

Barrett, Lori J

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**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 favored 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 do 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 discussions 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 their 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.

Core Content Area	Staff	Conf Hours - Total/ 18 mos	Date Given 2004	Date Given 2005	Date Given 2006	Date Given 2007
Abd/GI		6.75				
	Taft					
CV		18				
	Binstadt					
	Holger					
	Knopp					
	Asplin					
	Cards Staff					
Derm		1.5				
	<del>Kilgore</del> Haller					
Endo/Metab		6				
	Chung					
	Kilgore					
Environ		3.75				
	Binstadt					
HEENT		9				
	Dahms, Rachel					
	Kumasaka					
Hem/Onc		3				
	Lamon					
Immuno		3				
	Gordon					
ID		4.5				
	Hegarty					
	ID Staff					
MSK		7				
	Ortho					
	Kilgore					
Neuro		8				
	Neuro					
OB/ GYN		6				
	Zwank					
Peds		9				
	Isenberger					
	Reid/Ortega					
Psyche		3.75				
	Ankel					
	LeFevere					
Renal/ Male GU		2.25				
	Hernandez					
Thoracic/ Resp		7.5				
	Morgan					
	Nelson					
Tox/Pharm		9.75				
	Morgan					
	Harris					
Trauma		5				
	Morgan					
	Carr					
Admin	Chung	6.75				

STAFF	FTE	2007 CC Area of Expertise	18-month 2007 Didactic Responsibilities (All)	2007 Conf Attendance Responsibilities	Focused Instruction 2007	2007 Ops Responsibilities	Dept liaison 2007	Local Committees 2007	National Committees 2007	Research Responsibilities & Focus	2007 Scholarly Activities
Felix Ankel	1.0	Psychobehavioral disorders (14.0)	39.5	75	ATLS-I ACLS-I, procedure lab-I, critical case-I		Psychiatry, Family Practice	U of M Academic Committee Regions GMEC UoM Program Review Committee BEST Steering Team, EMDEC	Chair, SAEM Web Page SAEM Faculty Development CORD Model EM curriculum ACEP Medical Student curriculum	Educational methodology	Virtual advisor manuscript, reviewer Acad Em Med, reviewer Annals Em Med
Brent Asplin	1.0	Cardiovascular disorders (2.0)	10	25	ACLS-I, critical case-I	ED Head	Radiology	BEST Steering, EMDEC, Direct Reports		ED Operations	Editorial Board Annals Em Med
Kelly Barringer	0.8										
Emily Binstadt **	0.6					Environmental (3.75), Cardiovascular (1), Sim days (5.5)					
Mary Carr	0.8	Trauma (17.0)	4	25		SANE (0.75), Forensics (0.75), Trauma (2.5)					
Won Chung	1.0	Endocrine, metabolic & nutritional disorders (4.0)	9	25		Asst Dept Head & Clinical Director, BEST Output Lead, Physician Orientation, Patient Complaints (with KQ), Operations Implementation	Hospitalists	EMDEC, Direct Reports, BEST Steering, Operations			
Rachel Dahms *	1.0	HEENT disorders (6.0),	6	25	Procedure lab-I	Maintenance of Faculty Procedural Competency					
RJ Frascione	1.0	EMS/Disaster Medicine (21.0)	3	25	ATLS-I	EMS Co-Director				EMS	
Jason Gengerke											
Bradley Gordon	1.0	Immune system disorders (8.0)	6	25		ED IS		Epic	SAEM Web Page	IS	
Paul Haller	1.0	Cutaneous	5	25		ED schedule	Dermatology	EMDEC			
Carson Harris	1.0	Toxicologic disorders (17.0),	13	30	ACLS-I	Tox Program, ACLS oversight				Tox rotation	
Cullen Hegarty	1.0	Systemic Infectious disorders (9.0)	12	50	Sim-I, critical case-I	Simulation Program Administration			SAEM Sim Int Grp	Simulation	
Keith Henry											

STAFF	FTE	2007 CC Area of Expertise	18-month 2007 Didactic Responsibilities (All)	2007 Conf Attendance Responsibilities	Focused Instruction 2007	2007 Ops Responsibilities	Dept Liaison 2007	Local Committees 2007	National Committees 2007	Research Responsibilities & Focus	2007 Scholarly Activities
Bradley Hernandez	1.0	Renal disorders (15.0)	4	25	critical case-I		Renal, Urology	ED Disaster Committee			
Joel Holger	0.8	Cardiovascular disorders (2.0)	14	30			Cardiology			Assistant Research Director, Clinical Research	
Kurt Isenberger	1.0	Pediatrics (13.0)	9	25	Ultrasound-I	Faculty Ultrasound Competence				Clinical Research Projects	
Koren Kaye	0.8	EMS/Disaster Medicine (21.0)	3	25	ACLS-I	EMS Co-Director				EMS	
Kevin Kilgore	0.8	Endocrine , Metabolic & Nutritional disorders(3.0), Muskuloskeletal disorders (non traumatic)(10.0)	13	25		EDNET Coordinator	Rheumatology				
Robert Knopp	0.5	Cardiovascular disorders (2.0)	33	50	ATLS-I, procedure lab-I, critical case-I		SICU Anesthesiology Neurosurgery CV Surgery Trauma	EMDEC			Associate Editor Annals Em Med
Peter Kumasaka	1.0	HEENT disorders (6.0)	12	30	ACLS-I, Ultrasound-I, procedure lab-I	Staff Ultrasound training	Ophthalmology ENT				
Richard Lamon	0.8	Hematologic disorders (7.0)	4	25	Ultrasound-I		Hem/Onc				
Robert LeFevre	1.0	Psychobehavioral disorders (14.0)	2.5	25		Equipment Committee MD Rep (includes educational component)					
Alda Moettus	0.5			25							
Matt Morgan **	1.0										
Jessie Nelson	1.0	Thoracic-respiratory disorders (16.0)	5	25	Simulation-I						
Christopher Obetz	0.0				critical case-I						
Henry Ortega											
Karen Quaday	0.8			25		Chief of Staff Elect, Assoc Dept Head QI, Quality Committee Chair, PEST team chair	Pulmonary MICU Lab Pathology	EMDEC, Med Exec, Direct Reports, Quality Committee			
Sam Reid											
Martin Richards	0.0										
Stephanie Taft **	1.0					Abd/GI (6.75), Critical Case (9)					
Andrew Zinkel											
Michael Zwank	1.0					Ob/Gyn (6), U/S (7.5), Critical Case (3)					

Core Content Area	Faculty	Resident	RN	Notes
Abd/GI				
CV				
Derm				
Endo/Metab				
Environ				
HEENT				
Hem/Onc				
Immuno				
ID				
MSK				
Neuro				
OB/ GYN				
Peds				
Psych				
Renal/ Male GU				
Thoracic/ Resp				
Tox/Pharm				
Trauma				
Admin				
EMS				
SANE				
Forensics				
U/S				
Simulation Day				
QI				
Res/ Fac				
G2/3 Curric				
Sports Med				
Informatics				
Journal Club				
Leadership				
Geriatrics				
Ethics				
Wellness				
Alumni Day				
Retreat				
Guest Speaker				
Critical Case				
Critical Care				
Trauma Conf				
Radiology				