



Accreditation Council for
Graduate Medical Education

November 13, 2003

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Felix K. Ankel, MD
Director Emergency Medicine Residency Program
Regions Hospital
640 Jackson St.,
Mail Stop: 11102F
St Paul, MN 55101

Dear Dr. Ankel:

The Residency Review Committee for Emergency Medicine, operating with the accreditation authority that has been delegated to it by the Accreditation Council for Graduate Medical Education, has reviewed the information submitted regarding the following residency program:

Emergency Medicine

HealthPartners Institute for Medical Education Program
HealthPartners Institute for Medical Education
Regions Hospital
St. Paul, MN

Program 1102621144

Based on all of the information available to it at the time of its recent meeting, the Residency Review Committee accredited the program as follows:

Status: Continued Full Accreditation
Length of Training: 3
Maximum Number of Residents: 30
Residents per Level: 10-10-10
Effective Date: 9/12/2003
Approximate Date of Next Site Visit: 09/2008 FS

The Residency Review Committee for Emergency Medicine identified the following areas in which the program should be improved:

1. In the last review of the program, the need to improve the level of faculty scholarly output was noted. It remains to be demonstrated that faculty scholarly activity is adequate. In particular, six members of the core faculty document inadequate scholarly activity, such as publications in peer-reviewed journals, textbooks, local publications, formal lectures, and visiting professorships. Each member of the core faculty should document one area of scholarship each year, and 20% of the core faculty must publish one peer-reviewed paper per year. CIT4.I;
2. Each resident must have sufficient opportunities to perform invasive procedures and to direct resuscitations. The experience with cardioversions/defibrillation, pericardiocentesis,

cardiac pacing and conscious sedation is inadequate in number. Uncommon procedures may be simulated in a laboratory setting and included in the number of resident procedures.

3. There is no evidence that there is progressive responsibility for the residents on the SICU rotations during the EM1, EM2, or EM3 years.
4. There is no policy for care by private physicians at the Children's Minneapolis hospital.

It is the policy of the ACGME and of the Residency Review Committee that each time an action is taken regarding the accreditation status of a program, the residents must be notified.

This office must be notified of any major changes in the organization of the program, including discontinuation of rotations to participating institutions, as well as changes in leadership. When corresponding with this office, please identify the program by number and name as indicated above.

Sincerely yours,



Larry D. Sulton, Ph.D.
Executive Director
Residency Review Committee for Emergency Medicine
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CC: Carl A. Patow, MD, MPH