

Emergency Medicine Resident/Faculty Retreat

Wednesday, October 29, 2003, 7:30 - 12:00

Embassy Suites - St. Paul

Recorded by: Lori Barrett

4 if present

| Residents | | | | | | |
|-----------|---|-----------------------------|---|---------------------|---|-----------------------|
| | ✓ | Nicholas Johnson, MD | ✓ | Trenten Thorn, MD | ✓ | Jeff Fritz |
| ✓ | | John Fuerstenberg, MD | ✓ | Todd Joing, MD | ✓ | Mary Healy, RN |
| ✓ | | Jessie Gillund, MD | ✓ | Darren Manthey, MD | ✓ | Sue Irle, RN |
| | | Kurt Isenberger, MD | ✓ | Matt Morgan, MD | ✓ | Phelps Johnson, MD |
| ✓ | | Tanya Kleven, MD | ✓ | Ann Schapiro, MD | | Support/Guests |
| ✓ | | Robert LeFevere, MD | ✓ | Nicole Stethem, MD | ✓ | Sue LaMotte, RN |
| ✓ | | Kelly Rhone, MD | ✓ | Nathan Anderson, MD | ✓ | Dave Lee, MD |
| ✓ | | Stephanie Witt, MD | ✓ | Scott Donner, MD | ✓ | Carl Patow, MD |
| ✓ | | Jared Friedman, MD | ✓ | Jeffrey Geddes, MD | ✓ | Kathy Reeves, RN |
| ✓ | | Keith Henry, MD | ✓ | Elizabeth Godin, MD | ✓ | David Roberts, MD |
| ✓ | | Jon Hokanson, MD | ✓ | Martin Richards, MD | ✓ | Helen Strike, RN |
| | | | | David Dries, MD | ✓ | Pete Tanghe, MD |
| | | | | | ✓ | Rob Zeleznikar, MD |
| Faculty | | | | | | |
| ✓ | | Felix Ankel, MD | ✓ | RJ Frascone, MD | ✓ | Peter Kumasaka, MD |
| ✓ | | Brent Asplin, MD | ✓ | Teri Gunnarson, MD | ✓ | Richard Lamon, MD |
| | | Scott Burry, MD | ✓ | Brad Gordon, MD | | Joel Holger, MD |
| | | Mary Carr, MD | | Paul Haller, MD | | Kory Kaye, MD |
| ✓ | | Won Chung, MD | ✓ | Jehan Hanna, MD | | Alda Moettus, MD |
| ✓ | | Robert Dahms, MD | ✓ | Carson Harris, MD | ✓ | Kevin Kilgore, MD |
| ✓ | | Kristen Engebretsen, PharmD | | | ✓ | Robert Knopp, MD |
| | | | | | ✓ | Karen Quaday, MD |
| | | | | | ✓ | Susan Scanlon, MD |

| | | Item | Key Points |
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| 7:30 am | Ankel | Welcome | Introduction of guests, outline of morning events. |
| 7:40 am | Asplin | Departmental Update | Systems; human error rates, department development – moving to the next level in operations, teaching & research – making a national success story.? How can we lead the organization on a path of transformational change? Major tasks ahead – improve patient flow. |
| 8:00 am | Ankel | Historical perspective | A look back on the residency – 63 residents, 38 grads, where they came from and where they are now, geographically. Faculty from 15 different residencies. Rotations and selected residency areas. Recap of 2002 strengths, areas of focus, future directions. |
| 8:15 am | Knopp | Update | Dramatic changes in EM. Importance of historical questions along with good physical exams. |
| 8:25 am | Gunnarson | Update | Importance of feedback - key to our focus this past year. |
| 8:35 am | Kumasaka | US update | Report on our progress. Push cardiac exams. Procedural US. Get staff involved. |
| 8:45 am | LeFevere/Rhone | Chief Resident Report | Schedule -10 babies due within the next 8 months. Flexibility is key. |
| 8:55 am | Gordon | Update | EMRES list - 93 users currently subscribed. New web site. Educational server. Conference video. Epic installation in the ED in as early as 12 months. |

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| 9:05 am | | Small groups | Small groups led by S.Cullinan, R.Zeleznikar, P.Johnson & P.Tanghe were asked to identify program strengths and areas of focus. |
| 10:05 am | Ankel | Large group | <p>Perceived strengths (compiled from all 4 groups):</p> <ul style="list-style-type: none"> • Off service rotations - well balanced <ul style="list-style-type: none"> SICU - procedures, responsibility MICU Peds ER Cardiology Plastics Ortho Electives - flexible Critical Care Experience Liaisons • *Staff <ul style="list-style-type: none"> MD - accessibility, teaching, caring RN Support • 24-hour radiology • Conferences <ul style="list-style-type: none"> Critical Case, Format Excused from service obligations Guest lecturers Staff participation • *Patient Population <ul style="list-style-type: none"> Diversity Case mix Volume • Level I Trauma • EMS • Surgery Staff • *24-hour social workers • Other department relationships • Resident flexibility • ED Rotation <ul style="list-style-type: none"> Teaching Support Jr. Faculty shifts 2nd & 3rd year residents on 24-hours Graduated responsibility • Wellness • Community Events <ul style="list-style-type: none"> Concerts/Hockey Marathon • Patient Flow • *Learning Environment <ul style="list-style-type: none"> Supportive Safe Web Computer-based Resources • No Observation Unit • MD lounge • Night food • Teaching reputations • Communication of changes |

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| | | | <p>E-mails Resident awareness</p> <ul style="list-style-type: none"> • *Early Airway • Hospital cohesiveness • Hospitalists • Camaraderie • Midwives • Increased fellowship potential • Employability • Retreat • End product • Teamwork • PA's • General resident satisfaction <p><u>Areas of Focus:</u></p> <ul style="list-style-type: none"> • Lack of sports medicine rotation • *Scrub color <p>Rotation issues</p> <ul style="list-style-type: none"> Ortho rotation - want more ED base SICU - overwhelming, too much time in 3rd year, Cards - more EKG teaching wanted Anes – needing to ask for intubations <ul style="list-style-type: none"> • Losing inpatient pediatrics Transferring peds admits • Too many staff in TTA • Lack of penetrating trauma • Patient transfer experience • Hospital-wide info systems for pt referrals • Lack of advertising, self-promotion • HMO - funding issues • Not enough ILMA • Cafeteria Patient box lunches • Lack of hospitalist feedback/lectures • Not enough "bread & butter" • Loss of chief's conference • Patient follow-up • Communicating systems to residents • *Need more evidence-based medical teaching • *Lack of "rural" experience • *Peds airway/intubations or Peds Anes experience • Lack of observation unit • "C" shifts • Code Red - respectful RN communication • Systems Awareness of financial Administrative admission issues • Lab turnaround • RN/ERT turnover (perception) <p>Participants then voted via stickers on the strengths most important to them (* = 10 or more votes) and the areas they most wanted addressed. Areas to be addressed over the next year will be:</p> <ul style="list-style-type: none"> • "rural" experience • Pediatric airway • SICU rotation issues |

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| | | | <ul style="list-style-type: none"> • Scrub color (A.Schapiro & J.Fuerstenberg will work on proposal) • Evidence-based medicine teaching • Cafeteria (A.Schapiro) |
| 11:30 am | Chung | M2 | Medical Management and optimal care in the EC was presented. New admission forms were introduced which will assist with information flow, and case managers will be available 13-hours a day to assist with admission dispositions. |

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