

Regions Emergency Medicine Residency

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History

- Accreditation 1995, 1999, 2003
- 80 graduates 1999-present
- 108 residents 1996-present

Mission: PAPEEMCE
Provide and promote excellence in
emergency medicine care and education

- Patient centered
- Resident focused
- Team oriented
- Transparency
- Professionalism
- Knowledge
- Skills
- Attitudes
- Core competencies
- Contribution to specialty

81 graduates 1999-present

- 50 Minnesota: 11 Regions, 7 Fairview-U, 6 North, 5 EPPA, 5 Abbott, 4 Duluth, 4 United, 3 HealthEast, 2 Waconia, Shakopee, Brainerd, Mayo
- 26 out of state (15): SD 4, NE 3, IA 3, CO 2, IN 2, WI 2, ND 2, MS, OR, NH, MT, WA, UT, VA, NY
- 12 Academic: 10 Regions, Wishard, Mayo
- 15 Hybrid: 7 Fairview-U, 7 North, Mercy-Iowa City
- 50 Community
- 7 Fellows (2 toxicology, faculty development, critical care, simulation, informatics, ultrasound)

108 residents (1996 - present) 25 medical schools

- 37 U of M,
- 8 UND
- 6 USD, Mayo, MCW, Iowa
- 4 Creighton, UW
- 2 Nebraska, Loyola, Indiana, Kansas, Chicago Med School, Colorado
- SUNY-Buffalo, SLU, Des Moines, Nevada, Vermont, Penn, Hawaii, East Carolina, Arizona, Utah, Michigan State, Albany, VA-COM, UCSF, Dartmouth, Yale, Tufts, Cincinnati

31 Faculty (14 Different EM Residencies)

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|--------------------------|-------------------------|
| ■ Regions x 10 | ■ St Vincent's |
| ■ Henry Ford x 2 | ■ UCSF/Fresno |
| ■ Harvard Affiliated x 2 | ■ Christ |
| ■ Illinois x 2 | ■ New Mexico |
| ■ Pittsburgh | ■ Indiana |
| ■ HCMC | ■ Boston Medical Center |
| ■ Brooke Army | ■ Grand Rapids |
| | ■ Michigan |

Rotations (4 weeks blocks)

- Year 1: ED 3.7, SICU 1.3, Ortho 1, MICU 1, Cards 1, OB 1, Mpls Kids 1, Anesthesia 1, Plastics 1, EMS 1
- Year 2: ED 7.3, SICU 1.3, Community ED 1, MICU 1, St Paul Kids 1.3, Tox/Adm 1
- Year 3: ED/ St Paul kids 9.7, SICU 1.3, Elective 1, Community ED 1

Residency Strategic Plan 2005-2010

4/28/05

- SWOT analysis
- Conferences
- Simulation
- Mentorship
- Administrative curriculum
- Scholarly activity
- Individualization of educational experience
- Integration with U of M
- Integration with twin city hospitals
- National presence

2006-2007

- Ultrasound workshops, EPIC, Relationship with hospitalists, Admin education, Pt based scheduling
- Micro to macro: Integration with U of M, twin cities hospitals
- EM education to EM delivery education: EMR, flow, quality, pt satisfaction
- Rotation CQI throughout year
- Leadership experiences: residents on national committees, society and editorial boards
- Mentorship
- Anatomy lab, procedure lab
- 3 chief residents, off-service residents
- Combined conferences, guest speakers, alumni engagement
- Increased selective site, formalized Ecuador elective
- Focus on ED teaching and feedback

2007-2008

- Conference changes
 - Move to Thursdays
 - Increase critical case to 90 minutes
 - Increase simulation time during conf
 - Pre-conference sim sessions
- Structured ultrasound workshops
- Schedule change from teams to sides, 10-hr shifts
- Doctors Dahms, Morgan and Taft assume roles as Asst. PDS
- Incorporation of Peds-EM faculty (Ortega & Reid) into Residency
- Hosting of Ecuadorian EM residents
- EM/FM combined residency discussions
- E-portfolio application submission to ACGME
- Specialized interview days
- Resident self-eval on shift cards
- Nurse mentorship program

Program review 2008

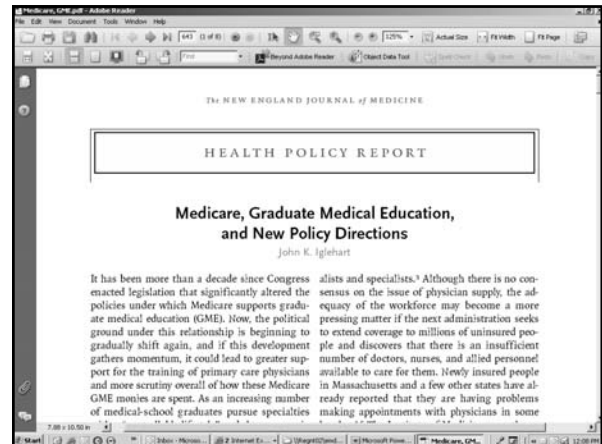
- Residency coordination
- HealthEast rotation (1)
- MICU rotation
- Resident responsibility and independence
- EMS rotation
- Residency leadership
- Cardiology rotation
- Orthopedics Rotation
- ED Call Room
- Admin rotation
- Ultrasound
- Research

2008-2009

- Community ED rotations EM-2 & EM-3
- Clarification of back-up & pull residents
- Ultrasound afternoons during anesthesia rotation
- Improvement of cardiology rotation

Themes

- Bedside teaching/microskills faculty assessment cards
- Merging residency & quality movement
- Merging residency & patient satisfaction movement



Future Directions

- Less resources for GME
- More resources for quality movement
- Quality movement based on sustained change in behavior
- Education = sustained change in behavior
- Change residency from knowledge-based residency to quality residency
- More resources for residency

Our residency efforts are guided by the Baldrige core values for educational criteria for performance excellence which include:

- Visionary leadership
- Learning centered education
- Organizational and personal learning
- Valuing faculty staff and partners
- Agility
- Focus on the future
- Managing for innovation
- Managing by fact
- Social responsibility
- Focus on results and creating value
- Systems perspective

Additionally, we strive to incorporate the Institute of Medicine's *Report on Health Professions Education: A Bridge to Quality* which suggests five core areas where students and working professionals should develop and maintain proficiency. They include:

- Delivering patient-centered care
- Working as part of interdisciplinary teams
- Practicing evidence-based medicine
- Focusing on quality improvement
- Using information technology

Questions to consider