

**Emergency Medicine Resident/Faculty Retreat**  
**Como Park Zoo & Conservatory Auditorium**  
**October 27, 2011**  
**7:30-12:30**

Residents				Support/Guests			
x	Peter Baggenstos, MD	x	Sonali Meyer, MD	x	Pat Anderson	x	Erin Austad
x	Eric Dahl, MD	x	Tolu Oweyo, MD	x	Lori Barrett	x	Joseph Ekstrand
x	Tyler Ferrell, MD	x	Wendy Rangitsch, MD	x	Bruce Bennett	x	Kate Jacoby
x	Kate Katzung, MD		Darcy Rumberger, MD	x	Eugenia Canaan	x	David Joyce
x	Clint Hawthorne, MD	x	Joe Walter, MD	x	Marcella de la Torre	x	Caitlin Kennedy
x	Bjorn Peterson, MD	x	Mike Bond	x	Jennifer Feeken	x	Nick Kluesner
x	JR Walker, MD	x	Ryan Bourdon	x	Richelle Jader	x	Carin Martinson
x	Ben Watters, MD	x	Eric Ellingson	x	Gail Johnson	x	Cole Nick
x	Casey Woster, MD	x	Marc Ellingson	x	Amy Murphy	x	Jeff Reineke
x	Amanda Carlson, MD	x	Kyle Hollway	x	Beth Placzek	x	Amy Stoesz
x	Jodi Deleski, MD	x	Jenna LeRoy	x	Jodi Roehm	x	Tyler Verworn
x	Zabrina Evens, MD	x	Brian Roach	x	Mary Wittenbreer		
x	Becky Gardner, MD	x	Kelsey Shelton-Dodge	x	Paul Zenker		
x	Gary Mayeux, MD		Jason Van Valkenburg				
		x	David Warren				
Faculty							
x	Felix Ankel, MD		Jason Gengerke, MD		Kory Kaye, MD		Karen Quaday, MD
	Kelly Barringer, MD	x	Brad Gordon, MD		Kevin Kilgore, MD		Martin Richards, MD
	Emily Binstadt, MD		Paul Haller, MD		Peter Kumasaka, MD		Sam Stellpflug, MD
x	Aaron Burnett, MD		Carson Harris, MD		Richard Lamon, MD		Charis Thatcher, MD
	Mary Carr, MD	x	Cullen Hegarty, MD	x	Robert LeFevre, MD		Bjorn Westgard, MD
x	Won Chung, MD	x	Keith Henry, MD		Matt Morgan, MD	x	Stephanie Taft, MD
x	Rachel Dahms, MD		Brad Hernandez, MD	x	Jessie Nelson, MD	x	Michael Zwank, MD
	Kristen Engebretsen, PharmD	x	Joel Holger, MD		Levon O'hAodha, MD		Drew Zinkel, MD
x	RJ Frascone, MD	x	Kurt Isenberger, MD		Brian Peterson, DO		

Person	Agenda Item	Action Plan/Key Points
Ankel	Welcome and Historical Perspective	<p>Dr. Ankel welcomed and acknowledged invited guests, and presented an historical perspective. The Emergency Medicine Program began in 1995 and has received the max number of reaccreditation years in 1999, 2003 and 2009. We have graduated 108 residents, and our graduates are practicing all across the country in academic and nonacademic roles.</p> <p>Highlights for 2010-11 include:</p> <ul style="list-style-type: none"> <li>• 10 interns</li> <li>• New procedural skills lab</li> <li>• EMS fellow, EM-peds sponsorship</li> <li>• Quality, international fellowship approval</li> <li>• ROD, MSOD – longitudinal admin experience</li> <li>• Night float block</li> <li>• Hudson selective pilot</li> <li>• Quality teams</li> <li>• Recruitment boom</li> </ul> <p>2011-2012</p> <ul style="list-style-type: none"> <li>• Plastics moves from PGY1 to PGY2</li> <li>• Tox moves from PGY2 to PGY1</li> <li>• Shift schedule moves to 9-hours</li> <li>• Eliminate single EM resident/pod overnight.</li> <li>• ROD checklist development</li> <li>• Quality project refinement</li> <li>• Patient satisfaction reports to residents</li> </ul>

		<ul style="list-style-type: none"> <li>• Resident lounge renovation</li> <li>• Methodist added as community site</li> <li>• No overnight intern call on SICU or Ortho</li> </ul> <p>Today's agenda will include small group discussions to identify, strengths, areas of focus and actions plan.</p> <p>Questions to consider:</p> <ul style="list-style-type: none"> <li>• Web 2.0 <ul style="list-style-type: none"> <li>- Consolidate and optimize current on line interactive resources</li> </ul> </li> <li>• Longitudinal admin experience <ul style="list-style-type: none"> <li>- Determine strengths and areas to tweak</li> </ul> </li> <li>• QI program design <ul style="list-style-type: none"> <li>- Review, discuss progress and recommend improvement</li> </ul> </li> <li>• Wellness and resilience <ul style="list-style-type: none"> <li>- Develop plan to maintain and improve current wellness and resilience</li> </ul> </li> </ul>
<p>Jader Isenberger</p>	<p>Department Head Update</p>	<p>Richelle spoke briefly on the lasting positive impact the residency program has on the department, and how fortunate we are to have the program located at Regions.</p> <p>Dr. Isenberger presentation included highlights of 2011 and what to look for in 2012</p> <p>2011 Highlights included:</p> <ul style="list-style-type: none"> <li>• Patient surveys are at an all time high</li> <li>• More faculty attending critical case</li> <li>• PA residency program development</li> <li>• National and local awards to faculty</li> <li>• EBAN involvement</li> <li>• REST committee reactivated.</li> <li>• Remodeled residency room</li> <li>• Coding/Billing education for residents</li> <li>• 5Cs</li> <li>• 100% patient call back with feedback to providers</li> <li>• Over 15 publications, several from EMS, Tox, and Quality</li> </ul> <p>Looking ahead to 2012:</p> <ul style="list-style-type: none"> <li>• More attention to Pod G, behavioral health patients</li> <li>• Invested in looking at new LEAN triage model</li> <li>• Operational flow redesign</li> <li>• Continue to support research</li> <li>• Development of CCRC</li> <li>• Strong continuing fellowship programs, EMS, Tox, Quality, and new Internationals Fellowship</li> <li>• Recruitment of top students for residency.</li> <li>• Quality CMS measures</li> <li>• Web 2.0. Development of new hospital website</li> <li>• Shadowing program focusing on patient experience.</li> <li>• Residents at Hudson Hospital</li> <li>• ED critical decision unit.</li> </ul>
<p>Salzman</p>	<p>Critical Care Research</p>	<p>Critical Care Research group began in April 2011. The group consists of director, research project manager, and research assistant. The function of the group is to support research in the ED, EMS, SICU, Burn and Trauma. They provide administrative support for research process. Resident involvement in encouraged.</p>

	Small Group Discussions	<p>Attendees divided into three small groups</p> <p>Part A: Open discussion identifying residency strengths, areas of focus, and action plan. Facilitators: Dahms/Peterson, Hegarty/Walker, Taft/Woster</p> <p>Part B: Group then divided into group to identify strengths, areas of focus and action plan for the following:  Web 2.0 Facilitators: Peterson/Gordon/Taft  Healthcare Delivery Curriculum Facilitators: Woster/Hegarty  Wellness and Resilience. Facilitators: Walker/Dahms</p>
	Large Groups	<p>Small group discussions were summarized and attendees were then asked to identify their top 3 strengths, top 3 areas for focus and ways to integrate quality into EM residency.</p> <p>Part A: Listed below in order identified as participants top choices</p> <p><u>Strength</u></p> <p><b>Faculty</b> (25)  <b>SICU</b> (20)  <b>Sim center</b> (18)  <b>Ancillary staff</b> (13)  <b>Procedural experience</b> (11)  Scheduling changes (overlap) (9)  Feedback cycle and self awareness (6)  ED focused off-service (4)  Meal cards (4)  Residency Leadership (4)  Residency Support Staff (4)  Epic/Dragon skills (3)  Quality projects (3)  Library support (2)  Critical case conference (2)  EMS experience (1)  Ultrasound (1)  Peds/ED Fellowship (1)  Comprehensive Education (1)  Faculty variance in practice  Evaluation push to residents</p> <p><u>Focus area</u></p> <p><b>Ultrasound machines</b> (19)  <b>Schedule</b> (18)  <b>Procedures by other services ie ortho, hand</b> (16)  <b>Healthier food in café at better price</b> (12)  <b>Procedure logging/follow res paper work</b> (11)  SICU scheduling (9)  PICU (8)  Quality project expectation – align with hospital (8)  Patient information restrictions for education (6)  Staff teaching time compromised with patient flow (6)  Disaster preparedness training (6)  More accessible on-line information (5).  Communication from consultants (5)  Peds/EM faculty at regions (5)  Debriefing process (3)  Urgent Care experience – more less acute care (3)  Flow through ED  Moonlighting opportunities  Enlarging retreat forum – more departmental retreat  Critical case presentation – historian presence, RN, consultant  Conference – more interactive  More consistent end of shift feedback  OB number of deliveries by male residents</p>

		<p>Part B: Listed below in order identified as participants top choices</p> <p><u>Strength:</u> :</p> <p><b>Web 2.0</b> Content (4) Facebook integration</p> <p><b>Healthcare delivery Curriculum</b> Knowing the language Opportunities/resources (admin, quality, teaching)</p> <p><b>Wellness Resilience</b> Culture (5) Lounge (2) Reasonable hours (1) Staff approachability (1) ROD schedule (1)</p> <p><u>Areas of Focus</u></p> <p><b>Web 2.0</b> Organization of website (16)</p> <p><b>Healthcare Delivery Curriculum</b> Quality Projects, Facilitator (3) Residency Requirements (RRC vs residency) (2) ROD – List of opportunities, organize lists, faculty contact person, Key contacts for specific meetings</p> <p><b>Wellness Resilience</b> Scheduling Food</p>
	<p>Large Group Action Plans</p>	<ul style="list-style-type: none"> <li>• Ultrasound group formed to review and make recommendations on new machines and education. Participants are: M Zwank, P Kumasaka, K Isenberger, K Katzung, M Ellingson, B Watters, C Hawthorne, J Walters</li> <li>• Scheduling group to work with R Dahms. Group includes JR Walker, B Gardner, J LeRoy, and M Bond.</li> <li>• Review increasing ortho procedures and education in the ED. Participants include C Hegarty, M Ellingson, Z Evans.</li> <li>• Food. Z Evens has met with representatives from dietary, IME, and hospital administration regarding healthier food choices at a more reasonable price. Also discussed was lack of availability of food available during the night hours. R St. Germain, dietary director will explore keeping the Overview Café open til 1 or 3 am. In the meantime resident rooms will be furnished with snacks for overnight shifts. Contact Z Evens with suggestions.</li> <li>• Resident paperwork LEAN team formed to look at more efficient ways to gather/complete necessary tracking and administrative items. Participants include: K Katzung, W Rangitsch, S Meyer, R Bourdon</li> </ul>