

RESUSCITATOR

WAYNE STATE UNIVERSITY
SCHOOL OF MEDICINE
DEPARTMENT OF EMERGENCY MEDICINE

VOLUME 1, ISSUE 1

LETTER FROM THE CHAIR

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SPECIAL POINTS OF INTEREST:

Critical Care Conference
Traverse City, Michigan
August 30-Sep 2, 2009

**Domestic Violence Confer-
ence, Detroit, Michigan**
October 29, 2009

**Faculty Development Con-
ference, Detroit, Michigan**
November 2, 2009

**ACEP Scientific Assembly
MI EM Reception,**
Boston, Massachusetts
October 6, 2009

In these times of uncertainty, who doesn't wonder what medicine will look like in 20 years? Lately, I have been specifically pondering the shape emergency medicine will take within the landscape of a markedly changed economy and a "reformed" health care system. Commissioned reports have certainly not been reassuring. Essentially, they suggest that we have a steep climb ahead. For example, the 2006 Institute of Medicine report on the future of emergency care described emergency medicine as already at the breaking point. The National Report Card on the State of Emergency Medicine issued early this year showed no significant improvement since 2006 in access, quality, patient safety, medical liability, public health and disaster preparedness. Michigan in fact was rated 43rd, and was issued an overall D+ in these arenas. An April 2009 Government Accountability Office report, commissioned because over 40% of ED visits are paid for by federally supported programs, found ambulance diversion still occurs in one-fourth of hospitals, wait times have increased since 2003, and boarding continues primarily as a result of lack of access to inpatient beds. We have received low marks on our performance during the ongoing influenza pandemic relative to our inability to handle the surge and to protect our workforce. Last week, President Obama addressed the AMA without even so much

as a mention of the vital role of emergency medicine as the nation's health care safety net within the plans for reformed healthcare. How do we find optimism in the midst of all that is promulgated, or conceivably, omitted? Let's start by stepping back and reflecting on how far emergency medicine has come in education, clinical care, and research. With that backdrop, discussions about our future challenges and opportunities that result from unprecedented change can be much more balanced.

The Future of EM Education

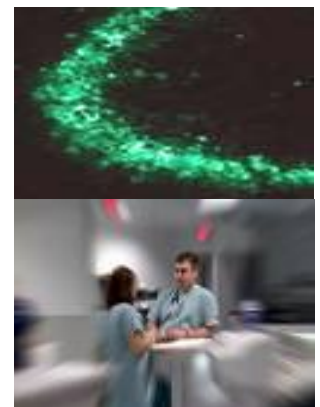
Gaining recognition within the house of academic medicine has been nothing short of a decades-long belly crawl by energetic, committed and passionate emergency physicians. We should be extremely proud that within the 126 US medical schools, there are now 75 full academic departments of EM, seventeen of those just since 2000. In addition, there exist 16 academic divisions well on their way to full departmental status. (On a related personal note, I thought it was very telling that at the recent Harvard Program for Chairs, attendees definitely took notice that five of the 40 of us were EM Chairs.)

From an undergraduate perspective, this is truly a time of expansion. For the first time in 40 years, medical schools are increasing their enrollments to address the physician workforce shortages. There are nine new allopathic schools



Suzanne R. White, MD, Chair

planned, and all but 18 of the 126 medical schools have increased class size. Growth is occurring among osteopathic schools as well. This change presents a great opportunity to take a critical look at our traditional educational approaches and to promote curricular innovation and technology. (Increasingly, I feel as though we are trying stubbornly to teach students to read the hands on a clock when they are already wearing digital watches.) While I am not suggesting that we should completely abandon the Flexnerian model we've been steeped in, i.e., an approach that grounds our teaching to the basic sciences and to the (continued on page 6)



RED SHOE DIARIES

I am pleased to present the first edition of the quarterly newsletter for the Wayne State University Department of Emergency Medicine, the "Resuscitator". I am honored and privileged to serve as the editor-in-chief and look forward the challenges ahead as I grow into the role.

Our Chair and Specialist-In-Chief, Suzanne White, MD and I would like to use this forum to promote our department to our graduates nationwide as well as feature our many and varied faculty and accomplishments to other academic departments throughout the country. Recurring articles will include updates on our clinical and basic science projects as well

as our innovations and dedication to graduate and undergraduate medical education both at our central campus and at Sinai Grace.

Feature columns will include articles about advances in medical training and research in the electronic world under the title "ERticles". Our toxicology section will be featured under "Trip Sitters". Interesting and/or funny stories will be included under "Doctor Aware". I am allowed to editorialize and muse under the title "Red Shoe Diaries". I would also encourage any readers of Resuscitator to submit thoughts and ideas which will be published in the "Ventilator" column. Finally,

as many of our staff and faculty have wonderful and eclectic extra-curricular talents and interests, I would love to include any artistic endeavors that you would like to submit.

I am looking forward to my new tasks as the editor-in-chief of our department newsletter. Do not be surprised if I contact many of you to submit an article about your on-going work in research or education, or to interview you about your projects. Suzanne and I sincerely hope that you will find the Resuscitator both educational and entertaining.

Philip A. Lewalski, MD
Editor-in-Chief



Philip A. Lewalski, MD
Clinical Associate Professor
Editor-in-Chief

"DOMO ARIGARO MISTER ROBOTO..."

The Wayne State University Department of Emergency Medicine has a powerful tool to further its commitment to excellence in graduate and under-graduate medical education. The Medical Simulation Laboratory, located within the Richard J. Mazurek, MD, Medical Education Commons building on the medical campus, provides fourth year medical students and residents from the Department of Emergency Medicine as well as Internal Medicine with a very unique and realistic experience to further their

medical education.

The lab is led by Dr. RoseMarie Fernandez, Assistant Professor in the departments of Emergency Medicine and Academic & Student Programs, and the Director of Health Care Simulation & Safety at WSUSOM. Emergency Medicine residents from Detroit Receiving Hospital, Sinai Grace Hospital, St. John Medical Center, Henry Ford Hospital and William Beaumont Hospital have the opportunity to train with the simulation mannequins during all three years of their

training. The Department of Internal Medicine at WSU uses the educational experience at the end of their intern year. In addition, all of the Wayne State fourth year medical students have the opportunity to use the simulator during their Emergency Medicine rotation.

The educational experience is outstanding and extremely realistic. The mannequins, both adult and small child, are eerily life-like. They breathe and have a pulse (if the student is doing a good

(continued on page 4)

The lab is led by Dr. Rosemarie Fernandez, Assistant Professor, Department of Emergency Medicine, who is the Director of Health Care Simulation and Safety at WSUSOM.



Lawrence R. Schwartz, MD
Assistant Professor & WSU Medical
Student Curriculum Coordinator

Articles

“Neurophysiology For Dummies...”

The Basic Science Lab of the Wayne State University Department of Emergency Medicine is seeing increasing interest from medical students and residents who want to conduct research with us, and from our residents who are interested in exploring the bench-research side of Emergency Medicine.

The immediate challenge faced by anyone interested in our work is how to quickly get a handle on the field of cerebral ischemia research. It is a broad and complex area of study, and it is changing daily. Reading review articles, working with the current literature, plodding through

monographs and face-time with the research faculty helps, but until now we have not had an organized, effective overview of the “big chunks” of the field that students could assimilate quickly. We thought that we needed a primer, a sort of “Brain Ischemia for Dummies” to help people get up to speed quickly so that they could hit the ground running. Such a primer would also serve as a great way to introduce our work to people from other fields, or even the lay public.

Thus, “Brain Ischemia 101” was born. This interactive web-based presentation is designed to be informative, non-threatening, easily digestible and fun. Most people finish the program in only one to two hours. So far,

our student rotators truly seem to like it. The site was seen by the noted NASA/JPL scientist Geoffrey Landis who gave it a favorable review on Slashdot (one of the foremost geeksites on the web).

Brain Ischemia 101 can be accessed from Department of Emergency Medicine page on the Wayne State University School of Medicine website, or simply point your browser to: <http://www.brainischemia.net>.

I hope the Brain Ischemia 101 program will give all of you a better idea of what goes on in our lab.

Jonathon M. Sullivan, MD, PhD,
Assistant Professor
Associate Director for Basic Science



Jonathon M. Sullivan, MD, PhD,
Assistant Professor
Associate Director for Basic Science

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TRIP SITTERS

Trip sitter (n.) – One who remains sober while others use drugs. The role of the trip sitter can vary from ensuring physical safety to guiding a person through their drug experience to a third party documentarian and historian

Among the classic tales of modern horror promulgated by the internet is advent of strawberry meth. This has been around for at least 2 years now and seems to make the rounds like the swallows returning to Capistrano. The crux of the email is that DEA agents

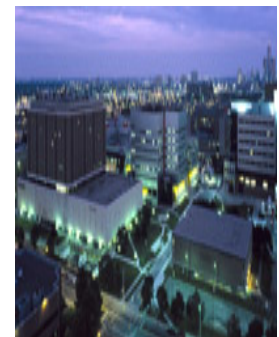
have spotted a new trend of making methamphetamine strawberry flavored and that product is now being sold to children.

This email has all of the makings of a classic internet hoax: an insistence that it is true, a pleading that this information be passed along, and an expression of immediate danger to children.

When it is examined, we find some interesting things. Colored methamphetamine products have been around

for years, well before this email. Flavored cocaine was confirmed by the DEA as being in circulation in 2008¹. In October 2008, the DEA came out and said that strawberry meth was an empty rumor after all of the samples they tested had nothing resembling flavor (“meth flavor tester”- great job if you can get it).

Well, this is 2009 and we have elected change in Washington so now we have the first report of actual flavored meth². To be fair, it is only (continued on page 4)



TRIP SITTER (CONTINUED FROM PAGE 3)

1.1% meth with some sucrose and other chemicals in it, but it is reported to have “a distinct grape candy-like odor”.

I, for one, am surprised it took this long for flavored meth to be found. Whether or not it was true to begin with, the idea of flavored meth seems like it would have caught on as soon as the initial email went out. In these tough economic times,

however, the drug makers have only made their product 1.1% pure, which opens the market up. There are other improvements aside from increasing purity that could be made as well. The addition of sodium fluoride may ameliorate “meth mouth”. Not everybody likes grape candy odor. Tobacco companies may be looking for things to do with their excess nicotine. These are but a few

of the possibilities for the modern meth cooker. Me? I'll sit back, watch, and record.

*Keenan Bora, MD
Toxicology Fellow*

1. <http://www.usdoj.gov/dea/programs/forensicsci/microgram/mg0708/mg0708.html>
2. <http://www.usdoj.gov/dea/programs/forensicsci/microgram/mg0109/>



Photo from the “U.S. Drug Enforcement Administration Microgram Bulletin”

“DOMO ARIGARO MISTER ROBOTO...” (CONTINUED FROM PAGE 2)

job!) and have reactive pupils.

All of the responses of the robot are programmable and a wide range of medical scenarios can be run. For example, the mannequins can be set up to simulate various toxicologic, metabolic, CNS, infectious, traumatic and cardiovascular emergencies. The mannequin can sense atmospheric gasses to be able to determine if the student has intubated the trachea or the esophagus as well as how effectively CPR is being performed. Each scenario can be varied in its complexity depending upon the student's level of training

and outcomes can vary depending on how well the student is performing.

The technologic sophistication; although amazing alone, is coupled to a very human setting to make the experience truly realistic and educationally beneficial. In addition, there are other members of the faculty who function as members of the resuscitation team. There are “floating nurses” who bring information as well as lab results and x-rays. A phone is used to allow the educators to function as consultants or family members of the patient. The sights, sounds and feel (but thank God no smells) make the experience

so realistic that the student can forget that it is just a simulation.

The labs do not come cheap. Each lab costs upwards of \$1,000,000. The child mannequin costs about \$50,000 and the adult approaches \$300,000. It is worth every penny. Through the use of the medical simulation lab, graduate and under-graduate medical students are able to learn to treat a vast spectrum of medical and traumatic disorders of varying degrees of complexity in an extremely realistic, yet safe environment.

Philip A. Lewalski, MD

“This email has all of the makings of a classic internet hoax: an insistence that it is true, a pleading that this information be passed along...”



*Rosemarie Fernandez, MD
Assistant Professor*

WELCOME EMERGENCY MEDICINE RESIDENTS CLASS OF 2012

Detroit Receiving Hospital

Sarah Albers
Wayne State University
Ayse Avcioglu
Ross University
Brandon Cheppa
American University of the Caribbean
Bao Dang
American University of the Caribbean
Katie Dobratz
Medical College of Wisconsin
Katherine Hill
Wayne State University
Claire Jensen
University of Nebraska
Brian Junnila
Ross University
Deborah Kim
University of Illinois
Meenakshi Munshi
St. George's University
Aimee Nefcy
Wayne State University
Daniel Seitz
St. George's University
Matthew Steimle
Midwestern University
Shereaf Walid
Ross University

Sinai Grace Hospital

Rebecca Byrd
Ross University
Michael Gerstein
St. George's University
John Hicks
Ross University
Monty Lybbert
American University of the Caribbean
Romajit Multani
Wayne State University
John Oteri
St. George's University
Megan Oxley
Wayne State University
Neema Patel
Wayne State University
Daniel Salinsky
Wayne State University
Michael Schwartzwald
St. George's University
Michael Tiqui
St. George's University
Bret Weathers
Wright State University

St. John Hospital/Medical Ctr

Gary Baskin
St. George's University
Colleen Berke
Wayne State University
Patrick Butcher
American University of the Caribbean
Agata Dow
Wayne State University
Maurice Lawton
University of Wisconsin
Trinh Le
Wayne State University
Adrian Maestas
University of New Mexico
Steven Masson
Wayne State University
Daniel Park
University of Illinois
Roy Solano
Ross University

William Beaumont Hospital

Fritz Blake
Rosalind Franklin University
Kimberlee Chesney
Michigan State University
Aliasgar Chinwala
Rush University
Aharon Cooper
University of Maryland
Ashley Dixon-Anderson
University of Toledo
Kent Heart
University of Illinois
Cheryl Kosciak
Albany Medical College
Kaleb Lane
Northwestern University
Michael Mills
Michigan State University
Carolyn Mullanckal
Michigan State University
Patrick Owsiak
Loyala University
William Sanders
Rush University
Maciej Witkos
Rosalind Franklin University
Shirley Wu
St. George's University

CONGRATULATIONS EMERGENCY MEDICINE CLASS OF 2009

Detroit Receiving Hospital

Vincent Borla, DO
Detroit Receiving Hospital
Detroit, Mich
Carol Breneman, MD
EMP, Carolina East Health System
New Bern, North Carolina
Meher Chaudhry, MD
Medstar Emergency Medicine
George Washington University
Hong Chong, MD
Northshore Univ Hospital
New York
Dave Daigle, MD
EMCare, Northwest Hospital
Amarillo, Texas
Christopher Guyer, MD
Henry Ford Health System
Detroit, Mich
Tamar Jeffery, MD
WSU Research Fellowship
Detroit, Mich
Kristopher MacWilliams, MD
WSU Toxicology Fellowship
Detroit, Mich
Ifeoma Nwagwu, MD
Locum Tenems
Atlanta, Georgia region
Erik Olsen, MD
Detroit Receiving Hospital
Detroit, Mich
Scott Ottolini, MD
Fredericksburg Emerg Med Alliance
Fredericksburg, Virginia
Shekyla Scott, MD
Manatee Memorial Hospital
& Tampa General, Tampa, Florida

Sinai Grace Hospital

Edwin Lopez, MD
Loma Linda, California
Wesley Martus, MD
EM Specialists, St. John
Hospital, Detroit, Mich
Thomas Metcalf, MD
NE Tennessee Emergency
Physicians, Bristol, Tennessee
Eric Ream, MD
Freemont Emergency Services,
Las Vegas, Nevada
Suresh Rodil, MD
Freemont Emergency Services,
Las Vegas, Nevada
Andrea Rowe, MD
Providence Hospital
Southfield, Mich
Jennifer Salinas, MD
Greater Houston Emergency Phys
Houston, Texas
Jane Warren, MD
Apollo MD, Augusta, Georgia
Ward Warren, MD
Apollo MD, Augusta, Georgia
Tyler Wesorick, MD
Providence Hospital
Southfield, Mich

St. John Hospital/Medical Ctr

Shahnam Bahrami, MD
Eisenhower Hospital, Palm Springs
California
Jennifer Boukouris, MD
Providence Hospital, Detroit Mich
Sarah Casado, MD
ER One, Detroit Mich
Hisham Essa, MD
Providence Hospital, Detroit Mich
Shaun Gray, MD
EMS Speciaists, St. John Hospital
Detroit, Mich
Justine Macneil, MD
Portneuf Reg Med Ctr, Pocatello
Idaho
Sharon McRae, MD
Future Plans, Cincinnati Ohio
Tracy Oberg, MD
Metroplex Hospital, Austin Texas
Liberty Partridge, MD
Lompoc Valle y Med Ctr, Lompo
California
Cynthia Tucker, MD
Lawrence Memorial Hosp, New
London Connecticut
Michelle Whitford, MD
ER One, Detroit Mich

William Beaumont Hospital

Waqas Ahmad, MD
Methodist Hospital
Kristie Burch, MD
Beaumont Hospital
Royal Oak, Mich
Meg Cronholm, MD
Sacred Heart,
Eugene Emergency Physicians
Stephen Gasper, MD
Univ. of Texas Southwestern
Dallas, Texas
Vishal Gupta, MD
Henry Ford Health System
Detroit, Michigan
Christopher Kreiner, MD
Henderson Medical Center
Paul Krivickas, MD
Advocate Condell Medical Center
Libertyville, Illinois
Kelsea Lipe, MD
St. Frances Hospital
Condell Medical Center
Ned Oswald, MD
Marquette General
Marquette, Mich
Andres Seidner, MD
Locum Tenems

LETTER FROM THE CHAIR

(CONTINUED FROM PAGE 1)

highest standards, we do have to begin to look at ways to educate about new topics. These include quality, safety, compliance, and community-based practice within complex, yet fully integrated health systems. Our teaching environments will need to place greater emphasis on diversity and an inter-professional team model of healthcare delivery.

Fortunately, our superb WSU fourth year core clerkship in emergency medicine and very strong simulation program position us to both face change and to remain a national leader in undergraduate emergency medicine education. Last year, more WSU students matched into emergency medicine than any other specialty, a tribute to our medical student leadership team- Drs. Kouyoumjian, Dimitrijevski, Fernandez, Schwartz, Lall, Bascom, Wyte, and Vallee. This year, the AAMC national survey of all medical students showed that our clerkship was rated higher than any other WSU clinical rotation, with 65% of students rating it as “excellent” and the remainder as “very good.” Proudly, WSU continues to be recognized as the largest and most diverse single campus medical school in the US. We will be progressively challenged to mirror that diversity within the ranks of our emergency medicine faculty and to continue to place our students in environments that value diversity and model the highest ethical and professional standards.

Gifted clinical teachers will remain integral to the success of our GME programs. We are certainly

fortunate to have an abundance of these individuals in our midst (just take a look at the teaching awards on page 7). However, preserving the quality of bedside teaching in today’s increasingly time-constrained emergency department is one of our biggest future challenges. It will be more difficult to strike a balance between resident oversight and autonomy, while maintaining our top priority, providing quality patient care. Yet just as we have become more efficient in delivering patient care, I am confident that we **can** become more adept at quickly assessing learner gaps, teaching to that need, and providing rapid feedback. Essentially, we will master methods that “front load” our bedside teaching. More importantly, in these unprecedented times of ED overcrowding, we must develop ways to monitor the impact of time-constraints on our residents’ abilities to achieve the emergency medicine core competencies. A particular challenge layered upon these constraints is generational difference that will impact our educational approaches. We will need to modify instruction for our young residents such that it is more highly structured, interactive, technology-based, and allows for rapid feedback. Human simulation is one example of a method that incorporates these elements. Finally, we need to immerse them in a culture of “knowledge translation” so that they understand the importance of capturing research findings, processes, products, and systems in a manner that directly benefits patients. At WSU, we are fortunate to be able to face such change with recently

expanded, highly accredited programs with impassioned residency leaders, like Drs. Wahl, Barton, Jones, Velilla, Morrison, Sherwin, Rosh, and Derstine.

The Future of Clinical EM

In the clinical arena, I see many bright spots for our future, four of which I will focus on here. The first involves “building the evidence.” As academic centers, we will continue to produce the evidence that truly advances our practice of emergency medicine. Just reflect for a moment on the dramatic advances we have made in the care of injured patients, those with stroke, acute MI, and sepsis. Perhaps less dramatic but in many ways as important, think of how we have refined the practice of emergency medicine in the areas of pain management, sedation, resource stewardship, recognition of domestic violence, and injury and disease prevention.

A second bright spot in our clinical future is technology. As emergency physicians, we interface more with the electronic medical record and bedside ultrasound than any other specialty. As such, we will continue to be the national and institutional leaders who drive the positive change that forces technology to support our work flow and our decision-making. The third upbeat clinical reality is a rising demand for our services. There has been a 32% increase in ED visits over the past 10 years and an older, increasingly complex, higher-acuity population. Most of us enjoy caring for patients with high acuity illness and find some security in these numbers. Finally, any

that increases access to care and decreases uncompensated care will drive positive changes for our specialty.

There are several areas on our clinical horizon that will be particularly difficult to address. Increased regulatory pressures emphasizing quality and safety are being coupled to decreased payments for care provided such that we will need to deliver progressively higher quality care for less. This will require increased efficiency on our part. Other flat out challenges include nursing and pharmacist shortages, shortage of on-call specialists, and liability issues. These are all problems that we not only face today but will continue to face in the future and for which there are no simple solutions. These require our full engagement at the national level. We are fortunate to have many WSU faculty advocating on our behalf through MCEP, ACEP, AAEM, SAEM and the AMA.

The Future of EM Research

One of the most distinguishing features for any academic emergency department is its level of research intensity. At WSU we continue to improve our national peer-reviewed funding status and scholarly output through tremendous focus, intense mentorship, and successful collaboration with other departments. WSU has one of a very few superb basic science EM laboratories. Ours is truly a “phoenix” basic science research team, having successfully emerged following the retirement and departure of all senior and funded investigators. I am equally proud of our burgeoning clinical research network, soon to be regional in scope. Emergency Medicine clinical research networks are currently in their infancy, largely being tapped to

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LETTER FROM THE CHAIR

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deliver patients for industry trials. Indeed, pharma benefits from our 7/24 enrollment capabilities and large numbers of patients. However, I believe the future of our EM networks lies in their evolution to networks that translate higher impact, novel therapies with greater relevance to emergency medicine, hopefully those that stem from our own emergency medicine basic science research laboratories. Even though national level peer-reviewed funding has dropped, I am confident in our team and the seeds that we have planted together. Under the leadership of Drs. O'Neil, Sullivan, Welch, Levy, Zalenski and Przyklenk, we will successfully navigate these waters. Nationally, I see the future of EM research as bright, with a growing emphasis on training new investigators, involvement of emergency physicians in the NIH grant review and advisory processes, and federal programs focused on emergency care research.

The Future of our Faculty's Development

In this era of increasing medical complexity and movement toward improved

healthcare quality, board certification is one response to the need for greater public accountability. We will undoubtedly encounter higher standards for certification and maintenance of certification, with a movement toward maintenance of licensure at the state level. Having spent the last decade working with ABMS and ABEM on the development of MOC programs, I hope to find department-wide solutions that limit the intrusiveness of these very important, but complex programs. Furthermore, unique challenges face our senior faculty. In this fast paced, high tech arena that to some extent has the potential to depersonalize medicine, how do we retain our wellness, enthusiasm for emergency medicine and remain committed to its critical societal mission? There is no precedent for this since we are just now experiencing the retirement of our first generation of lifelong emergency physicians. I certainly do not have all the answers but finding them is a priority. I am encouraged by the recent formation of a wellness program that will be led by Kirk Mills.

Emergency Medicine has come a long way. Our founders certainly embraced the philosophy that "with change comes opportunity," and we should as well. I have come to the conclusion that there are many bright spots in our future, and as a department, we are extremely well-positioned to continue to move forward. Twenty years from now, I am confident that emergency medicine will be stronger, and our presence as leaders will have expanded institutionally and nationally. I believe this to be true because of who we are—decisive, action-oriented consensus builders and tireless patient advocates. Together, we will need to commit to promoting ongoing, thoughtful clinical program evaluation to assure that we are aligned with our health system and university missions, to assuring that the learning environment promotes the highest standards of professional behavior, and to preserving our environment of scholarship and inquiry. Now more than ever we must stay focused on our vision and unified in our strategies, keeping in mind that none of us is as smart as all of us.



Wayne State University
School of Medicine

Our founders certainly embraced the philosophy that "with change comes opportunity," and we should as well.

2009 TEACHING AWARDS

DRH Resident of the Year:
Scott Ottolini

SGH Resident of the Year:
Thomas Metcalf

Scholarly Achievement Awards: *1st Year*, DRH, Robert Klever, SGH, J.D. Langridge; *2nd Year*, DRH, Eric Tosh & David Pheysey, SGH, Varsha Mendiratta; *3rd Year*, DRH, Dave Daigle, SGH, Tyler Wesorick

Norman Rosenberg, DO Award: Scott Ottolini

Medical Student Resident Teaching Awards: DRH, Kristi Bernath & Erik Olsen
SGH, Ward Warren & Thomas Metcalf

Nurse of the Year:
DRH, Cesar Napi
SGH, Anthony Opara

PCA of the Year:
DRH, Thomas Vickerman
SGH, Kevin Saunders

Clerk of the Year:
SGH, Albert Parham

Distinguished Teacher of the Year: DRH, Adam Rosh

Academic Faculty Teaching Award: SGH, Michelle Lall

Voluntary Teacher of the Year: DRH, Alvan Cruz

Clinical Faculty Teaching Award: SGH, Melissa Barton

Lawrence R. Schwartz Medical Student Faculty Teaching Award:
Sarkis Kouyoumjian

Medical Student Faculty Teaching Award: SGH, Marc-Anthony Velilla

Dayanandan Humanitarian Award: Phillip Levy

Mark Brautigam, MD Leadership Award: Padraic Sweeny

ARC Dayanandan Resident Award: Meher Chaudhry

Faculty Service Awards:
10 Year, Matthew Griffin,
20 year, Robert Wahl,
30 Year, Nirmala Bhaya

“CRITICAL CARE IN THE EMERGENCY DEPARTMENT”

The Wayne State University School of Medicine Department of Emergency Medicine in partnership with the Michigan College of Emergency Physicians will be hosting a cutting edge CME event, “Critical Care in the Emergency Department”, August 31 through September 1, 2009 at the Grand Traverse Resort. This course will feature the most

recent advances and practical methods for managing critically ill patients in the Emergency Department, a situation that we face more and more frequently.

This is a wonderful opportunity to re-connect, relax and enjoy the beauty of northern Michigan just before the Labor Day weekend. The Wayne State Alumni

Association will be hosting a reception in our honor Monday evening.

Register online at: www.mcep.org by August 15!

Click on the conference information on the front page of the web site, which will direct you to the online registration system. If you are not a MCEP member, you will need to create an account and login. Credit card payment is required and registrants will receive an immediate e-mail confirmation.



RESEARCH & EDUCATION RETREATS

Upon returning to his roots at the Wayne State University School of Medicine/Detroit Receiving Hospital, Dr. Brian J. O’Neil was ready to lead the research team to a strong and successful future. Dr. O’Neil was appointed the Edward S. Thomas Endowed Professor, Associate Chair of Research and Director of Basic Science Research for the Department of Emergency Medicine, Wayne State University School of Medicine in October of 2008.

While Dr. O’Neil was familiar with most of the on-going research efforts in our department, he was amazed at the tremendous depth and breadth of knowledge that our various researchers possessed. He found bright, energetic colleagues who were engaged in scholarly work in a broad range of areas such as basic science, clinical research, education, simulation, toxicology and palliative care. The one missing piece, he felt, was a strong sense of unity and collaboration among the varied areas of research. “I realized we had significant

breadth in our various research entities within and outside the Detroit Medical Center,” commented Dr. O’Neil. “I also realized we had not had a research retreat since the times of Blaine White!” To strengthen the collaborative efforts of the researchers, Brian O’Neil organized two separate retreats. The first, held on November 17th, 2008, centered on basic science and clinical research. The second, on March 13th, 2009, focused on education, simulation, toxicology and palliative care. Representatives from the Cardiovascular Research Institute, Detroit Receiving, Sinai-Grace, Children’s Hospital of Michigan, William Beaumont and St. John Hospital attended. The main focus of these meetings was to inform the research teams of their current research interests, their particular expertise and their current and future projects, with a special emphasis on areas of collaboration. Both of these full day sessions were very well attended and there were very informative and

entertaining presentations given. O’Neil adds, “I think we were all amazed at the breadth of the research areas of interest, the number and complexity of the various projects, and the wealth of expertise in our department and the affiliated programs. At the end of the day, both the participants and presenters felt more energized and re-focused and ready to move forward in their work.”

Dr. O’Neil hopes to make the research retreat a semi-annual event as the power of cooperation and exchange of information between colleagues became readily apparent. One of the most important goals of these meetings, to increase collaboration and inter-hospital communication, came to fruition shortly after the sessions ended. The PECARN Project for children with asthma was expanded from Children’s Hospital to Sinai-Grace. Proposals are in the works to expand the project to Beaumont as well.

Philip A. Lewalski, MD

“I realized we had significant breadth in our various research entities within and outside the Detroit Medical Center.”



Brian J. O’Neil, MD
Edward S. Thomas Endowed Professor

Website:
www.med.wayne.edu

WAYNE STATE UNIVERSITY

SCHOOL OF MEDICINE

WSUSOM

Department of Emergency Medicine
Detroit Receiving Hospital
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“ W E A R E C O M M I T T E D T O B E I N G T H E L E A D E R S . . . ”

KUDOS

Robert Zalenski, MD and Kevin McDonald received a one year accreditation for the Palliative Care Fellowship. Dr. Zalenski has assumed a leadership position with Hospice of Michigan as Director of Research which will be synergistic with his leadership in our Department and as Division Director of Palliative Care.

Gary Krause, MS, MD was approved by the School of Medicine to the rank of Professor Emeritus.

Marc-Anthony Velilla, MD received the Recent Alumni Award from the School of Medicine.

Robert Neumar, MD received the Lawrence M. Weiner Award from the School of Medicine.

We welcome the two new medical student site coordinators: Michelle Lall, MD at Sinai Grace Hospital and Elizabeth Bascom, MD at St. John Hospital.

Robert Sherwin, MD designed a medical research course for undergraduate honor students, Introduction to Clinical Research in Emergency Medicine. Student comments are exceedingly positive.

Robert Sherwin, MD received the 2009 ACEP National Faculty Teaching Award.

Rosemarie Fernandez, MD received a funded grant award from the Herrick Foundation for the purchase of four new simulators in the amount of \$690,000.

Lawrence Schwartz, MD received the Leonard Tow Humanism Award from the Arnold P. Gold Foundation.

Suzanne White, MD has been appointed by the American College of Emergency Physicians to the Emergency Medicine Residency Review Committee.

Charlene Babcock Irvin, MD received the prestigious St. John Hospital Guild Physician of the Year Award.

Patricia Nouhan, MD has been selected by MCEP to receive the 2009 Physician of the Year Award.

Edwin Lopez, MD was elected President-Elect of the Emergency Medicine Residents Association, EMRA.

2009 WSU Service Awards: 10 years-LynnMarie Mango, 15 years-Gloria J. Kuhn, DO, 20 years-Robert D. Welch, MD, and 30 years-Jeri Gleichauf.