

# Emergency Medicine 2005 Resident/Faculty Retreat

Wednesday, October 26, 2005 - 7:30 am  
HealthPartners 8100 Building - Superior Room  
Recorded by: Lori Barrett

x if present							
	<b>Residents</b>	x	Martin Klinkhammer, MD	X	Mark Connelly, MD	X	Bruce Bennett, MD
X	Jeffrey Geddes, MD	X	Heidi Lako, MD	X	Ben Peake, MD	X	Jon Fuerstenberg, MD
X	Elizabeth Godin, MD	X	Joseph Madigan, MD	X	Jon Shultz, MD	X	Richelle Jader, RN
X	Martin Richards, MD	X	Emily Mason, MD	X	Natasha Srb, MD		Bruce Levy, MD
X	Trenten Thorn, MD	X	Lane Patten, MD	X	Sam Stellpflug, MD		Carl Patow, MD
	John Travnicek, MD	X	Kevin Smith, MD		Paul Travnicek, MD	X	Karen Poor, RN
	Melissa Tschohl, MD	X	Beth Wicklund, MD		<b>Support/Guests</b>	X	David Roberts, MD
X	Joseph Wahlberg, MD	X	Luke Albrecht, MD	X	Pat Anderson	X	Warren Schubert, MD
X	Roseann Ekstrom, MD		Kelly Barringer, MD	x	Lori Barrett		
x	Sandy Fritzlzar, MD	X	Joey Charles, MD				
Faculty							
X	Felix Ankel, MD	x	RJ Frascone, MD		Joel Holger, MD		Barb LeTourneau, MD
	Brent Asplin, MD	X	Teri Gunnarson, MD		Kurt Isenberger, MD	X	Brian McBeth, MD
	Scott Burry, MD		Brad Gordon, MD	X	Kory Kaye, MD		Alda Moettus, MD
	Mary Carr, MD	X	Paul Haller, MD		Kevin Kilgore, MD		Matt Morgan, MD
X	Jame Colletti, MD	X	Jeahan Hanna, MD		Robert Knopp, MD		Kathy Neacy, MD
X	Won Chung, MD	X	Carson Harris, MD		Peter Kumasaka, MD	X	Jessie Nelson, MD
	Robert Dahms, MD		Cullen Hegarty, MD	X	Richard Lamon, MD		Karen Quaday, MD
X	Rachel Dahms, MD		Brad Hernandez, MD		Robert LeFevere, MD		Susan Scanlon, MD
x	Kristen Engebretsen, PharmD						

		Item	Key Points
7:30 am	Ankel	Welcome & Historical perspective	Gave brief historical perspective of program – grads, faculty and program changes that have occurred over the past 9 years. Reviewed 2004 program evaluation and retreat areas of focus and changes that have occurred as a result of that retreat. Briefly described 5-year strategic plan and program/departmental changes during the past 12 months.
7:45 am	Jader	Intro	Richelle Jader introduced herself to the group and described her background.
7:50 am	Colletti	Conference Update	JC described some of the conference changes that have taken place as well as future plans for conferences, including 18-month curriculum,
8:00 am	Gunnarson	Update	TG will be focusing on mentoring this year and invited residents to share ideas with her on helping faculty become good mentors.
8:10 am	Richards	Chief Update	M Richards described recent University of Minnesota retreat and also described some recent and upcoming program changes and resident/faculty achievements.
8:20 am		Small Group Sessions	Small groups were facilitated by E Mason, S Fritzlzar, S Donner, and J Geddes were asked to identify: <ul style="list-style-type: none"> <li>• Ideal – Mission &amp; Vision</li> <li>• Mission Concordant</li> <li>• Mission Discordant</li> <li>• Areas of Focus</li> </ul>

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11:00		Large Group Summaries	<p><b><u>Ideal – Mission &amp; Vision</u></b>  Dedicated time for reading and research - 4  Back-up /Supervision  Graduated responsibility  Staff mentoring - 1  Core competency training  <b>Bedside teaching – 7</b>  Ready for competitive market - 4  <b>Patient centered - 5</b>  Use newest technologies  Good off- service training  <b>EMS experience - 5</b>  Research - 2  Broad based experience - 1  Flexible training time - 1  Responsiveness to resident concerns  Paid back up shift  Responsive to resident concerns - 4  Good communication between resident &amp; ancillary staff  <b>Individualized experience – 8</b>  Good department management - 1  Adaptive - 2  See enough patients  ED exposure early in first year  Increase deliveries  Case based learning - 1  <b>Evidence based teaching – 7</b>  Projected project time - 4  Increase pediatric exposure - 4  Backup flexibility  Tailoring education to individual  Timely evaluations and feedback - 2  Time for away and international electives  Elective/selective time earlier in the residency  Pediatric case conference - 1  Interactive conferences  Journal Club  Talks on procedures</p> <p><b>Mission Concordant</b>  Lots of Dept time - 1  Lots of Procedures - 2  <b>Excellent critical care - 15</b>  Early intubation and airway management - 4  One of few residency in hospital - 1  Chief's scheduling – 6 mo in advance  Great faculty - 2  <b>Great residency camaraderie - 5</b>  Good diversity patient population - 3  Staff diversity  <b>Residents are marketable - 5</b>  Supportive services  Resident/Fac retreat  <b>Resident driven change – 10</b>  Non clinical shifts - 1  Selective rotations  SAEM during G1 - 4  Scholarly project variety - 1</p>

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			<p>Documentation options  Collaborative care plans/guidelines  Administration rotation  Interaction/relationship with Surgery - 1  <b>SICU rotation/procedures - 5</b>  SPC Kid rotation - 1  Ortho rotation dramatic improvements  Cards rotation  8-9 Hour shifts  Access to patient complaints  Great nursing staff  Conference content</p> <p><b>Mission Discordant</b>  <b>Epic - 11</b>  <b>Push to increase flow/efficiency – 9</b>  1<sup>st</sup> year and 3<sup>rd</sup> years not working together  Faculty driven case conf  Evidence-based literature available at conference - 4  Critical case to 1 ½ hour - 1  Staff present at conf  <b>ultrasound training - 12</b>  Size of residency - 1  <b>Inefficient processes – labs, x-rays - 5</b>  <b>Since Epic less time for teaching - 6</b>  <b>Relationship with hospitalists – 9</b>  PICU experience - 1  EMS after ED time  Ortho rotation – who actually get called during the day  <b>More structured 12 lead EKG reading - 5</b>  Schedule flexibility - 2  ED Staffing - 2  Admin rotation unstructured  Ortho rotation - 2  <b>X-ray review with staff - 5</b>  Layout of ED cumbersome - 2  Not enough computers  Procedure lights - 1  ED structure - 1  Communication with consultants  Increase radology teaching  Anesthesia rotation with CRNA students  Medicine training – basic medicine  Elective time - 3  Fluoro machines in department  NALS - NRP  Timely feedback - 1  Time to document - 2  Documentation feedback - 1  National conferences – time to attend  More mid levels</p> <p><b>Areas of Focus</b>  <b>ED based ortho - 5</b>  U/S during ortho - 1  U/S instead of tutorials  Feedback after shift - 4  Drop cord test  Oral board prep – include outside faculty -2</p>

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			<p>Hospitalists conference- consultants - 4  Journal Club Schedule  <b>More providers in the ED - 18</b>  <b>More elective time - 12</b>  Resident input on new ED - 1  Staff-Res Staffing - 2  Getting intern back on team with the G3 - 2  Ortho didactic file (rad) - 4  Card/EKG file - 4  Increase flexibility and back up shifts - 3  <b>More Epic templates - 6</b>  Dedicated teaching shift with fac - 2  Administration goals from grads  Changing conference to Thurs – more joint conferences - 1  Increase faculty attendance at conference - 3  McBride formal EKGs training - 3  <b>Engage hospitalists - 6</b>  Longer critical case conf - 2  # of shifts vs hours - 2</p> <p>Participants were then asked to choose from each list those they felt were most important.</p>
12:00	Ankel	Discussion & Wrap-up	<p>Discussion on areas to focus on include:</p> <p>Increase ultrasound teaching time. J Geddes, Jon Shultz, and S Fritzlar have volunteered to help develop a more structured ultrasound teaching.</p> <p>EPIC – Dedicate one res/fac meeting to teaching more efficient use of templates.</p> <p>Develop a better relationship with hospitalists. B Peake, S Donner, Beth Wicklund, and M Connelly have volunteered to work on this.</p> <p>Administrative Education. J Charles, K Smith, and M Connelly will work on developing this experience.</p> <p>Discussion of patient based ED Schedule and increase number of residents.</p> <p>Discussion on resident portfolios-</p>