

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							
	Residents	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		Support/Guests	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"> • Ideal – Mission & Vision • Mission Concordant • Mission Discordant • Areas of Focus

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11:00		Large Group Summaries	<p><u>Ideal – Mission & Vision</u> Dedicated time for reading and research - 4 Back-up /Supervision Graduated responsibility Staff mentoring - 1 Core competency training Bedside teaching – 7 Ready for competitive market - 4 Patient centered - 5 Use newest technologies Good off- service training EMS experience - 5 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 & ancillary staff Individualized experience – 8 Good department management - 1 Adaptive - 2 See enough patients ED exposure early in first year Increase deliveries Case based learning - 1 Evidence based teaching – 7 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>Mission Concordant Lots of Dept time - 1 Lots of Procedures - 2 Excellent critical care - 15 Early intubation and airway management - 4 One of few residency in hospital - 1 Chief's scheduling – 6 mo in advance Great faculty - 2 Great residency camaraderie - 5 Good diversity patient population - 3 Staff diversity Residents are marketable - 5 Supportive services Resident/Fac retreat Resident driven change – 10 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 SICU rotation/procedures - 5 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>Mission Discordant Epic - 11 Push to increase flow/efficiency – 9 1st year and 3rd 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 ultrasound training - 12 Size of residency - 1 Inefficient processes – labs, x-rays - 5 Since Epic less time for teaching - 6 Relationship with hospitalists – 9 PICU experience - 1 EMS after ED time Ortho rotation – who actually get called during the day More structured 12 lead EKG reading - 5 Schedule flexibility - 2 ED Staffing - 2 Admin rotation unstructured Ortho rotation - 2 X-ray review with staff - 5 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>Areas of Focus ED based ortho - 5 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 More providers in the ED - 18 More elective time - 12 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 More Epic templates - 6 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 Engage hospitalists - 6 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>