Barrett, Lori J

From: Morgan, Matthew W
Sent: Monday, March 26, 2007 6:38 AM
To: EMD Residents 2007; EMD Residents 2008; EMD Residents 2009; EMD Residents 2010; EMD Senior MD Staff
Subject: CONFERENCE

Hello everyone,
Below is an email I recently sent chronicling some ideas for conferences in the future. From feedback I have received 2 ideas have emerged as clear frontrunners for some initial trials. They are more sim days and a joint EM/IM conference. Also favorered incremental change and adherence to core competency as a guide. The purpose of this email is to elicit some feedback on these ideas as well as the others mentioned below, and any additional ideas that you may have for making a great conference schedule better. I am open to any and all suggestions. The more the better and the more explicit the better. So please bring it.
Matt

From: Morgan, Matthew W
Sent: Monday, March 19, 2007 8:43 AM
To: Colletti, James E; Ankel, Felix K; Dahms, Rachel A; Anderson, Patricia K - ER; Zwank, Michael D; Hegarty, Cullen B; Knopp, Robert K; Gunnarson, Teri M
Subject: Conference

Folks,

Conference has been a strength here in the residency since I have been here and has continued to improve and excel in the last couple of years under Jim's direction. I have begun to hear from some of you ideas for keeping conference fresh and continually improving. What follows are some ideas for conference. The first set are ideas that I initially sent to Jim when it came to light that I may be helping with conference. Next are some newer ideas that I have been mulling. Following that are ideas that I have heard from many of you. What I would like to due is start some information and consensus gathering. My intention is not wholesale change but potential integration of some of the following in to an already great conference schedule. I am open to any and all suggestions and prefer bluntness to subtlety (ie if you think something's crap say 'that's crap'). Let me know what you think and email me thoughts or new ideas at anytime.

Rapid Review Article: 1 review article, 30 minutes, and only pearls. Possible ways to increase participation would be a periodic quiz on the cumulative articles, having a couple of the residents helping me facilitate discussion, and breakfast.

Chief Complaint Conference: The idea here is to present evidence-based history and exam as well as testing for the evaluation of common complaints. This would be full of likelihood ratios, Baye's theorem, and proper ordering and use of tests. Additionally part would focus on approach so as not to miss the most important diagnoses.

EM/IM Case Conference: They have grand rounds every Wednesday. Our only interactions with medicine are over the phone for admissions. We have a great relationship with surgery and several conferences with them and emphasis is heavy in that direction. I think we could learn from the medicine folks as well (and they could learn from us). I envision the conference having two cases presented, one by IM and one by EM, with the other managing the case as presented.

-I have since learned that there are ongoing/off again discussion s of this very thing with IM.

Resident Case Follow Up: Selected residents review cases in which there were unexpected or interesting follow ups.

Cultural Differences: Presenter with unique perspective to help us understand how to deal with patients of other cultures during the medical encounter.

Some comments on other aspects of conferences:

-I think it would be nice to see some more focus during critical case discussion come from faculty and the invited experts.

-I know that the focus of the core content lectures are intended to prepare for boards. I think more of this time should be focused on what we actually see. There will still be board review and I think EM residents (most especially ours) are capable of cramming for the in-service and boards especially the less useful stuff. The aim I think should be to make them experts in what we do everyday.

-I would like to see more discussion of epidemiology and statistics. I think we all could benefit from a better understanding of the numbers in our clinical decision making.

-It would be nice to see some more discussion (in my view) of the 3 **E**'s: ethics, economics, and error.

Newer ideas:
Cognitive Strategies: An invited guest on cognitive strategies could go through a couple of presented cases that have thought processes of the presenter included in the presentation.

Real-time Research: Perhaps as a workshop during a sim day (see below) a chief complaint or diagnosis could be presented and the group would discuss and actually perform real time electronic research on the topic and answer specific questions given. The idea would not only be to give the residents strategies but also to have them share their ideas and experiences in doing this. This could be done in the lab that we use for EPIC training if here. The focus would be on ways to get info that could be done during a shift when evaluating a patient.

More Cultural Awareness: As part of above in addition to speaker could be movie or documentary viewing, book discussion etc. -Something on the order of 2 times per year.

The following are ideas that have been brought to my attention directly or indirectly. They are as I understand them and so correct me if I'm wrong. After each is the originator of the idea.

Sim Day: Following critical case the residents would be divided into groups and one of the groups does simulation for each of the 3 remaining hours. The other groups could participate on small group discussion, hands-on activity (U/S), or something like above (real-time research). This has been done previously but perhaps could become a more regular part of the conference (1 or 2 times per month). - Cullen

Community Conference: Those who attended CORD will know better what this entails. My guess is that the idea would be to highlight how cases might be different in the community due to populations, resources, etc. Feel free to correct me on this Mike. -Mike

Cool Case: I think this used to be done. Basically short presentations of interesting x-rays , pictures, or findings. Short and sweet 2-3 minutes per case. Cases would be resident presented. -Rachel

M & M: This would be cases presented by residents outside of QI. The residents would choose the case and how to present it. The thought process being that we all have cases we messed up on and we need to become more comfortable revealing them and talking about them. Of course this would still be confidential and although each resident should present at least one during there residency no one would be forced to present a particular case. -Roseanne Ekstrom

Perhaps despite appearances I am a lover of ideas and welcome any and all feedback, concerns, and new ways of looking at things. So keep it coming.

Barrett, Lori J

From: Colletti, James E
nt: Wednesday, April 18, 2007 3:23 PM
:o: Morgan, Matthew W
Cc: Ankel, Felix K; Knopp, Robert K; Anderson, Patricia K - ER; Barrett, Lori J; Dahms, Rachel A; Gunnarson, Teri M
Subject: Conference Stuff

Attachments: Lecture #'s.xls; Knoop talks I could give would be.doc; Educational Calendar.ppt; 3 - 07.htm; 2005.04.28 Canned talks Ankel.doc; 2004.07 12 fac responsibilities.xls; 18 month schedule 3-07 JC(1).xls; 18 month email.doc; Update of the model of clinical practice.pdf

Matt,

Attached are some things you may find useful in planning conferences. Attached are lecture #'s based on LOA's, a list of back pocket lectures (ie people who fill in an emergency), faculty responsibility chart, the template I used for the 18 month calendar, the intro email and the update of the model of the clinical practice of emergency medicine. In the next few weeks I would recommend sitting down with Pat and I and looking at the upcoming months. Being the conference person is probably the most rewarding job so enjoy. Feel free to ask me any questions you may have.

Jim


Lecture #'s.xls (19 KB)


Knoop talks I could give would...


Educational Calendar.ppt (95 K..


3 - 07.htm (6 KB)


2005.04.28 Canned talks Ankel....


2004.07 12 fac responsibilitie...


18 month schedule 3-07 JC(1)....


18 month email.doc (24 KB)


Update of the model of clinica...

Core Content Area	Staff	Cont Hours Total/ 18 mos
Abd/GI		9
	Hanna	
	McBeth	
CV		20
	Holger	
	Knopp	
	Asplin	
	Cards Staff	
Derm		2
	Haller	
Endo/Metab	Kilgore	8
	Chung	
Environ		5
	Dahms, Robert	
HEENT		12
	Dahms, Rachel	
	Kumasaka	
Hem/Onc		4
	Lamon	
Immuno		4
	Gordon	
ID		6
	Hegarty	
	Haller	
MSK		9
	Kilgore	
Neuro	Neuro	8
OB/ GYN		8
	Gunnarson	
Peds	Colletti	9
	Isenberger	
Psych	Ankel	5
	LeFevere	
Renal/ Male GU		3
	Hernandez	
Thoracic/ Resp		10
	Scanlon	
	Nelson	
Tox/ Pharm		13
	Harris	
Trauma		4
	Carr	
Admin		18
	Chung	
EMS		6
	Frascone	
	Kaye	
QI	McBeth	9
Community Cases	Kolar/Parker	6
US	Kumasaka	6
Res/ Fac	Ankel	6
G2/3 Curric	Knopp	4
Sports Med	Hegarty	4
Informatics	Gordon	2
Anatomy Lab	McBeth	6
Journal Club	Holger	9
Leadership	Ankel	3
Geriatrics	Gunnarson	4
Ethics	Knopp	3
Wellness	Gunnarson	4
Guest Speaker		6
Critical Case	Knopp/Ankel/Gunnarson/Asplin/Colletti/Obetz/Hernandez/Hegarty/LeFevere/Dahms	75
Critical Care		18
Trauma Conference		36
Radiology		18
Cardiology Combined		18
Total Hours		400
Update 2/23/06		

AVI AUDIOVISUAL, INC.
AVI Systems • AVI Midwest • Televideo San Diego

AVI Systems, 6271 Bury Drive Eden Prairie,MN 55346

Systems Implementation Agreement (SIA)

Quote Number 300-01-003196

Bill To:	Ship To:	Project Location(s):	Office Information:
Regions Hospital	AVI Systems	Regions Hospital	Job #
640 Jackson St	6271 Bury Drive	640 Jackson St	Sales Order No. #
			Sales Rep: Pam Frank
St Paul, MN	Eden Prairie, MN	St Paul, MN	Install Mgn:
55101	55346	55101	Terms Accepted By:
			Engineering Accepted By:
Customer #	Attn:	Attn: Jeff Newberg	Equip Order Date:
Date: 11/2/2005	Phone: (952) 949-3700	Phone: (952) 967-6894	Est. On-site Date:
Customer PO:	Fax: (952) 949-6000	Fax:	Est. Completion Date:

Notes: Amphitheater Video Conferencing

1.0 **Scope of Work/Responsibilities** – AVI Systems will provide Regions Hospital a complete description of the scope work in Attachment "A" of this Document.

2.0 **Project Cost Summary**

2.1 Equipment (Attachment "B")	$31,273.00
2.2 Implementation (Attachment "C")	$11,345.00
2.3 Service Maintenance Agreement (Attachment "D")	$4,276.00
2.4 Freight (If $0.00 see section 3.0 below.)	$0.00
2.5 Tax (If $0.00 see section 3.0 below.)	$0.00
2.6 Agreement Total	**$46,894.00**

3.0 **Sales, Use Tax and Delivery Charges** – AVI Systems **will add any** applicable taxes, permits, licenses, and **delivery charges** to the amount of each invoice. If non-taxable, please indicate in note section above.

4.0 **Invoicing for Equipment/Services** – AVI Systems **will submit progress invoices** for the value of equipment received, and materials and labor expended on this project on a **monthly basis.** Invoices will be submitted to the party designated by the Customer and will include a detail of equipment received at the AVI Systems integration facility and dedicated to this project, and costs of the materials, labor and other items expended since any previous billing.

Each progress billing **will be due net 15 days** from invoice. A finance charge computed at the rate of 1.5% per month will be charged on any balance not received within 30 days.

5.0 **Remit To Address** – All payments should be mailed to:
Audiovisual, Inc dba AVI Systems
NW 8393 PO BOX 1450
Minneapolis, MN 55485-8392