conference video. Epic installation in the ED in as early as 12 months.

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9:05 am		Small groups	Small groups led by S.Cullinan, R.Zeleznikar, P.Johnson & P.Tanghe were asked to identify program strengths and areas of focus.
10:05 am	Ankel	Large group	<p>Perceived strengths (compiled from all 4 groups):</p> <ul style="list-style-type: none"> • Off service rotations - well balanced <ul style="list-style-type: none"> SICU - procedures, responsibility MICU Peds ER Cardiology Plastics Ortho Electives - flexible Critical Care Experience Liaisons • *Staff <ul style="list-style-type: none"> MD - accessibility, teaching, caring RN Support • 24-hour radiology • Conferences <ul style="list-style-type: none"> Critical Case, Format Excused from service obligations Guest lecturers Staff participation • *Patient Population <ul style="list-style-type: none"> Diversity Case mix Volume • Level I Trauma • EMS • Surgery Staff • *24-hour social workers • Other department relationships • Resident flexibility • ED Rotation <ul style="list-style-type: none"> Teaching Support Jr. Faculty shifts 2nd & 3rd year residents on 24-hours Graduated responsibility • Wellness • Community Events <ul style="list-style-type: none"> Concerts/Hockey Marathon • Patient Flow • *Learning Environment <ul style="list-style-type: none"> Supportive Safe Web Computer-based Resources • No Observation Unit • MD lounge • Night food • Teaching reputations • Communication of changes

		Item	Key Points
			<p>E-mails Resident awareness</p> <ul style="list-style-type: none"> • *Early Airway • Hospital cohesiveness • Hospitalists • Camaraderie • Midwives • Increased fellowship potential • Employability • Retreat • End product • Teamwork • PA's • General resident satisfaction <p><u>Areas of Focus:</u></p> <ul style="list-style-type: none"> • Lack of sports medicine rotation • *Scrub color <p>Rotation issues</p> <ul style="list-style-type: none"> Ortho rotation - want more ED base SICU - overwhelming, too much time in 3rd year, Cards - more EKG teaching wanted Anes – needing to ask for intubations <ul style="list-style-type: none"> • Losing inpatient pediatrics Transferring peds admits • Too many staff in TTA • Lack of penetrating trauma • Patient transfer experience • Hospital-wide info systems for pt referrals • Lack of advertising, self-promotion • HMO - funding issues • Not enough ILMA • Cafeteria Patient box lunches • Lack of hospitalist feedback/lectures • Not enough "bread & butter" • Loss of chief's conference • Patient follow-up • Communicating systems to residents • *Need more evidence-based medical teaching • *Lack of "rural" experience • *Peds airway/intubations or Peds Anes experience • Lack of observation unit • "C" shifts • Code Red - respectful RN communication • Systems Awareness of financial Administrative admission issues • Lab turnaround • RN/ERT turnover (perception) <p>Participants then voted via stickers on the strengths most important to them (* = 10 or more votes) and the areas they most wanted addressed. Areas to be addressed over the next year will be:</p> <ul style="list-style-type: none"> • "rural" experience • Pediatric airway • SICU rotation issues

		Item	Key Points
			<ul style="list-style-type: none"> • Scrub color (A.Schapiro & J.Fuerstenberg will work on proposal) • Evidence-based medicine teaching • Cafeteria (A.Schapiro)
11:30 am	Chung	M2	Medical Management and optimal care in the EC was presented. New admission forms were introduced which will assist with information flow, and case managers will be available 13-hours a day to assist with admission dispositions.

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Emergency Medicine Resident/Faculty Retreat

Wednesday, October 30, 2002

North Oaks Country Club

Recorded by: Lori Barrett

4 if present

Residents				Support Staff/Guests			
✓	Kendal Baker, MD	✓	John Fuerstenberg, MD	✓	Jared Friedman, MD	✓	Kris Alfonso
✓	Wade Barnhart, MD	✓	Amy Gjerde, MD	✓	Keith Henry, MD	✓	Pat Anderson
✓	Lynn Howard, MD		Jessie Gillund, MD	✓	Jon Hokanson, MD	✓	Lori Barrett
✓	Cynthia Kelmenson, MD	✓	Kurt Isenberger, MD	✓	Nicholas Johnson, MD	✓	Eugenia Canaan
✓	Christopher Obetz, MD	✓	Tanya Kleven, MD	✓	Todd Joing, MD	✓	Sue Cullinan, MD
✓	Christopher Russi, DO	✓	Robert LeFevere, MD	✓	Darren Manthey, MD	✓	Sue LaMotte
✓	Peter Tanghe, MD	✓	Kelly Rhone, MD	✓	Matt Morgan, MD	✓	Jeannie Preuss
	Clark Williams, MD	✓	Stephanie Witt, MD	✓	Ann Schapiro, MD	✓	Rob Zeleznikar, MD
				✓	Nicole Stethem, MD		
Faculty							
✓	James Amsterdam, MD	✓	Robert Dahms, MD		Carson Harris, MD	✓	Robert Knopp, MD
✓	Felix Ankel, MD		Chris DeLisle, MD	✓	Cullen Hegarty, MD	✓	Peter Kumasaka, MD
✓	Brent Asplin, MD	✓	RJ Frascione, MD		Brad Hernandez, MD		Richard Lamon, MD
✓	Scott Cameron, MD		Teri Gunnarson, MD	✓	Joel Holger, MD	✓	Alda Moettus, MD
✓	Mary Carr, MD	✓	Brad Gordon, MD		Kory Kaye, MD	✓	Kathy Neacy, MD
	Won Chung, MD		Paul Haller, MD	✓	Kevin Kilgore, MD	✓	Karen Quaday, MD
						✓	James Wood, MD

	Item	Key Points
Cameron	Welcome	SC welcomed alumni, Rob Zeleznikar and Sue Cullinan, and guests, and outlined the morning agenda.
Ankel	Historical perspective	<p>FA reviewed hx of residency, resident stats, # graduates and locations. Focus PAPEEMEC: provide and promote excellence in emergency medicine education and care.</p> <p>Future direction as presented at the U of M retreat includes:</p> <ul style="list-style-type: none"> • Mentorship • Individualization of educational experience • mentorship, elective, project • Core competencies • Collaboration • Central repository of educational resources
Cameron	Conferences	Faculty participation in conferences has been an issue in the past. SC's new curriculum addresses this by having faculty more engaged in teaching core topics. The new curriculum will be discussed in the afternoon session with faculty.
Kumasaka	Ultrasound	PK recapped current program and progress of residents.
Carr	Mentoring	MC mentioned that the role of the mentor will be more clearly defined in the future. This will be discussed in detail at the afternoon session.
Baker, Barnhart,	Chief Resident Report	WB reported on the roles of the chief residents: scheduling, education and social.

	Item	Key Points
Russi		
	Small group	Participants broke into small groups led by alumni. Each group was asked to identify both the strengths and areas needing focus in the residency.
Cameron	Large group	<p>Group lists were reviewed by each leader.</p> <p><u>Perceived strengths:</u></p> <ul style="list-style-type: none"> • Collegial atmosphere - camaraderie • Acuity of patient population • Diverse patient population • 24-hr coverage of ED by residents • Graduated resident responsibility • Familiarity with staff and vice versa • Educational resources • Peds rotations (Mpls & St Paul Children's) • Social attempts/events • Izaty's weekend for incoming class • Busy in ED - good experience • G-1 airway experience • Exposure to procedures • Parking • Good nursing staff • Nursing contribution to education • Focus on wellness • Translator phones • "County Hospital" patients without the scut work • Evaluations - good feedback (incl during shifts) • Faculty - good teaching, strong support • Strong, respected residents • Off-site journal club • Electronic films, on-site radiology • ICU rotations • High yield off-service rotations • Resuscitation leadership • Focus on education • Hand rotation <p><u>Areas of Focus:</u></p> <ul style="list-style-type: none"> • Peds inpatient care at Regions • Organization of educational resources • Pediatric intubations • Variance and quality (incl. Teaching) of off-service rotations - Cardiology • Gyn outpatient clinic exposure • Journal club attendance • Tox & Admin combined rotation • Procedure log • Busy ED - less time to learn • Lack of interaction with primary physician • Having to "sell" patients for admission • No conferences geared to 1st years • Loss of dual handset phones • Cafeteria • Difficulty with consultants • Scrub color • Evaluations - too many, categories redundant • Not enough "bread & butter" focus at conference

	Item	Key Points
		<ul style="list-style-type: none"> • Not enough faculty discussion at trauma conference • Faculty conference attendance • Electronic films - no hard copy • No pediatric critical care experience • Not enough ENT • Graded shifts 3rd year • Ultrasound - aorta, cardiac, faculty supervision • Transfer calls (staff taking now) • Responsibility with Gyn & Psych patients • Ophtho • Follow-ups • First year first days • Lifestyle <p>Residents and faculty then voted via stickers on the issues they most wanted addressed. The top 9 included:</p> <ul style="list-style-type: none"> • Cardiology teaching <p>The group brainstormed about ways to improve, including possible experiences at MN Heart, United or Abbott. S.Cameron will work with R.LeFevere, N.Johnson & C.Russi on this issue.</p> <ul style="list-style-type: none"> • Lifestyle/wellness <p>Finding balance. Residency is hard (RK). Discussed need for a formalized wellness program. K.Quaday, M.Carr, R.LeFevere, K.Baker, and C.Kelmenson to work on recommendations.</p> <ul style="list-style-type: none"> • Too many evaluations • Faculty attendance at conference • Cafeteria • Scrub color • Off service rotations - OB – Need Gyn exposure (poss ½ day clinic for ED f/u). • Journal Club attendance - should there be a minimum requirement? • Pediatric Admissions <p>There was much schedule discussion, as well. These issues will be discussed at upcoming Residency Committee meetings.</p>