



Regions Hospital

Emergency Center

Emergency Medicine Residency
640 Jackson St., 11102F
St. Paul, MN 55101-2595
(651) 254-3666
(651) 254-5216 Fax
www.regionsem.org

June 24, 2009

Dear (Resident):

You are scheduled to begin your Tox/Admin rotation Monday, May 3. Attached, please find the following:

1. Goals and objectives of the admin curriculum
2. Admin three-ring binder containing administration materials
3. A CD containing administrative materials
4. A copy of your meeting schedule (also listed on your Tox schedule).

The requirements of your rotation are the following:

1. Read the following chapters from Chief Resident as Manager:
 - Chapter 10 – Administering your Program
 - Chapter 11 – Managing Meetings
 - Chapter 12 – Developing a Career Plan
2. Read the following articles on leadership, management, communication skills:
 - Level 5 Leadership by Jim Collins
 - The Real Reason People Won't Change by Robert Kegan and Lisa Laskow Lahey
 - Fair Process by W. Chan Kim and Renee Mauborgne
 - The Smart-Talk Trap by Jeffrey Pfeffer and Robert I. Sutton
 - Pitfalls in Meetings and How to Avoid Them by Edward Prewitt
3. Read Bylaws and Rules and Regulations of the Medical Staff.
4. Attend the following meetings as listed on your schedule and complete a Meeting Hygiene list for each meeting. Faculty contact is listed in parentheses; have a pre-meeting discussion with the faculty to discuss purpose of meeting and historical context. During each meeting, observe leadership, management and communication styles. After each meeting, have a de-brief with the faculty contact. Return copy of Meeting Hygiene Checklist to Lori Barrett.
 - Med Exec (Kurt Isenberger)
 - ED Operations (Rachel Dahms)
 - P & T (Carson Harris)
 - Patient Care (Carson Harris)
 - Credentials (Won Chung)
 - GMEC (Felix Ankel)
 - Residency Committee (Felix Ankel)

5. You will be evaluated on completion of readings and meeting hygiene checklists by the admin rotation coordinator.
6. Complete admin rotation evaluation with suggestions for improvement.

If you have any questions, feel free to contact me.



Sincerely,
Felix Ankel, MD
Residency Director
Emergency Medicine
Regions Hospital

B. Clinical Rotation Summaries (See P.R. IV.B.1)

For each non-EM (ED) rotation listed in the block rotational diagram, attach a brief (1-3 page) description using the form below of the rotation's educational objectives, the clinical and didactic experiences used to meet those objectives, the methods used to evaluate both the performance of the resident and success of the rotation in accomplishing its objectives, and appropriate feedback mechanisms. Please use the following format.

Rotation	ED Administration							
Institution	Regions Hospital				Duration in Months: 1 month (shared w/Tox)			
Year of training	EM1		EM2	✓	EM3		EM4	
Educational objectives:								
<ol style="list-style-type: none"> 1. Discuss career development issues in academic Emergency Medicine. Understand specialty and subspecialty certification. (PBL, SBP) 2. Demonstrate a familiarity with the JCAHO standards. (PBL, SBP) 3. Demonstrate an understanding of the peer review process. (PBL, SBP) 4. Discuss issues of Emergency Department structure within hospital administration(PBL, SBP)) 5. Discuss how Emergency Medicine relates to managed health care. (PBL, SBP) 6. Discuss the medical legal aspects of Emergency Medicine including consent, commitment, reporting, malpractice and risk management. (PBL, SBP) 7. Discuss components of effective discharge planning: discharge, admission criteria, observation status including chest pain observation, and use of transitional care nursing homes. (PBL, SBP) 8. Discuss and understand medical staff issues of structure, licensing, credentialing and disciplinary policies. (PBL, SBP) 9. Discuss and demonstrate an understanding of the various medical organizations within organized Emergency Medicine and their functions. (PBL, SBP) 10. Discuss issues of practice management including benefits, billing and reimbursement, and contracts. (PBL, SBP) 11. Demonstrate in the clinical environment appropriate leadership ability; use persuasion, influence and interpersonal skills and effective patient/physician communications to deal with hostile encounters and grief reactions. (PBL, ICS) 12. Discuss wellness issues in Emergency Medicine including stress management, work scheduling and physician impairment. (PBL, ICS) 13. Demonstrate an ability to use computers to retrieve information from medical data bases. (PBL, SBP) 14. Discuss the use of outcomes research to evaluate the quality and effectiveness of emergency care. (PBL, SBP) 15. Discuss the curricula available through the ACEP Management Academy, the ACPE Graduate Program in Medical Management, the Master of Medical Management programs in contrast to the MBA, MHA, and MMA degrees. (PBL, SBP) 								
Description of clinical experiences:								
No clinical duties.								
Description of didactic experiences:								
Resident will attend weekly Emergency Medicine conferences.								
The Emergency Medicine conference series covers specific medical, legal, and administrative issues. Specific topics include:								
Quality improvement								
Risk management f								
Wellness issues (stress management, physician impairment, work scheduling)								
Dealing with the difficult encounters (hostile, grief, violent)								
Documentation (Billing and Medical-legal)								
Effective discharge planning								
Careers in Emergency Medicine								
Evaluation process:								
The responsible faculty for the Administrative component of the Administration month evaluates the resident on the rotation. The evaluation is based on the resident's knowledge of the textbook and general participation in the rotation. The Department head completes a written evaluation at the end of the rotation.								
Feedback mechanisms:								
Residents meet with their preceptors every two months or more frequently as needed. In addition, the Program Director meets with each resident twice each year to review the departments' evaluation of the resident. More immediate feedback is provided by the faculty on duty in the Emergency Department should interpersonal skills and effective patient/physician communication be a problem. QI case concerns, risk management cases and complaints are presented to the Emergency Medicine resident for input. Documentation concerns are directed to the individual resident by their preceptor, program director or quality improvement director.								
Have the service directors for all rotations outside the Emergency Department at the primary institution reviewed and agreed to the rotations as described? If NO, please explain.						YES (✓)		NO ()

regionsemquality: FrontPage

EM Residency Quality Wiki

Welcome to the EM Residency Quality wiki. I would like to use this tool to be the repository for the EM residency quality program. I suggest the following:

1. Develop guiding principles for the residency quality program.
2. Open the wiki to others.
3. Determine content experts by EM topic.
4. Develop process for EM residency projects.

I have attached some of the files from the 2008 Residency Retreat and files from a quality course that may be of interest to you. I'm looking forward to your feedback.

Felix



[Quality Binder Fall08.pdf](#)



[GME Knowledge Translation from AEM.pdf](#)



[Begin to Use Clinical Outcomes from Acad Med.pdf](#)



[Using Pt Care Quality Measures from AEM.pdf](#)



[2004 06 25 Bulding a quality educational program \(2\).ppt](#)



[Kim QI Project.pdf](#)



[2008 10 23 quality GME integration.xls](#)



[Ankel email of 2005 03 11 \(3\).pdf](#)



[QI bottom up vs top down.pdf](#)

[CORD emails re IOM Report.txt](#)



[Coming Soon Quality Fair 2009!.txt](#)

[MatrixTutorial.pdf](#)

[schneider.pdf](#)

Free help:

1. Learn how to use PBwiki: [The PBwiki Manual](#)
2. If you prefer video, watch a recording of our popular webinar, [PBwiki 101: Your Guide to Wiki Basics](#).
3. Need more help? Sign up for a [Free introductory webinar](#)