

Web 2.0

Objective: *Formulate a plan for optimization and consolidation of our current online interactive resources and determine if utilization of initial resources would be useful.*

Background: *Web 2.0 can be defined as online applications that are user centered and designed to foster interactivity, collaboration and information sharing. Examples include social media such as Facebook and Twitter, wikis, blogs and podcasts. In the past several years we have begun to utilize many of these applications and our residency now has presence on Facebook, Twitter and in several wikis. The Regions Trauma program has also become very active in utilizing web 2.0, highlighted by Dr. McGonigal's Trauma Professionals Blog with posts several times weekly. Currently there are many resources in use, however accessing them can be challenging as there is not a consolidated home for them at this time.*

Idea Generation:

Plan for Progress:
(include task leaders, objectives and timeline)

cordweb20

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FrontPage

last edited by [Felix Ankel](#) 2 mos ago[Page history](#)

This is a wiki for some of the CORD web 2.0. discussions

From <http://www.nancydixonblog.com/>

"Leading edge organizations are taking advantage of Web 2.0 social media, building more user controlled platforms such as Wiki's, blogs and [social networking](#) (e.g. Facebook) that bring with them greater organizational transparency and give rise to more diverse perspectives in the organizational conversation. The use of crowd sourcing, cognitive diversity, and predictive markets draw on a wider base of thinking, both internally and externally, that increases organizational innovation."

Great self help web 2.0 from our Regions librarians <http://explore8things.blogspot.com/> to learn about twitter, rss feeds etc

Mary Wittenbreer, MLIS, MALS
Head Librarian
Regions Hospital
Medical Library MS 11202B
640 Jackson Street
St. Paul MN 55101
Phone: 651-254-3609
Fax: 651-254-3427

Comments (4)

 [Felix Ankel](#) said
at 4:19 pm on Sep 6, 2010

Felix Ankel to cord
show details Aug 2
Question for the cybercommunity. How many of you are using web 2.0 and social media in your residencies? What best practices have you seen with blogs, facebook, wikis, twitter, podcasts that you are willing to share? We've dabbled in some of this (e.g. residency facebook fanpage, tweeting our critical case conference take home points in a haiku) but are looking for a coordinated vision and plan for this.

- Hide quoted text -

--
Felix Ankel, MD
Emergency Medicine Residency Director, Regions Hospital
Associate Professor of Emergency Medicine
University of Minnesota Medical School
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ankel001@umn.edu
www.regionsem.org
www.facebook.com/regionsem
www.twitter.com/regionsem

 [Felix Ankel](#) said
at 7:07 am on Sep 7, 2010

Adam Rosh to me
show details Aug 2
We've been using web 2.0 for 2 years
I created an education website for the residents: www.drhem.com
I am happy to talk to you more about this.
Adam

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Sidebar

This is your Sidebar, which you can edit like any other page in your workspace.

This Sidebar appears everywhere on your workspace. Add to it whatever you like -- a navigation section, a link to your favorite web sites, or anything else.

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Sorry, 8 Things is closed

8 Things is officially closed, but feel free to explore on your own!

What is this?

8 Things is a self-paced and self-directed online class intended to introduce health professionals to Web 2.0. The first version of this class was offered in 2009. Participants completed eight learning objectives called "things" and kept a blog to record their assignments and progress.

The librarians are excited to offer a revamped version of the class which includes **eight new things!** If you completed the first *8 Things*, you can continue your learning by choosing up to eight additional things. If you did not participate in the first *8 Things* you may choose to complete the original eight things, or select up to sixteen total things (**Things 1 and 2 are required for first-timers**). In either case, you will document your participation by setting up and maintaining your own blog (covered in Thing 1). Previous participants may use their original blog or create a new one.

Each thing will discuss one or more Web 2.0 tools. The tools themselves will have value for you in your job as a health care professional and perhaps in your personal life as well. Participation in *8 Things* is your chance to explore new tools and to think creatively about how they can be used at work. Each thing should take about an hour to complete.

Deadlines

Whether you are a new or returning participant, you must submit your blog to the librarians by **March 1, 2010** (as part of Thing 1). Submitting your blog is your "registration" for the class. You must complete all of your chosen things and blog about each one by **May 24, 2010**. If you are unable to meet these deadlines, you are still welcome to participate, but no CME credit will be awarded. This program will remain online indefinitely for your continued use and reference.

Can I get CME credit?

Physicians and nurses can get credit for a maximum of 8 things. 1 credit hour will be awarded per thing completed before May 24, 2010. If you are a returning participant who received credit the first

SUBMIT
YOUR ★ BLOG
Here

Trouble seeing the posts? Please delete cookies and temporary internet files using 'Tools,' 'Internet Options,' 'Delete.'

The Things

Welcome and Introduction

Thing 1 - Getting Started

Thing 2 - What is Web 2.0?

Thing 3 - RSS

Thing 4 - Social Bookmarking

Thing 5 - Podcasts and Video

Thing 6 - Wikis

Thing 7 - Collaborative Tools

Thing 8 - Reference Sharing

Thing 9 - Facebook and Social Networks

Thing 10 - Twitter

Thing 11 - Mobile Tools

Thing 12 - Online Project Management Tools

Thing 13 - Presentation Tools

Thing 14 - PubMed and PubMed Alternatives

Thing 15 - Personal Homepages

Thing 16 - Health 2.0

conversation matters

Nancy Dixon focuses on the people side of knowledge management. Our most effective knowledge sharing tool is conversation. The words we choose, the questions we ask, and the metaphors we use to explain ourselves, are what determine our success in creating new knowledge, as well as sharing that knowledge with each other.

July 16, 2009

A-Space (Facebook-like) Is Making a Difference Across the U.S. Intelligence Community

I'm posting the Executive Summary of a study I conducted with the Defense Intelligence Agency. You can read the full study - all 30 fascinating pages [here](#).

Executive Summary of How A-Space is Shaping Analysts' Work

This report provides an overview of an exploratory scientific, qualitative study conducted by the Defense Intelligence Agency's (DIA) Knowledge Laboratory in April- June of 2009. The ethnographic study based on twenty in-depth interviews with analysts identifies how analysts are using A-Space and what impact that use is having on their analytic work within DIA's Directorate for Analysis (DI).

The primary benefit that A-Space brings to analytic work is a venue for seamlessly incorporating cognitive diversity to address complex analytic issues. Research indicates that cognitive diversity, (e.g. different perspectives, interpretations, heuristics, and predictive models) when applied to complex problems, consistently results in more and better solutions.

- A-Space is an environment in which analysts collaboratively create new meaning out of the diverse ideas and perspectives they collectively bring to an issue. Through this collaboration, analysts have the potential to break through long held assumptions to provide new ways of thinking about complex problems.**

Analysts talk about A-Space as a setting where they are able to test out ideas and theories. Analysts, faced with a stream of data from a multitude of sources have the task of finding patterns in that data that will be useful to decision makers. Sensemaking is the term used for that human ability to make meaning out of a stream of seemingly unrelated information. It requires creating hypotheses and testing them against the data and interpretations of others. And conversation, with analysts who have diverse perspectives, is the most effective means to engage in the testing and revision of hypotheses. The peer-to-peer environment of A-Space provides a conversational format to engage in joint sensemaking, which may be the most significant function of A-Space in terms of being a human intellectual force multiplier. As analysts experience the benefits of on-line sensemaking conversations, over time, such conversations could become more prominent in the everyday discourse of analysts.

- Networked relationships on A-Space provide a stream of cognitively diverse information without the costly time investment that maintaining strong ties requires**

Networking is highly valued by analysts because it provides access to new ideas and diverse perspectives. However maintaining networked relationships is a time consuming activity. The time cost limits the number of relationships an analyst can invest in. The most productive network relationships for gaining unique or novel ideas are not the close relationships among an analyst's teammates (what sociologists call strong ties) because team/division members tend to have redundant knowledge. Rather the best source of new perspectives and ideas are colleagues in other directorates or agencies who have access to information from totally different sources or provide unique perspectives or interpretation of

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Location:
640 Jackson St
 Saint Paul, MN, 55101

Phone:
651-254-3666
 Mon - Fri:
8:00 am - 4:30 pm

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153 Monthly Active Users
1 Daily New Likes
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Gayle Chapman Anderson



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Eric Roth

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Nick Dahl



Jo Linder

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What's on your mind?

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[Share](#)[Options](#)**Regions Hospital Emergency Medicine Residency****Sleepiness and Car Crashes**

There are generally about 30,000 deaths from car crashes each year. An analysis by the AAA shows that drowsiness is a factor in about 1/6 of them! In the early 1990's, NHTSA looked at this problem and found only about 4% of fatal crashes were due to sleepiness. What giv...

Source: RegionsTraumaPro.com - Dr. Michael McGonigal

Published: 2010-11-10 19:37:16 GMT

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Regions Hospital Emergency...

Thanks to all the people that have rsvp's for 11/18 retreat, below is part sept emres retreat, part new links re: web 2.0. one of...

Lori Martin Barrett likes this.

[Like](#)**Regions Hospital Emergency Medicine Residency**

<http://www.dukepatientsafetycenter.com/pdf/Safety%20Culture.Sexton.pdf> is a good read before next thursday's retreat and small group on caregiver resilience and wellness

<http://www.dukepatientsafetycenter.com/pdf/Safety%20Culture.Sexton.pdf>
www.dukepatientsafetycenter.com

Tuesday at 3:32pm · Like · Comment · Share · Promote

**Regions Hospital Emergency Medicine Residency****Communicating With Our Patients**

Although you may not agree with this at first, communicating with our patients is one of the most important things we do as trauma professionals. You can be the "best" doctor, nurse or paramedic in the world, but if you can't communicate well your patients will have not...

Source: RegionsTraumaPro.com - Dr. Michael McGonigal

Published: 2010-11-08 21:41:42 GMT

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Monday at 4:16pm via RSS Graffiti · Like · Comment · Share

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**Em Residency Conference Regions Auditorium November 11th:**

7:30-Multidisciplinary Critical Care Conference

8:30-Critical Case

10:00-Journal Club

...

[See More](#)

Monday at 9:40am · Like · Comment

**Regions Hospital Emergency Medicine Residency****STEMI Review**

STEMI's are an exciting call and EMS providers can make a big difference in patient outcome . In our EMS system we have empowered our prehospital providers to activate our cardiology catheterization team from the field. This has decreased the door to balloon time and h...

Source: [The Prehospital Perspective](http://ThePrehospitalPerspective)

Published: 2010-11-08 00:59:35 GMT

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November 7 at 7:18pm via RSS Graffiti · Like · Comment · Share

Cheryl Foster Roth likes this.

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**Regions Hospital Emergency Medicine Residency**

Thanks to all the people that have rsvp's for 11/18 retreat, below is part sept emres retreat, part new links re: web 2.0. one of the four small groups Great self help web 2.0 from our Regions librarians

<http://explore8things.blogspot.com/> to learn about twitter, rss feeds etc[Chat \(Offline\)](#)

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Regions EMS + Others
Just Regions EMS
Just Others


Regions EMS



STEMI Review

STEMI's are an exciting call and EMS providers can make a big difference in patient outcome .. In our EMS system we have empowered our prehospital providers to activate our cardiology catheterization team from the field. This has decreased the door to balloon time and h...

Source: [The Prehospital Perspective](#)
Published: 2010-11-08 00:59:35 GMT

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Regions EMS



EKG of the Day

Medic 8 is dispatched to a 42 year old female with chest pain. On arrival they find the patient complaining of right sided chest pain that is "tight" in character. It radiates to both arms and is associated with shortness of breath. While on scene the patient vomits. V...

Source: [The Prehospital Perspective](#)
Published: 2010-11-05 00:51:10 GMT

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Regions EMS

Dr. Aaron Burnett of Regions EMS was featured on KS95's Doc Hollywood episode this week. Click below to listen to the interview!

[Regions Hospital's Doc Hollywood \(episode 5\)](#)
www.youtube.com

Dr. Aaron Burnett discusses the medically induced coma of BMX athlete and MTV star TJ Lavin.



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Regions EMS



One Pill Kills

Pediatric exposures to toxic substances account for approximately 50% of all calls to poison control centers in the US. A good prehospital history should take into account the type of medication, quantity of ingestion (in milligrams), time since ingestion, whether the ...

Source: [The Prehospital Perspective](#)
Published: 2010-10-29 16:30:14 GMT

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Chat (Offline)

1 of 3

11/11/2010 4:38 AM

The Prehospital Perspective

*This site provides educational resources
for EMS professionals*

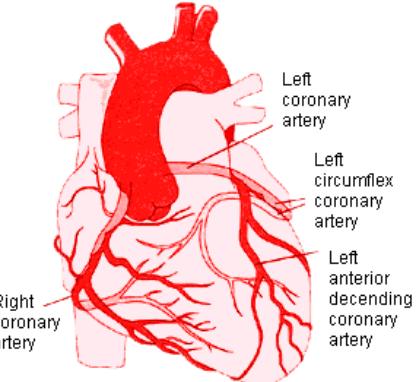
STEMI Review

Posted on November 8, 2010 by regionsem

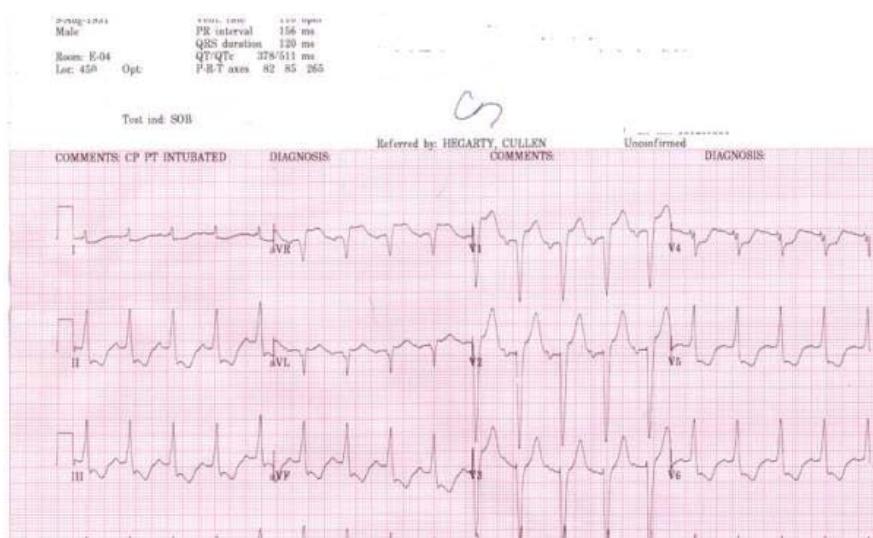
STEMI's are an exciting call and EMS providers can make a big difference in patient outcome . In our EMS system we have empowered our prehospital providers to activate our cardiology catheterization team from the field. This has decreased the door to balloon time and helps cardiac patients to have a lower morbidity and mortality. In this article we will review the basic components of STEMI pathology, diagnosis, treatment and transport decisions.

The heart is supplied by the coronary arteries which come off the base of the aorta. The coronary arteries fill during DIASTOLE when the ventricles are resting. In patients with a significant tachycardia (think A-fib with RVR) the time that the heart spends in diastole is very small and so the coronaries can have trouble filling with blood. In these cases, slowing down the heart can improve the blood flow to the ventricles.

STEMI's are caused by PLAQUE RUPTURE. Atherosclerotic plaques build up and narrow the diameter of the arteries. We used to think that MI's happen when the lumen of the artery is completely filled by a slowly growing plaque....WRONG!!! STEMI's occur when a plaque that may only be blocking 50% of the artery suddenly breaks open releasing chemicals that cause platelets to get sticky. This causes a platelet plug (just like when you cut your skin) which is designed to stop bleeding. Unfortunately, stopping blood flow to the heart is bad....obviously.



Anterior Myocardial Infarction



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Regions Hospital has been a Level I Adult Trauma Center since 1993, and became the first Level I Pediatric Trauma Center in the Upper Midwest.

Dr. Michael McGonigal is the Director of Trauma Services, overseeing both trauma centers.

Information

Location:
640 Jackson Street
 Saint Paul, MN, 55101

Phone:
651-254-3136

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Felix Ankel



Joseph W Skinner



Aaron Burnett



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Regions Hospital Trauma Programs Too tired to drive? This is a bigger problem than previously thought. Nearly a sixth of auto crash deaths are due to this. Read more here... <http://bit.ly/7VeLfW>

The Trauma Professional's Blog

bit.ly

The Trauma Professional's Blog provides information on injury-related topics to trauma professionals. It is written by Michael McGonigal MD, the Director of Trauma Services at Regions Hospital in St....

14 hours ago · Like · Comment · Share

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Regions Hospital Trauma Programs It's that time of year! Tree stand injuries while hunting... <http://bit.ly/7VeLfW>



The Trauma Professional's Blog

bit.ly

The Trauma Professional's Blog provides information on injury-related topics to trauma professionals. It is written by Michael McGonigal MD, the Director of Trauma Services at Regions Hospital in St....

November 5 at 1:46pm · Like · Comment · Share

Bill VanCura likes this.

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Regions Hospital Trauma Programs How often do those pelvic fractures bleed? And what can be done about it? <http://bit.ly/7VeLfW>

The Trauma Professional's Blog

bit.ly

The Trauma Professional's Blog provides information on injury-related topics to trauma professionals. It is written by Michael McGonigal MD, the Director of Trauma Services at Regions Hospital in St....

October 25 at 1:59pm · Like · Comment · Share



Regions Hospital Trauma Programs Should EMS scoop and run to the trauma center, or stay and play at the local hospital? <http://bit.ly/7VeLfW>

The Trauma Professional's Blog

bit.ly

The Trauma Professional's Blog provides information on injury-related topics to trauma professionals. It is written by Michael McGonigal MD, the Director of Trauma Services at Regions Hospital in St....

October 20 at 2:33pm · Like · Comment · Share

Bill VanCura likes this.

Jeremy Coudron Very interesting.

October 20 at 6:14pm · Like · Flag

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Regions Hospital Trauma Programs To close or not to close? Which lacerations can be primarily repaired? <http://bit.ly/7VeLfW>

October 15 at 11:03am · Like · Comment



Regions Hospital Trauma Programs What's happening with radiation exposure in pediatric trauma patients? <http://bit.ly/7VeLfW>

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The Trauma Professional's Blog

Sleepiness and Car Crashes

There are generally about **30,000 deaths from car crashes** each year. An analysis by the AAA shows that **drowsiness is a factor in about 1/6 of them!** In the early 1990's, NHTSA looked at this problem and found only about 4% of fatal crashes were due to sleepiness.

What gives? Is everybody suddenly a lot sleepier these days? It's actually due to the way it is reported. As you can imagine, it's difficult to figure out if fatigue was the cause after the fact in a fatal crash. The driver certainly can't tell you.

AAA looked at crash rates and applied information it obtained from a driver survey it administered. They found that **41% of drivers admitted to falling asleep behind the wheel** at some point. And one in ten admitted to it happening in the past year. The AAA believes that their estimates are far more accurate than the lower NHTSA numbers.

Sometimes our patients tell us that they think they may have fallen asleep at the wheel. You should assume it in anyone who is driving home after a long shift, especially early in the morning.

Educate your patients about the warning signs of fatigue while driving. Everyone knows the obvious ones: **droopy eyes, frequent daydreams, drifting in and out of lanes.** But here are some of the not so obvious:

- Difficulty remembering the last few miles driven
- Frequent yawning
- Restlessness, irritability or aggressiveness
- Frequent scratching and rubbing

Once fatigue becomes a factor, the driver is not only a danger to themselves, but to everyone else on the road as well. The solution: pull off as soon as practical and call for assistance. Caffeinated drinks are overrated and take too long to work!

Sources: American Automotive Association, NHTSA, National Sleep Foundation



Posted 15 hours ago

0 Comments

Tagged: [car crash](#), [fatigue](#), [sleepiness](#).

Communicating With Our Patients

Although you may not agree with this at first, communicating with our patients is



The Trauma Professional's Blog provides information on injury-related topics to trauma professionals. It is written by Michael McGonigal MD, the Director of Trauma Services at Regions Hospital in St. Paul, MN. Regions is a Level I Adult Trauma Center, and has partnered with Gillette Children's Specialty Hospital to become the first Level I Pediatric Trauma Center in the Upper Midwest.

To view an indexed version of the Archive, [click here or go to www.regionstrauma.org/blogs](#)

Want to see a post on a specific topic? [Click here or go to www.regionstraumapro.com/ask](#). You can also email me at Michael.D.McGonigal@HealthPartners.cor

The content on this site is intended for use by licensed healthcare professionals only. Dr. McGonigal is solely responsible for this content, and it does not necessarily reflect the opinions of Regions Hospital or HealthPartners.

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Latest Tweets

Beware of driving while sleepy!
One in six auto deaths caused by fatigue! #trauma <http://bit.ly/7a94AP>

Car crashes caused by fatigue: a bigger problem than we thought!
#traumapro <http://bit.ly/7VeLfW>

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HealthPartners Institute for Medical Education The Mind of a Child: Psychiatric Challenges for Today's Youth conference will be held on Friday, November 12. The conference will include topics on childhood obesity, anxiety disorders, behavioral management of tics and attachment in human development. For registration information, visit <http://imehealthpartners.com/>

November 1 at 2:43pm · Like · Comment

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HealthPartners Institute for Medical Education IME's latest Pearl of Knowledge, Red Eyes at Halloween is now available! This Pearl was written by Dr. David Johnson. Go to: <http://imehealthpartners.com/PearlOfKnowledge.shtml>

[Pearl of Knowledge Home Page](#)imehealthpartners.com

October 28 at 9:58am · Like · Comment · Share

Amy Rosemark Murphy likes this.

Write a comment...



HealthPartners Institute for Medical Education In honor of Regions' patient safety fair (Thurs.) Regions Hospital Medical Library is having a prize drawing! All HealthPartners/Regions Hospital fans of their Facebook site are eligible to win a \$25 e-card to Amazon.com! Tell your coworkers! The drawing will be held on Nov. 1st at 4pm. Good luck!

October 26 at 11:47am · Like · Comment



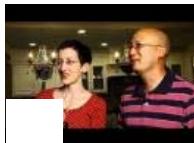
Jennifer Neville A link to the Medical Library Facebook Page: <http://www.facebook.com/pages/Saint-Paul-MN/Regions-Hospital-Medical-Library/71599270915>

October 27 at 2:46pm · Like · Flag

Write a comment...



HealthPartners Institute for Medical Education Take a look at this heartwarming video produced by the American Heart Association about Al Tsai, a Regions patient who survived cardiac arrest. Thanks to Hans Lamkin from IME's simulation team for helping to make the video.http://www.youtube.com/watch?v=T_F26LIWLk4

[Al Tsai's Story - Surviving Sudden Cardiac Arrest](#)www.youtube.com

Al Tsai shared his story of survival and hope at the annual Twin Cities Heart & Stroke Gala, October 16, 2010. In 2007, Al suffered a sudden cardiac arrest at the age 37. Quick thinking by nearby teachers who performed CPR and called 9-1-1, along with proper treatment at local Region's Hospital, inc...

October 20 at 12:23pm · Like · Comment · Share

3 people like this.

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HealthPartners Institute for Medical Education Nationally recognized menopause expert Rebecca Hulem, NP, CNM, will be here November 5th to speak at IME's Women's Health Conference. Register now at <http://imehealthpartners.com/>.

[IME HealthPartners Home](#)imehealthpartners.com

October 13 at 9:45am · Like · Comment · Share



HealthPartners Institute for Medical Education We are delighted that Christine Stanson, MD has accepted the position of Residency Director for the joint Hennepin-Regions Psychiatry Training Program. Currently

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