Residency Planning Meeting
September 30, 2009

✓	Felix Ankel, MD	✓	Aaron Burnett, MD	✓	Keith Henry, MD
✓	Pat Anderson	✓	Rachel Dahms, MD	✓	Kara Kim, MD
✓	Lori Barrett	✓	Marcella de la Torre	✓	Stephanie Taft, MD
✓	Kelly Barringer	✓	Leah Gapinski, MD	✓	Brent Walters, MD

Item	**Key Points/Action Plan**
Agenda	Felix reviewed today's agenda and touched on previous meetings. He also gave some historical perspective on topics for discussion.
Retreat	Discussed option of how to run retreat. Identify strengths and weakness as in the past,. Kara Kim, and chiefs agreed to be small group facilitators.
	Review past planning meeting history
Quality theme	How to implement, sustainable and graduated responsibility (outside staff, G3, G2 & G1). NCS duties transform to NCS/Quality shift. 9 themes ongoing – most high impact area, neuro, cardiac, trauma, ID, mental health, peds, GI, ortho. Clarify areas at retreat. Timeline with end date presented at conference. Incorporate into conference time as small group to work on quality areas. Core content areas. EMRAP has 1,2,3 core curriculum (online?) Noon-1 time to do more small group and/or using EMRAP. Or Quality groups (2) give updates. Conversant with hospital quality, and come up with our own. Areas of time, diagnostic, treatment basis. Violence again staff, documentation. Time to antipsychotic, time to sedation , time to see psychiatrist. Does this replace scholarly project? Use as scholarly project if it goes about and beyond to count as scholarly project. ?? Phases, define, (PDSA cycle) implement, review and keep going. Set up a conference day devoted to quality to get things started. KK and MDT recommended "the Team Handbook.

	Quality measures don't become cookbook medicine. Put into EPIC with options and standard of care when evidenced based. Time to do quality time – easy to take b/4 SICU & Peds making these rotation 6 weeks not 40 days????
	Streamline – anything to take off of plate to make room for quality? Cord tests, noon to lunch conference more productive, procedure logs entry, duty hour entry, Build something into epic to pull out epic. Get procedures billed under your name – careful RRC required reported by residents? Build into epic at sign out tied to logging – check out with brad G Any Rotation delete or? – EMS? Tox? Plastics? SICU. Use bolus rotation and do a drip throughout. Tox, EMS?
	9 to 10 residents: Quality of residents? Losing presence in all parts of ED. 3rd years on C, Junior fac or C shift – res specific. Jfac work in C? Now looks like 2 separate EDs, academic vs community. Integrate into Pod C in 3rd year. 2nd half of 3rd year? Retreat discussion – more push or exposure for residents – how to operationalize? Pod C.
	PA/res relationship issues. Procedures/staffing model issues. Scope of practice issues. How to show appreciation for PA? offer procedures to PA when no G1 available vs safeguarding procedures for residents. Need resident/PA summit suggested separate from retreat. Discuss with Kurt b/4