

# Emergency Medicine

## 2007 Resident/Faculty Retreat

Wednesday, October 25, 2007 - 7:30 am - 12:30 pm

The Bakken Museum & Library

Recorded by: Pat Anderson

| ✓ if present   |                             |   |                        |                |                     |
|----------------|-----------------------------|---|------------------------|----------------|---------------------|
|                | Residents                   | ✓ |                        | Support/Guests |                     |
| ✓              | Luke Albrecht, MD           | ✓ | Duncan McBean, MD      | ✓              | Pat Holland, MD     |
| ✓              | Kelly Barringer, MD         | ✓ | Adina Miller, MD       | ✓              | Pat Anderson        |
| ✓              | Joey Charles, MD            | ✓ | Tara O'Connell, MD     | ✓              | Lori Barrett        |
|                | Mark Connelly, MD           | ✓ | Charis Thatcher, MD    | ✓              | Michelle Biros, MD  |
| ✓              | Ben Peake, MD               | ✓ | Aaron Burnett, MD      | ✓              | Michelle Biros, MD  |
| ✓              | Jon Shultz, MD              | ✓ | Nate Curl, MD          | ✓              | Laura Borchert      |
|                | Natasha Srb, MD             | ✓ | Aaron Feist, MD        | ✓              | Eugenia Canaan      |
| ✓              | Sam Stellpflug, MD          | ✓ | Leah Gapinski, MD      | ✓              | Joseph Clinton, MD  |
| ✓              | Paul Travnicek, MD          | ✓ | Shani Go, MD           | ✓              | Scott Donner, MD    |
| ✓              | Owen Anderson, MD           | ✓ | Nicci Stoik, MD        | ✓              | Jeff Fritz          |
|                | Chris Dillon, MD            | ✓ | Heather Sutherland, MD | ✓              | Mary Healy, RN      |
| ✓              | Joe Dolan, MD               | ✓ | Greg Vigasaa, DO       | ✓              | John Henkel, RN     |
| ✓              | Danielle Jackson, MD        |   | Brent Walters, MD      |                |                     |
| <b>Faculty</b> |                             |   |                        |                |                     |
| ✓              | Felix Ankel, MD             |   | RJ Frascione, MD       | ✓              | Barb LeTourneau, MD |
| ✓              | Brent Asplin, MD            | ✓ | Brad Gordon, MD        |                | Kory Kaye, MD       |
|                | Mary Carr, MD               |   | Paul Haller, MD        |                | Kevin Kilgore, MD   |
|                | Won Chung, MD               |   | Carson Harris, MD      | ✓              | Robert Knopp, MD    |
| ✓              | Rachel Dahms, MD            | ✓ | Cullen Hegarty, MD     | ✓              | Peter Kumasaka, MD  |
|                | Kristen Engebretsen, PharmD |   | Brad Hernandez, MD     |                | Richard Lamon, MD   |
|                |                             | ✓ | Joel Holger, MD        |                | Robert LeFevre, MD  |

| Time    |        | Item                | Key Points   |
|---------|--------|---------------------|--|
| 7:15 am | Ankel  | Welcome             | Historical review (handout)  |
| 7:30    | Fritz  | Construction Update | <p>Expansion project<br/>Construction is on schedule. There is a board in 2nd floor reception area of future look.</p> <p>In Feb 08 work will begin in admin area. Lindell will be turned into cubicles for the affected displace office space. Phase 1 scheduled to be open in June 09.</p> <p>Equipment &amp; supplies - Let Jeff know if you see something at other places.</p> |
|         | Henkel | Nursing Update      | Explained role as Nurse Manager – oversees approx. 200 staff: nurses, ERTs, paramedics, clerks. Nursing staff have a great relationship with residents. Expectation of quality & pt satisfaction. Residents and nursing staff work together - most importantly looking after patients. Jon asked residents to provide direct feedback.   |
|         | Healy  | Nursing Update      | Communication in a big department can be difficult. Mary suggested ways to aid in communicating expectations..   |

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|  | Jader     | Operations Update | We are all connected in some way as a group, and need to stay connected. If our goals are to provide better experience for staff and patients, everything else will fall in place. This is more easily accomplished when all are working together.   |
|  | O'Connell | Quality Update    | <p>AIAMC – national group of non-university teaching hospitals. Along with HP has sponsored a national initiative to improve quality care and how to focus graduated medical education.</p> <p>IHI is focusing on the 5 million life campaign. Residents will be surveyed.</p>   |
|  | Peake     | Chief's Update    | <p>We've applied to be part of the ACGME's e-portfolio, which is designed as a place to put everything that is accomplished during residency.</p> <p>First EM/IM conference is scheduled for November 1.</p> <p>Handout on other residency updates was included in packet.</p>   |
|  | Ling      | UM-GME Update     | <p>We are doing what we should be and looking to the future.</p> <p>Finances –importance of RMS to be accountable and maximize reimbursement.</p> <p>Portfolio - a reflective tool to identify where residents have been. Residents should continuously add to it for future use.</p>  |
|  | Patow     | IME Update        | <p>The IME is responsible for residencies, medical students , CME (recently re-accredited for 6 years,) Medical Library. A program director's retreat will be conducted next week addressing our patient experience, Expansion 2009 and what that will mean to residents.</p> <p>Dr. Patow currently serves on the ACGME Board of Directors and the Committee on Innovation in the Learning Environment, which looks at trends in medical education and innovation.</p> <p>Congratulated Cullen Hegarty on winning the 2007 Excellence in Education Award.</p> |
|  | Ankel     | Peds Update       | Henry Ortega and Sam Reid have been appointed Peds/EM faculty for the residency. They will have a presence at critical case, conferences, and interviewing. They have a strong academic interest, and welcome working with residents on projects.  |

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|  | Clinton | UM-DEM Update  | <p>It is a good time to be practicing medicine. Dr. Clinton advised residents to be reflective, bring up issues, and make the most of the day.</p> <p>UM-DEM has been an active department for 5 years, working on academic development for Regions, HCMC and UM faculty. There are a record number of UM students now going into EM.</p>  |
|  | Biros   | UM Research Update   | <p>Increasing the amount of research that is based at UM.</p> <p>Focus:</p> <ul style="list-style-type: none"> <li>• Unique perspective as editor of AEM to see trends.</li> <li>• Special expertise in EM – sim as educational technique.</li> <li>• Knowledge translation in terms of patient-centered care.</li> <li>• Overcrowding and science of surge – impact on future practice.</li> </ul>  |
|  | Hegarty | <p>Student Update</p> <p>Simulation Update</p> <p>Recruitment Update</p> | <p>Med Student rotation is a required rotation and is going well. Advanced rotation is going well. At UM – medical students and nursing students are doing a combined resuscitation workshop, focusing on teamwork and communication.</p> <p>Simulation – biggest change is the addition of Emily Binstadt, who joins Jessie Nelson in our sim efforts. In the past year, there have been 7am conference day sim cases, e.g., mock TTA, in addition to small group simulations as part of the conference day.</p> <p>New focus areas, Peds/EM, EMS, Tox, have been assigned to specific interview days. Applicants with an interest in these areas will be offered the opportunity to meet with individuals from SPC, EMS &amp; Tox following their interviews at Regions.</p> |
|  | Gordon  | EMR Update   | <p>Dr. Gordon has taken on new responsibilities as director of medical informatics for the hospital. His clinical time in the ED will remain the same, but he will spend more time tweaking the EMR, focusing on documentation improvements.</p>   |
|  | Asplin  | Faculty Update   | <p>There is much interest in the ED positions being offered. Joining new staff, Emily Binstadt and Stephanie Taft, are Jason Gengerke (Oct), Keith Henry (Dec) and Luke Albrecht (Aug 08).</p>   |

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|       | Zwank       | Ultrasound Update             | <p>Ultrasound training is improving, but still ranked lower. Would like to have residents more involved in Wed tutorials.</p> <p>P.Kumasaka will be focusing on faculty training, while M.Zwank will focus on resident training</p> <p>Areas of focus:</p> <ul style="list-style-type: none"> <li>• Ultrasound elective in 3rd year.</li> <li>• Incorporate US into new resident orientation</li> <li>• Incorporate US into anesthesia rotation.</li> <li>• Research projects</li> <li>• MZ happy to talk to people.</li> </ul>  |
| 8:30  | Holland     | Residency Training: Quo Vadis | P.Holland presented his views on life after residency with tips from former residents as well as tips for junior faculty.  |
| 9:30  | Small Group |                               | Groups were facilitated by Holland, Peake, Barringer and Stellpflug. Participants were asked to identify residency strengths and areas of focus.   |
| 10:30 | Ankel       | Large Group                   | <p>Strengths: areas in bold are those identified by participants as one of their top three choices.</p> <ul style="list-style-type: none"> <li>- <b>Staff, faculty, coordinators (4)</b></li> <li>- Conferences – interactive progressive</li> <li>- <b>Res leadership (6)</b></li> <li>- <b>Pt pop – div – cty/community (7)</b></li> <li>- Staff diversity</li> <li>- Peds experience (1)</li> <li>- Look to future – beyond residency</li> <li>- Reputation on off-services (2)</li> <li>- HP support of residency</li> <li>- <b>Camaraderie (15)</b></li> <li>- Resident development</li> <li>- Flexibility and willingness to change (1)</li> <li>- <b>Critical care training (15)</b></li> <li>- Team approach (1)</li> <li>- Consistent off service rotations</li> <li>- Transparency (1)</li> <li>- <b>Simulation (4)</b></li> <li>- <b>Procedures (11)</b></li> <li>- Evaluation process (1)</li> <li>- Cooperative learning (1)</li> <li>- Rotation CQI (1)</li> <li>- Staff with street credibility (2)</li> <li>- Event medicine</li> <li>- National presence</li> <li>- Navy scrubs</li> <li>- Early airway experience (1)</li> <li>- <b>Willingness to change (4)</b></li> <li>- Access to interpreters</li> <li>- Good sub-specialty experience</li> <li>- Consultants</li> <li>- Toxicology (1)</li> </ul> |

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|  |  |                     | <p>Areas of Focus: areas in bold are those identified by participants as one of their top three choices.</p> <ul style="list-style-type: none"> <li>- <b>Ultrasound (19)</b></li> <li>- <b>EPIC (14)</b></li> <li>- Behavior Health patients</li> <li>- <b>Hallway patients (5)</b></li> <li>- <b>Scribes (12)</b></li> <li>- <b>Discharge Process (9)</b></li> <li>- Psychiatry residents</li> <li>- Intra department communication</li> <li>- Inter-department communication (1)</li> <li>- <b>Hospital based child care (7)</b></li> <li>- Cafeteria</li> <li>- Phones (2)</li> <li>- Recycling (2)</li> <li>- Dental coverage (1)</li> <li>- Auto follow-up on patients (1)</li> <li>- <b>Formal faculty to resident feedback (4)</b></li> <li>- Communication with primary care MDs</li> <li>- Joint EM/FM program</li> </ul> |
|  |  | Large Group (cont.) | <p>Areas of Focus (cont.)</p> <ul style="list-style-type: none"> <li>- <b>Streamline residency admin requirements (10)</b></li> <li>- <b>Fluoro (6)</b></li> <li>- Procedural variability – staff open mindedness</li> <li>- <b>Peds airway (5)</b></li> <li>- <b>Non MD-initiated items in ED (7)</b></li> <li>- EMS</li> <li>- Cardiology</li> <li>- Ortho</li> <li>- <b>Peds experience – critical care (10)</b></li> <li>- Documentation/best practices (4)</li> <li>- Faculty evaluations (2)</li> <li>- Ethics/professionalism (1)</li> <li>- Chart review (1)</li> <li>- <b>Increase # of work stations (10)</b></li> <li>- Resident diversity (2)</li> <li>- <b>RN pictures in ED (7)</b></li> <li>- MD name on whiteboard</li> </ul>  |

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|  |  |  | <p><b>Top Focus Areas</b></p> <p>Ultrasound</p> <ol style="list-style-type: none"> <li>1) Increase staff proficiency</li> <li>2) Front load training in residency</li> </ol> <p>Staff – Mike Zwank</p> <p>Resident liasons:</p> <ul style="list-style-type: none"> <li>- G1 – Aaron Burnnet</li> <li>- G2 – Owen Anderson</li> <li>- G3 – Kelly Barringer</li> </ul> <p>Epic documentation, workstations</p> <ul style="list-style-type: none"> <li>- Staff – Brad Gordon</li> </ul> <p>Streamline admin requirements, procedure log, cord test, duty hours</p> <ul style="list-style-type: none"> <li>- Staff – Rachel Dahms</li> </ul> <p>ED working environment, hallway patients, scribes, discharge process, non-MD initiated items in ED, RN pictures.</p> <p>Peds critical care/airway (small animal lab)</p> <ul style="list-style-type: none"> <li>- Joey Charles</li> </ul> |
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