

Welcome to the Regions Hospital Emergency Medicine Residency

Alumni Day September 23, 2010

The Regions Emergency Medicine Residency is sponsored by the HealthPartners Institute for Medical Education (IME). The IME is the clinical learning arm of HealthPartners and consists of the Center for Continuing Professional Development, the Center for Graduate and Undergraduate Clinical Education which administers residencies at Regions Hospital, HealthPartners Simulation and Regions Hospital Medical Library. The executive director of the IME is Carl Patow, MD, MPH, who is also the Regions Hospital designated institution official.



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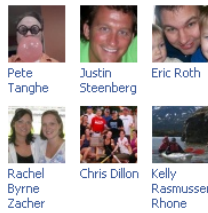


<http://www.regionsem.org/>
<http://www.youtube.com/regionsem>
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Information

Location:
640 Jackson St
Saint Paul, MN, 55101
Phone:
651-254-3666
Mon - Fri:
8:00 am - 4:30 pm

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Links

Regions Hospital Emergency Medicine Residency

Wall Info Photos Discussions Video Events >>

Filters



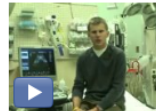
Regions Hospital Emergency Medicine Residency MN EMS conf next weekend, a couple of our grads are presenting
<http://www.mnemsmd.org/Schedule/tabid/399/Default.aspx>

Schedule
www.mnemsmd.org
Conference Schedule

Sunday at 8:46am · Comment · Like
 Cheryl Foster Roth likes this.



Regions Hospital Emergency Medicine Residency Ultrasound Education at Regions



Ultrasound Education
Length: 1:17

Saturday at 7:33pm · Comment · Like
 Jeannie Preuss, Lori Wagner and 2 others like this.



Regions Hospital Emergency Medicine Residency A brief overview of toxicology education at Regions Hospital.



Toxicology
Length: 1:02

Saturday at 7:31pm · Comment · Like
 Jeannie Preuss and Cheryl Foster Roth like this.



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MN EMS conf next weekend, a couple of our grads are presenting
<http://www.mnemsmd.org/Schedule/tabid/399/Default.aspx> <http://fb.me/\YiF9IEF>

8:46 AM Sep 5th via Facebook

Check out this year's EM/trauma conference 10/28
<http://cmetracker.net/HPCME/Files/Brochures/21556.pdf>

2:48 PM Aug 31st via Facebook

Attached is this month's issue of EM Shorts about Occupational Medicine Pearls by Dr. John O'Neal and Pearls about... <http://fb.me/GTE37yPo>

11:34 AM Aug 30th via Facebook

Conference Region's AUDITORIUM 9/2 7:30- Multidisciplinary Trauma Conference 8:30- Critical Case 10- Toxicology...
<http://fb.me/yML5iyX4>

6:45 AM Aug 30th via Facebook

CritCse Take Home Point: Axial load to the spine? Look for

Name Regions Emerg Med
Location Saint Paul, Minnesota, USA
Web <http://www.region...>
Bio Regions Hospital
Emergency Medicine
Residency

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Emergency Center

Emergency Medicine Residency
640 Jackson St., 11102F
St. Paul, MN 55101-2595
(651) 254-3666
(651) 254-5216 Fax
www.regionsem.org

February 16, 2010

«Full_Name__Title»
«Address_Line_2»
«City_StateProvince_Zip» «Foreign_Ctry_Only»

Dear «First_Name»:

We want to invite you to rotate through our elective “Advanced Emergency Medicine” rotation at Regions Hospital in St. Paul, Minnesota. Our rotation is a four week elective designed specifically for the EM interested medical student that has already completed an EM rotation and is looking for a sub-internship type experience. Highlights of the rotation include:

- Clinical shifts in our brand new ED (opened July 2009) at Regions Hospital, a Level 1 Trauma Center with an outstanding EM residency program. Regions is an Adult Level 1 Trauma Center as well as the first and only Pediatric Level 1 Trauma Center in the Midwest.
- Clinical supervision directly by our EM residency staff physicians. You present all of your patients directly with the staff, and get daily shift feedback from the staff on your performance.
- A faculty advisor assigned to you for the month.
- Attendance at our highly rated EM residency conferences.
- Student specific workshops on EM eye care, splinting, c-spine/radiology, and simulation medical/trauma resuscitation.
- Additional training on ultrasound and EKG interpretation.
- A meeting with our residency director Dr. Ankel on 'tips for the application to EM residencies'.
- EMS ride alongs with Life Link III (helicopter) and St. Paul Fire (ground)
- The opportunity for our departmental EM Standard Letter of Recommendation (EM-SLOR)--co-authored by Dr. Ankel and Dr. Hegarty.
- Optional weekly Toxicology conference/journal club hosted by Regions Hospital Emergency Medicine Toxicology Fellowship program.

For more information about this student rotation, please visit our website at: www.regionsem.org/student-program. If you are interested and would like to set up a rotation with us or would like to know about our other electives: EM Toxicology and EM Ultrasound, contact Lori Barrett via email: Lori.J.Barrett@Healthpartners.com or 651-254-3666. For program information, please see our 2009 annual report: <http://www.regionsem.org/residency/annual-reports/>, our website archives: <http://www.regionsem.org/residency-archives> or our Facebook page: <http://www.facebook.com/regionsem>.

Sincerely,

Cullen B. Hegarty, M.D.
Student Program Director

Kevin Kilgore, M.D.
Adv. Rotation Director

Keith Henry, M.D.
Core Rotation Director

Felix Ankel, MD
Residency Director

Barrett, Lori J

From: Hegarty, Cullen B
it: Sunday, May 20, 2007 2:52 AM
To: Ankel, Felix K; Dahms, Rachel A; Knopp, Robert K; Morgan, Matthew W
Cc: Barrett, Lori J
Subject: Recruitment idea...

Gang

As we get closer to the next recruitment season for us, I had a thought I wanted to float by everyone to see if this is info we should collect/use for our Regions website/handouts--

Thought is to contact employers of our residents to get some quotes to have regarding their training and performance. We could expand this to include sites such as SPC/MPLS Kids, and selective sites regarding the overall performance and quality of our residents.

As we ask for the quotes we can also ask if they are ok with us using the info in either an anonymous fashion or if they are ok with us using their name/groups name (ex: "We hire residents from many different programs in the midwest and the Regions residents are some of our top hires each year" Bill Blah, head of EM Blah group).

If we think this sounds good, we just need to decide on the best format to collect the information--letter with a return envelope vs email vs survey monkey etc. We can use this info to get some overall feedback on our training, but also use the positives for recruiting.

My idea is to start incorporating more of this type of info into our recruiting strategy--more midwest EM programs popping up each year, we want to really promote what we've got going here.

One other thing we could do under the listing of 'what type of students match at Regions' is to take some of the really strong statements from SLORs and list them on the website and handouts on interview day as well. They can just be listed without needing to link them to names--

Thoughts?

Cullen

Barrett, Lori J

From: Felix Ankel [ankel001@umn.edu]
nt: Thursday, June 07, 2007 7:07 AM
Subject: Fwd: Interview forms

Begin forwarded message:

> From: "Ankel, Felix K" <Felix.K.Ankel@HealthPartners.Com>
> Date: April 22, 2007 10:40:39 PM CDT
> To: "Hegarty, Cullen B" <Cullen.B.Hegarty@HealthPartners.Com>,
> "Dahms, Rachel A" <Rachel.A.Dahms@HealthPartners.Com>
> Subject: RE: Interview forms

> I really like customize thin g, additionally after seeing Matt
> Morgan's ecuador thing, I would like to have an upodated video.
> Keep the good ideas coming. Felix

> -----Original Message-----

> From: Hegarty, Cullen B
> Sent: Thursday, April 19, 2007 9:02 AM
> To: Ankel, Felix K; Dahms, Rachel A
> Subject: Interview forms

> Felix and Rachel
> One new thought regarding our idea of a pre-interview questionnaire
> for our applicants--

> In addition to their potential area of focus so we can try to match
> them with the right folks on interview day, maybe we can have them
> add some non-medical info so we could point them in the right
> direction for living/housing, activities etc. when they are here
> for their interview. Ex: someone looking for suburban living vs
> city, outdoor activities vs arts in the area.

> I don't want this to be a giant load of additional work, but want
> to make each applicants interview time with us as customized as we
> can...

> Cullen

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Barrett, Lori J

From: Felix Ankel [ankel001@umn.edu]
It: Thursday, June 07, 2007 7:07 AM
To: Lori Barrett
Subject: Fwd: RE:

Begin forwarded message:

> From: "Ankel, Felix K" <Felix.K.Ankel@HealthPartners.Com>
> Date: March 5, 2007 11:46:24 AM CST
> To: "Frascone, Ralph J" <Ralph.J.Frascone@HealthPartners.Com>,
> "Barrett, Lori J" <Lori.J.Barrett@HealthPartners.Com>, "Anderson,
> Patricia K - ER" <Patricia.K.Anderson@HealthPartners.Com>
> Cc: "Rech, Jennifer A" <Jennifer.A.Rech@HealthPartners.Com>,
> "Doggett, Shonette M" <Shonette.M.Doggett@HealthPartners.Com>,
> "Hegarty, Cullen B" <Cullen.B.Hegarty@HealthPartners.Com>
> Subject: RE:
>
> RJ, let me cc this to Lori and Pat. They may be able to give
> insight (e.g. scan it to a pdf and just send it?).
>
> Felix
>
> PS: Cullen and I were talking about the residency and resident
> recruitment for next year. One thing that came up was the concept
> of "colleges" within the residency (e.g. ems, tox, education,
> public policy) e.g. applicants with a certain interest would be
> invited to interview on certain focus days where in the case of ems
> may have part of their interview day meet with ems people and see
> opportunities that could be pursued as a resident. What do you think?
>

> -----Original Message-----

> From: Frasccone, Ralph J
> Sent: Wednesday, February 28, 2007 10:47 AM
> To: Ankel, Felix K
> Cc: Rech, Jennifer A; Doggett, Shonette M
> Subject:

> Felix,
> The new resident teaching evaluation form is starting to come in
> and it looks like it will be helpful. I have one on my desk for
> Owen. I'm not sure I can attach it to the internet based eval, tho
> I haven't tried. It would have to be scanned and pasted. How do
> you want to get it to you?
>

> R.J.
>
>

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Ideas for Regions Hospital EM Residency Recruitment/Interviews:

Post-match day 2005 I had some thoughts go through my mind regarding our recruitment/interview process. My initial question was--we are doing fairly well with our current interview/match process, but if we make changes to the process could we take a good thing and make it even better? Is it unrealistic to get ½ of your top 10, or ½ of your top 20 etc.? With that in mind, I started taking mental notes on our current process to evaluate areas for potential change/improvement. My hope is that we could use this as a starting point for discussion and decide either: a) our current process works/is known/will continue or b) we may want to pursue this further and get input from the residency leadership and team, our residents, and EM literature on this topic to change our process. Below are my notes on a few key areas in the recruitment/match process based on my current understanding of the process and my ideas for potential change. Sorry if this gets long...

Overall Approach: My current understanding of our recruitment/match philosophy is: student friendly, information rich, and very open book. Although as I type this I generally agree with those ideas in principle, from a recruiting standpoint I have some thoughts on why we may want to change some or many of these ways. Our process with medicine and medical school and the residency match is similar in some ways to other recruitment areas, but very different/unique in others. With that said, the amount of literature on a 'best practice' type way to interview and recruit for residency slots is not that great. My concept would then be to take some of what we do and excel in and combine it with concepts used in other areas of recruiting: jobs, scholarships, etc. With that said, I would argue that a shift in overall recruitment philosophy may be in order, which would affect various areas of our process. My general philosophy would become: we are a great EM residency, with a ~10 year track record of performance—I'd then go with a residency friendly, information focused, and specific student recruitment type model of interviewing and recruitment. Based on this philosophy, the following areas will list some specifics of how this may change what/how we do things... Note: many of these are ideas, not all of them may be realistic or changeable or feasible etc. Also, shifting from student to residency friendly does not mean we become cold, rigid, and difficult.

Interview Dates: Shift from our current model of student friendly 3 days per week to a more residency friendly model with ~2 days per week of

interview dates for potentially a shorter number of weeks of interviews. The idea behind this is that we may lose a few applicants a year with this model due to interview date conflicts/travel problems etc., but we will maintain the serious and interested applicants. Also, from a EMD staff and resident perspective, our total number of interview dates will be greatly reduced which could lead to potential advantages of improved attitude/energy towards the dates, easier scheduling of interviewers, and more customized and/or energy dedicated to the interview day as a recruiting date. Another advantage: if we only do 2 days/week, and one is a Wednesday—that means at least ½ of the applicants get to experience our conferences.

Website/Handouts: Shift from our current focus on providing information and being very open book to: providing key information, highlighting our strengths, ?quotes from key Regions off service docs (Dries/Avi/Bennett/McGonigal etc.), ?quotes from job employers in town re: our residents (North, EPPA etc.), and then providing other details on a ‘as needed basis’. Example: currently we hand out notes from our residency retreat—benefit, open book, shows we have a mechanism for change—drawback, shows a large list of weaknesses, some that are not clear as to what the problem/plan is for them. My thought is, if they ask, we tell them this exists and can provide them with the list if they want it, but that we don’t give it to the masses. We highlight the fact that we are fluid but stable, and have various specific pathways for change. It’s like showing up for a great job and getting a list of why the job is not that great... may make them have more doubt or questions about the program. Couple this with the annual rumor mill about various things (level 1 status, Neurosurgery, etc.), and we may be adding doubt to the process. Also, if we can identify the programs that we most consistently compete with for students, we can even focus some of our website/handout type information to highlight areas in comparison to other programs (not name specific, but could be data specific: ex: inservice scores comp. to all, on-call time/months comp. to others, simulation/teamwork/team leadership training, elective time or ability to change or whatever we want to focus that we do and some others don’t)

Interview Day: With the idea of fewer total numbers of interview dates, some thoughts on what we can do with the interview day.
-Increase energy into planning the day/making it more of a recruiting trip for them and data collection for us (ex: everyone tours the sim center, other key education touring, key people to meet etc.).

-With fewer total dates, would give us more time to prepare for individuals coming for interviews—match them to a key person for an interview/chat (if EMS interested, RJ or Kory, if Tox →Carson etc.), really learn and know their files so that when they meet people that day they feel we are interested in them specifically (ex: give this to residents in some form as well so they can talk to the students on a more personal level)

-Focus on people knowing their names/faces/location (?hand out info earlier for the day and with other key info such as where they rotated etc.)

-May enable us to really set interview days and schedules up ahead of time with less change and more focus on the importance of that day for recruitment

-?Post day wrap up to discuss files/applicants on an ongoing basis

Resident/Staff Involvement: Get key staff to be heavily involved in the process for consistency and recruitment advantages. Still allow many people to be involved to help with scheduling and energy toward the program and process, but have a 'core group' that is there to count on during this time (?may need to ask Brent to allow scheduling to help with this).

?One member of the residency leadership to be the 'recruitment' coordinator for the year? Enables some extra coordination on the interview day, post interview communication, and match list meetings with the residents/staff. I can picture an Excel spreadsheet with applicants names, key facts/info, contact resident and staff, number of times of contact, etc.

Similar thought with residents—either key ones or chiefs plus everyone at times with the same thought... Again, stress the importance of preparing for the day and making it a 'special' day for the applicant.

This is similar to how we do things now...

Pre-Post Interview Communication/Recruitment: Potentially a bigger area for change for us. Use the months during interview season and prior to match day to 'recruit' applicants. Idea: if we can give the student a great interview day, give them info on the program making it out to be the program they want to go to, and then follow up with them periodically to let them know we are interested in them and their future/education, it may help us to get some more top applicants. Our current format of contacting the students later in January may be too late in the game—they may have already made up their mind on top choices etc. This is an area that we

would have to have good coordination on to avoid 'over contacting/bugging' the applicants! Also, maybe having more frequent meetings with staff/residents to refresh minds of applicants and get more frequent feedback on the students (as opposed to our single day format currently in late Jan.)

Post Match Day Review of Process: Reassess our feedback forms for interviews, and then take that data and our success on the match to game plan for the next year of recruitment. Similar to our current format.

Discussion/Thoughts from the Group????