

# Emergency Medicine 2006 Resident/Faculty Retreat

Wednesday, October 25, 2006 - 7:30 am - 1:00 pm

Embassy Suites

Recorded by: Pat Anderson

x if present

Residents		Support/Guests	
X	Roseann Ekstrom, MD	X	Ben Peake, MD
x	Sandy Fritzlzar, MD	X	Jon Shultz, MD
x	Martin Klinkhammer, MD		Natasha Srb, MD
X	Heidi Lako, MD	x	Sam Stellpflug, MD
X	Joseph Madigan, MD	X	Paul Travnicek, MD
X	Emily Mason, MD	X	Owen Anderson, MD
X	Lane Patten, MD	X	Chris Dillon, MD
X	Kevin Smith, MD	X	Joe Dolan, MD
X	Beth Wicklund, MD	X	Danielle Jackson, MD
X	Luke Albrecht, MD	X	Duncan McBean, MD
x	Kelly Barringer, MD	X	Adina Miller, MD
	Joey Charles, MD	X	Tara O'Conner, MD
X	Mark Connelly, MD		Charis Thatcher, MD
Faculty			
X	Felix Ankel, MD	X	Rachel Dahms, MD
X	Brent Asplin, MD	X	Kristen Engebretsen, PharmD
	Scott Burry, MD	X	RJ Frascione, MD
	Mary Carr, MD	X	Teri Gunnarson, MD
X	Jame Colletti, MD	X	Brad Gordon, MD
X	Won Chung, MD		Paul Haller, MD
	Robert Dahms, MD	X	Jeahan Hanna, MD
		X	Carson Harris, MD
X		X	Pat Anderson
X		X	Lori Barrett
X		X	Diane Birnbaumer, MD
X		X	Eugenia Canaan
X		X	Joseph Clinton, MD
X		X	Maddy Cohen, MSW
X		X	John Henkel, RN
X		X	Kenneth Holmen
X		X	Richelle Jader
X		X	Kari Lappe, MD
X		X	Louis Ling, MD
X		X	Marc Martel, MD
X			
X		X	Mary Ann McNeill
X		X	Patti Murakami
X		X	Christopher Obetz, MD
X		X	Henry Ortega, MD
X		X	Carl Patow, MD
X		X	Jeffrey Pinnow, MD
X		X	Karen Poor, RN
X		X	Brian Rank, MD
X		X	Jerome Siy, MD
X		X	Julie Switzer
X		X	Skip Valusek
X		X	Susan Walls
X			
X		X	Cullen Hegarty, MD
X			Brad Hernandez, MD
X		X	Joel Holger, MD
X		X	Kurt Isenberger, MD
X			Kory Kaye, MD
X		X	Kevin Kilgore, MD
X		X	Robert Knopp, MD
X			Peter Kumasaka, MD
X		X	Richard Lamon, MD
X			Robert LeFevere, MD
X			Barb LeTourneau, MD
X		X	Alda Moettus, MD
X		X	Matt Morgan, MD
X			Jessie Nelson, MD
X		X	Karen Quaday, MD
X			Susan Scanlon, MD

Time		Item	Key Points
7:30 am	Ankel	Welcome	Dr. Ankel welcomed and thanked residents, staff and guests. Gave overview of history, mission, vision, location of grads, residency changes, and strategy plan of residency. Dr. Ankel also introduced areas of focus from last year's retreat: Ultrasound, EPIC, hospitalist relationship, administrative education, ED schedule, and resident portfolio.
7:40	Asplin, Holmen, Colletti, Gunnarson, Dahms, Isenberger, Gordon, Chung, Fritzlzar, Klinkhammer, Patten	The Year in Review and Updates (Panel)	<p>Chief resident presented a slight show of residents activities during the past year.</p> <p>Asplin – Reviewed departmental priorities and how they integrate with some of the national foci in health care.</p> <p>Holmen – Discussed the importance of emergency physicians for strategy plan of hospitals.</p> <p>Colletti – Reviewed the 18 month conference structure.</p> <p>Isenberger – There has been an addition of two new ultrasound machines to the department. Resident sign up for ultrasound tutorial workshops held after Wed conference. Dr. Zwank has come on board and is getting involved with ultrasound teaching. Beginning in Jan, G1s will be doing trauma ultrasound. Also, looking into an ultrasound system similar to radiology PAX for viewing ultrasounds.</p>

			<p>Chung – Introduced Dr. Jerome Siy, lead hospitalist at Regions and discussed emergency physician hospitalist relationships.</p> <p>Dahms- Procedure Labs: 1st &amp; 3rd years do lab at Regions. First year receives hands on training, and the 3rd years teaches the lab. 2nd yr lab is at the at University and is on hands on. Rachel and J Nelson are working together to coordinate and supplement learning between procedure lab and Sim Center.</p> <p>Gunnarson – Mentorship/Advisor: First year residents are assigned a mentor. In 2nd year option to pick their own mentor to fit their goals and interests.</p> <p>Gordon – EPIC - ED has been using tracking for 26 months, documentation for 17 months, and order entry for 4 months. Recent major changes include new way of looking at patient visits. Shared notes to help work with medical student for more collaborative documentation model. Continuing to work improving communication and clinical work flow.</p>
8:30	Birnbaumer	Bedside Teaching and The Teaching Microskills	See attached.
9:30	Murakami, Walls, Gunnarson, Fritzlar	Setting Expecations in the Emergency Department	<p>Common theme mentioned by all was need for better communication between all staff including clerks, nursing, residents and staff. Following points were made:</p> <ul style="list-style-type: none"> <li>- Emphasis for the need to communicate before things become a problem.</li> <li>- Remember to include nursing and clerks in the loop.</li> <li>- Verbal orders was also identified as an area of confusion and a discussed followed.</li> <li>- Trauma and code blues – name are tags helping. Need to respect roles.</li> <li>- Keep patients informed regarding their destination.</li> <li>- Include RNs and techs in education, i.e. small inservice at end of shift.</li> </ul> <p>Dr. Gunnarson spoke on expectation for shift. Be professional and focused on the patient. Take ownership of shift – need to know department, what’s in triage. We have receptive residency, if there are problems talk to someone.</p>
10:30	Birnbaumer, Lind, Colletti, Knopp, Martel	EM Education and the Future	<p>Education</p> <ul style="list-style-type: none"> <li>- Designed to meet ACGME 6 core competency</li> <li>- How to maintain continuous board certification</li> <li>- Life long learning</li> <li>- Pay for performance standards</li> <li>- Outcome based – how to do.</li> <li>- Starting portfolios as 1st year med students and continue built through residency and career</li> <li>- Staff role modeling and discussing ethics, professionalism and humanism with residents</li> <li>- Keeping up with expanding knowledge base: <ul style="list-style-type: none"> <li>- Listen to audio tapes.</li> <li>- Rerun cases – 2 or 3 cases on shift and pull articles</li> <li>- CME conference make effort to hear other talks</li> </ul> </li> </ul> <p>Changes in EM</p> <ul style="list-style-type: none"> <li>- ED volume and acuity levels increasing</li> <li>- More detailed documentation required</li> <li>- 360 degree evaluations.</li> <li>- Pay for performance is coming.</li> </ul>

12:00	Ankel, Obetz, Valusek, Patow, Rank,	Setting up the Ideal Administrative Curriculum Panel	Admin rotation The goal is to give residents administrative information needed to hit the ground running. Administration rotation is incorporated into the 4 week tox/admin rotation. Opportunities to attend leadership meeting within the hospital, work on quality projects, learn about different aspect of maintenance and management of an ED, risk management, admin field trip at Abbott.
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