

Longitudinal Health Care Delivery Curriculum

Objective: Determine a way to determine the strengths and shortcomings of the recently introduced longitudinal health care delivery curriculum, develop goals for the future of the curriculum and formulate a plan to achieve those goals

Background: Our residency has a strong track record for developing physician leaders. Before the current academic year the “administrative” curriculum for the residency consisted primarily of attendance at a handful of meetings and review of several reading assignments during the G2 toxicology rotation. These activities were primarily self-directed and generally not thoroughly completed. With this academic year we have modified the curriculum by introducing a longitudinal program that provides leadership, advocacy, quality improvement and administrative experience. The Resident of the Day shift is one tool that has been introduced to enhance the administrative experience. We have also increased encouragement for involvement in regional and national advocacy meetings and leadership conferences, though granting “time support” for pursuit of these activities remains a challenge.

Idea Generation:

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

Regions EM Longitudinal Program

 Search this site

Welcome Residents and Students

Non-Clinical Roles

- Resident of the Day (ROD)
- Medical Student of the Day (MSOD)

Curriculum

- Administration
- Advocacy
- Leadership
- Quality
- Scholarly Project

Welcome Residents and Students

Welcome to the Regions Emergency Medicine Residency Longitudinal Curriculum. The goal of this curriculum is to give you an integrated longitudinal education on the topics of administration, advocacy, quality, and leadership over the course of the next three years. It also includes information on the non-clinical roles of the resident and medical student of the day as well as information on completing your scholarly project.

The calendar below gives you insight into departmental and hospital meetings, national conferences, and other important events relating to your responsibilities for the longitudinal curriculum. Please see the links in the sidebar to the left for more specific information arranged by topic including suggested readings, meetings to attend, and recommended timelines of completion.

Resident/Medical Student of the Day

Regions EM Longitudinal Program

 Search this site

Welcome Residents and Students

Non-Clinical Roles

Resident of the Day (ROD)

Medical Student of
the Day (MSOD)

Curriculum

Administration

Advocacy

Leadership

Quality

Scholarly Project

Resident of the Day (ROD)

ROD Basics

1. The ROD assignment is new.
2. The ROD assignment is fun.
3. The ROD assignment is an opportunity for you to get exposure and experience with the health care delivery system, complete non-clinical residency expectations and learn.
4. The ROD assignment is not the same as the former "Non-Clinical Shift."
5. The ROD assignment is a 10 hour shift. You are expected to be present for 10 hours, starting at 7am for morning sign-out.
6. The ROD assignment counts toward the 45 hours per week you are expected to work.
7. The ROD assignment is not perfect. Please let us know what works well and not so well. With some patience and constructive adjustments we think the ROD can have significant positive impact for residents and for the residency.

Other Responsibilities of the Resident of the Day:

1. Attend and evaluate administrative meetings according to the ROD meeting schedule
 - Review meeting checklist attachment below available on this website
 - Please check the meeting schedule before all ROD shifts
 - Check in with the faculty contact to determine if there is something you should do to prepare for the meeting
 - Fill out and hand in the meeting hygiene checklist (attached) afterwards
2. Present at 7am sign-out (unless you have a 7am meeting-see below)
 - At sign-out in the ER you are expected to present a brief summary of an appropriate EM topic
 - There will be a folder containing topics located in the Docs room where sign-outs will be taking place
 - Check the list ahead of time and check off the topic and date presented
 - This presentation should only take 3-5 minutes and should highlight 2-3 salient points of diagnosis or management

- In order to clearly and concisely present, you will likely spend between 10 and 60 minutes of preparation depending on your previous familiarity with the topic
 - The outgoing team will be fried, so this presentation should not focus on "audience participation," i.e. questions like "Dr. Intern, how would you manage X" or "what would you do with this CXR" are probably not going to be helpful
 - ROD absence at 7am sign-out will be noticed
 - After presenting, you should email the key points from the presentation to Eric Dahl who will post them on the new blog that is being developed
 - Presentations or Key points should also be sent to Katie Davidson or Eric Roth so they can be uploaded to our Administrative Website: [Resident of the Day Presentations and Key Points](http://sites.google.com/site/regionsemlongitudinalprogram/resident-of-the-day/resident-of-the-day-presentations-and-key-points) (<http://sites.google.com/site/regionsemlongitudinalprogram/resident-of-the-day/resident-of-the-day-presentations-and-key-points>)
3. Review the calendar – if there is a 7am meeting on your scheduled day
 - You should attend the meeting
 - Your absence at 7am signout will not be noticed
 4. Wednesday ROD will be prepared for and teach the medical student workshops at 12:30pm or the Sim center workshop at 8:00am
 5. Wednesday ROD will also be presenting critical case on Thursday
 6. Thursday ROD will be responsible for conference introductions and summaries
 7. Thursday ROD will conduct the 30 minute oral board review session following conference
 8. Other responsibilities to be determined

ROD Real-Time Quality/Health Care Delivery System Education

The first thing you should do at the beginning of the day is pick up your resident of the day pager (located on the shelf near the TV in the resident room), labeled ROD: 651-629-2067, to wear throughout the day. This pager will go off during three specific patient care scenarios that occur in the ED:

1. STEMI
2. Code CVA
3. Code Blue

Your role when the pager goes off, if you are available, is to be part of the quality team that will be analyzing these cases in a real-time situation. The team will meet in the physician charting room located in the ED. The quality team is made up of the resident of the day, the medical student of the day, and the Emergency Medical Director of Quality (EMDoQ), when available. The goal of the team is to analyze the process from a quality and health care systems-based approach, learn about the Centers for Medicare and Medicaid Services quality core measures as well as other quality indicators, and discuss possible areas for improvement based on what occurred during the case. If the EMDoQ is unavailable, review the case on your own and fill out

the appropriate Quality Case Review attachment below and send it to andrew.r.zinkel@healthpartners.com.

ROD Opportunities:

When not completing or participating in the above responsibilities, the following are suggestions for other activities

1. Work on Quality Improvement Projects
2. Work on Resident Projects/Scholarly Activity
3. Complete additional ultrasounds or intubation with anesthesia (if feasible)
4. Complete CORD tests
5. Complete paperwork, duty hours, log procedures
6. Complete PEER 7 questions
7. Complete oral board review
8. Troll the ED for procedures (central lines, reductions). Priority for performing the procedure goes to the resident seeing the patient but there are often busy times when that resident would be grateful for assistance from the ROD

Websites related to the Residency:

We have a plethora of webpages on which you can find information about the residency. Here is a listing of them all!

If you know of a website that isn't listed, please let us know so we can keep this updated.

[Regions EM Residency webpages](#)

Subpages (2): [Regions EM Residency webpages](#) [Resident of the Day Presentations and Key Points](#)

Attachments (6)

ER Ultrasound Light_V3.ppt – on Jul 12, 2010 8:08 PM by Michael Zwank (version 1) [Remove](#)
5570k [View](#) [Download](#)

Meeting Hygiene Checklist.doc – on Jun 28, 2010 3:50 PM by Andrew Zinkel (version 3 / [earlier versions](#)) [Remove](#)
45k [View](#) [Download](#)

ROD Meeting Checklist.xls – on Jul 12, 2010 4:25 PM by Andrew Zinkel (version 4 / [earlier versions](#)) [Remove](#)
25k [Download](#)

STEMI Quality Case Review.doc – on Jul 12, 2010 11:41 AM by Andrew Zinkel (version 5 / [earlier versions](#)) [Remove](#)
24k [View](#) [Download](#)

STEMI Quality Improvement Case Study Article.pdf – on Jul 12, 2010 2:51 PM by Andrew Zinkel (version 1) [Remove](#)
207k [View](#) [Download](#)

Stoke Quality Review Case.docx – on Jul 12, 2010 11:41 AM by Andrew Zinkel (version 3 / [earlier versions](#)) [Remove](#)
11k [View](#) [Download](#)

Attach a file:

Comments (0)

[Recent Site Activity](#) [Revision History](#) [Terms](#) [Report Abuse](#) [Print page](#) [Remove Access](#) | Powered by [Google Sites](#)

Regions EM Longitudinal Program

 Search this site

Welcome Residents and Students

Non-Clinical Roles

Resident of the
Day (ROD)

Medical Student of
the Day (MSOD)

Curriculum

Administration

Advocacy

Leadership

Quality

Scholarly Project

Administration

Educational Objectives:

1. Discuss career development issues in academic emergency medicine. Understand specialty and subspecialty certification.
2. Discuss issues of emergency department structure with hospital administration.
3. Discuss how emergency medicine relates to managed health care.
4. Discuss the medical legal aspects of emergency medicine including consent, commitment, reporting, malpractice and risk management.
5. Discuss components of effective discharge planning: discharge and admission criteria, observation status including chest pain observation, and use of transitional care nursing homes.
6. Discuss and understand medical staff issues of structure, licensing, credentialing, and disciplinary processes.
7. Discuss issues of practice management including benefits, billing and reimbursement, and contracts.
8. Discuss wellness issues in emergency medicine including stress management, work scheduling and physician impairment.
9. Demonstrate an ability to use computers to retrieve information from medical databases.
10. Attend and evaluate administrative meetings according to the ROD schedule and the meeting hygiene checklist.

Suggested Websites:

1. www.acpe.org

Required Readings:

Attachments (9)

Fundamentals of Reimbursement.pdf – on Jun 29, 2010 5:04 PM by Andrew Zinkel (version 3 / [earlier versions](#)) [Remove](#)
51k [View](#) [Download](#)

Hospital Credentialing–What EM Residents Should Know.pdf – on Jun 29, 2010 5:04 PM by Andrew Zinkel (version 3 / [earlier versions](#)) [Remove](#)
28k [View](#) [Download](#)

Regions Hospital Bylaws.pdf – on Jun 29, 2010 5:05 PM by Andrew

Zinkel (version 3 / [earlier versions](#)) [Remove](#)

123k [View](#) [Download](#)

The Chief Resident as Manager Chapter 10 Administering Your Program.pdf – on Jun 29, 2010 5:01 PM by Andrew Zinkel (version 1) [Remove](#)

1217k [View](#) [Download](#)

The Chief Resident as Manager Chapter 11 Managing Meetings.pdf – on Jun 29, 2010 5:01 PM by Andrew Zinkel (version 1) [Remove](#)

1900k [View](#) [Download](#)

The Chief Resident as Manager Chapter 12 Developing a Career Plan.pdf – on Jun 29, 2010 5:02 PM by Andrew Zinkel (version 1) [Remove](#)

1120k [View](#) [Download](#)

The Chief Resident as Manager Chapter 1 Developing Your Game Plan.pdf – on Jun 29, 2010 4:47 PM by Andrew Zinkel (version 1) [Remove](#)

655k [View](#) [Download](#)

The Chief Resident as Manager Chapter 2 Managing Time.pdf – on Jun 29, 2010 4:47 PM by Andrew Zinkel (version 1) [Remove](#)

729k [View](#) [Download](#)

The Chief Resident as Manager Chapter 3 Managing Stress.pdf – on Jun 29, 2010 4:47 PM by Andrew Zinkel (version 1) [Remove](#)

677k [View](#) [Download](#)

Attach a file:

[Browse...](#)

Comments (0)

[Recent Site Activity](#) [Revision History](#) [Terms](#) [Report Abuse](#) [Print page](#) [Remove Access](#) | Powered by [Google Sites](#)

Regions EM Longitudinal Program

 Search this site

Welcome Residents and Students

Non-Clinical Roles

Resident of the
Day (ROD)

Medical Student of
the Day (MSOD)

Curriculum

Administration

Advocacy

Leadership

Quality

Scholarly Project

Advocacy

Educational Objectives:

1. Understand the definition of advocacy as it relates to emergency medicine.
2. Understand why advocacy is an important tool within our specialty.
3. Be knowledgeable about opportunities to get involved in advocacy in emergency medicine.

Advocacy Opportunities:

1. Attend ACEP's annual Leadership and Advocacy Conference in Washington, D.C.
2. Apply for the EMRA Health Policy Mini-Fellowship in Washington, D.C.
3. Join the EMRA Health Policy Committee

Suggested Websites:

1. Emergency Medicine Residents' Association (EMRA) http://www.emra.org/emra_articles.aspx?id=41800
2. American College of Emergency Physicians (ACEP) <http://www.acep.org/aboutus.aspx?LinkIdentifier=ID&id=21354&fid=1538&Mo=No&taxid=112439>

Required Readings:

Attachments (2)

Advocacy in EM a Primer on Getting Involved.pptx – on Jul 13, 2010 8:43 PM by Andrew Zinkel (version 1) [Remove](#)
3038k [View](#) [Download](#)

Emergency Medicine and Political Influence.pdf – on Jun 17, 2010 2:14 PM by Andrew Zinkel (version 1) [Remove](#)
74k [View](#) [Download](#)

Attach a file:

Comments (0)

Regions EM Longitudinal Program

 Search this site

Welcome Residents and Students

Non-Clinical Roles

Resident of the
Day (ROD)

Medical Student of
the Day (MSOD)

Curriculum

Administration

Advocacy

Leadership

Quality

Scholarly Project

Quality

Educational Objectives:

1. Demonstrate a familiarity with JCAHO standards.
2. Demonstrate an understanding of the CMS Core Measures related to the emergency department.
3. Demonstrate an understanding of the Physician Quality Reporting Initiative (PQRI) as it relates to the emergency department.
3. Demonstrate an understanding of the peer review process.
4. Discuss the use of outcomes research to evaluate the quality and effectiveness of emergency care.
5. Create and lead a quality improvement project through a PDSA cycle.

Topic Areas for Quality Projects:

1. STEMI
 - a. Improve door to EKG time
2. CAP
 - a. Improve blood cultures before antibiotics
3. CVA
 - a. Implement new protocol and monitor data for improvements
4. DKA, Glucose control in diabetic ketoacidosis
 - a. Revise old protocol to match new inpatient protocol
5. Universal protocol
6. Vital signs
 - a. Create protocol/guideline for vital sign measurement in ED
7. Rural EM
 - a. Implement QI process at western Wisconsin sites
 - b. Adjust STEMI/CVA protocols for use at western Wisconsin sites
8. Pain reassessment
9. Restraints
10. Hand washing
11. Code blue in the ED
12. Improve ED throughput
 - a. Study changes in staffing models and how they affect patient throughput
13. OB/GYN
 - a. Create a policy for care of eclamptic/preeclamptic patients presenting to the ED

Resident Quality Improvement Projects:

<http://sites.google.com/site/regionsemlongitudinalprogram/quality/quality-improvement-projects>

Quality wiki:

<http://regionsemquality.pbworks.com/>

Required Readings:

See attachments below

Subpages (1): [Quality Improvement Projects](#)

Attachments (2)

Measuring and Improving Quality in Emergency Medicine.pdf – on Jul 18, 2010 1:19 AM by Regions EM Chief (version 5 / [earlier versions](#)) [Remove](#)
175k [View](#) [Download](#)

PQRI as it Relates to the ED.ppt – on Jul 18, 2010 1:19 AM by Regions EM Chief (version 5 / [earlier versions](#)) [Remove](#)
1138k [View](#) [Download](#)

Attach a file:

Comments (0)

[Recent Site Activity](#) [Revision History](#) [Terms](#) [Report Abuse](#) [Print page](#) [Remove Access](#) | Powered by [Google Sites](#)

Resident/Medical Student of the Day

Today **November 2010** Print [Week](#) [Month](#) [Agenda](#)

Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	Nov 1	2	3	4	5	6
	7am Medical	7am Pharm 12pm Strok	7:30am Best 9am ED Qu 10:30am ED 10:30am Tox	1pm Resear	7am AI AMC 10:30am US	
7	8	9	10	11	12	13
		7am Specia 11:30am Qua 3pm STEMI	7:30am Seni 10:30am Coc 10:30am Eye	1pm Reside		
14	15	16	17	18	19	20
	7am Patient	7am Gradua 8am Traum 12pm CAP I	7am Burn C 7:30am Seni 8am Sim W 10:30am ED			
21	22	23	24	25	26	27
	1pm Behav	7:30am U of	10:30am Ort			
28	29	30	Dec 1	2	3	4
			7:30am Best 9am ED Qu 10:30am ED 10:30am Tox	1pm Resear		

Events shown in time zone: Central Time

Meeting

Medical Executive Committee
 Pharmacy and Therapeutics
 Stroke Committee
 ED Quality Committee
 ED Operations Committee
 ED Residency Committee
 Quality Peer Review Committee
 STEMI Committee
 Code II Committee
 Patient Care Committee
 Graduate Medical Education Committee (GMEC)
 CAP Improvement Committee
 Credentialing Committee
 Combined Critical Care Committee
 Charge Nurse/Staff MD Meeting
 Best Care Best Experience
 Health Partners Risk Management
 Trauma Committee
 Burn Committee
 Organ Tissue Donation
 Specialty Leadership Team
 ED Research Committee
 Behavioral Health Meeting
 CCDS Committee
 Senior Staff Meeting
 U of M Core Faculty Meeting
 Senior Leadership Team Physician Meeting

Date and Time

first Mon monthly from 7a-9a
 first Tues monthly from 7a-8a
 first Tues monthly from 12p-1p
 first Wed. monthly from 9a-10:30a
 first and third Wed. monthly from 10:30a-12p
 second Thurs monthly from 1p-2:30p
 second Tues monthly from 11:30am-1p
 second Tues monthly from 3p-4p
 second Wed. monthly from 10:30a-12p
 third Mon. monthly from 7a-9a
 third Tues monthly from 7a-8a
 third Tues monthly from 12p-1p
 fourth Tue monthly from 7:30a-8:30a
 third Tue every other month from 2p-3:30p
 second Wed. monthly from 9:30a-10:30a
 first Wed. monthly from 7:30a-9a

 third Tues. monthly from 8a-9a
 thrid Wed. monthly from 7a-9a

 second Tue monthly from 7a-9a
 first Thurs. monthly from 1p-2p
 See calendar
 See calendar
 second Wed. monthly from 7:30a-9:30a
 fourth Tue monthly from 7:30a-9:30a
 third Wed. monthly from 7:30a-8:30a

Location

New Board Rm South 2nd Fl
 Rm C2000
 Northwoods Rm 2018
 Edie Ales C2555
 Rm C2000
 Articella Conf Rm
 New South Board Rm 2nd Floor
 Rm C2000
 Rm C2000
 Executive Conf Rm S2446

 Quality Conf Rm E3855
 Exec Conf Rm S2446
 Rm C2000
 Lindell Conf Rm
 New Board Rm South 2nd Fl

 MK Runyon Rm C2537A
 Burn Conf Rm

 HSC 401 Evergreen/Monarch
 Articella Conf Rm
 Edie Ales
 Rm 2446 S
 Lindell Conf Rm
 U of M 717 Delaware St. SE Rm 508C
 New South Board Rm 2nd Floor

Faculty Contact

Dr. Isenberger
 Dr. Harris
 Dr. Zinkel
 Dr. Zinkel
 Dr. Zinkel
 Dr. Ankel
 Dr. Zinkel
 Dr. Zinkel
 Dr. Nelson
 Dr. Zinkel
 Dr. Ankel
 Dr. Zinkel
 Dr. Zinkel
 Dr. Harris
 Dr. Taft
 Dr. Ankel
 Dr. Chung
 Dr. Carr
 Dr. Kilgore
 Dr. Henry
 Dr. Isenberger
 Dr. Gordon
 Dr. Isenberger
 Dr. Isenberger
 Dr. Isenberger
 Dr. Isenberger
 Dr. Isenberger

Meeting Hygiene Checklist
 From Pitfalls in Meetings and How to Avoid Them by Edward Prewitt
 Harvard Management Update 1999
 (Return to Lori Barrett)

Name of meeting:

Chair of meeting:

A. Purpose of meeting? (Input? validation?....)

Comments:

B. Seating arrangement?

Comments:

	Does not meet expectations Score 0	Meets expectations Score 1	Exceeds expectations Score 2
1. Could goals of meeting be better accomplished by other means? (transfer of information?, discussion?) Comments:	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Adequate preparation? Comments:	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Clear decision-making process? Comments:	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Premature jumping to conclusions? Comments:	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Overdevelopment of ego? Comments:	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Insufficient follow up? Comments:	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Agenda distribution? Comments:	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Meeting minutes distribution? Comments:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Score		<input type="text"/>	

C. Cost of meeting? (e.g. average hourly salary + benefits) x number of people

Comments

D. Benefit of meeting? (product? consensus?....)

Comments

E. Other thoughts or observations?