



RESUSCITATOR

WAYNE STATE UNIVERSITY
SCHOOL OF MEDICINE
DEPARTMENT OF EMERGENCY MEDICINE

VOLUME 1, ISSUE 2

LETTER FROM THE CHAIR

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SPECIAL POINTS OF INTEREST:

DRH/SG Combined Journal Club Fishbone's December 8, 2009

DMC Emergency Department Annual Holiday Party

Motor City Casino/Hotel December 18, 2009

MCEP Midwest Winter Symposium, Mountain Grand Lodge, Boyne Mountain February 4-7, 2010

EMIG Procedure Night February 11, 2010

Each year, the Department of Emergency Medicine at Wayne State University further advances the practice and science of our specialty. Together, WSU EM faculty members provide the highest quality emergency care for over 350,000 patients. Through our renowned educational programs, we shape the lives and careers of many young residents and students. Our research programs lead the nation as we move emergency medicine research from the bench to the bedside. In each of these arenas, I could not be more proud or more grateful for each faculty member's contribution to our success. Previous donors are listed on page 9.

Today I ask for your continued support of our outstanding departmental programs. We have always relied upon generous contributions from our faculty, staff and alumni to further our departmental mission. However, in these challenging economic times, we depend even more heavily upon your gifts to sustain programs and activities that impact the lives of our students and patients.

This year, as you plan your annual giving, I ask that you also give special consideration to the growing numbers of medical students who require financial assistance to achieve their goals. It is for this very reason that the University has launched the Aim Higher for Students campaign to raise money for scholarships and

other educational resources to help those in need.

I challenge each of you to join me in making a gift to support one or more of the following special funds:

- Aim Higher for Students
- Center to Advance Palliative Care Excellence
- Emergency Medicine Clinical Research Programs
- Emergency Medicine Medical Toxicology Education and Research

Please use the form on page 11 to indicate your gift commitment, designation, and method of payment.

The University will issue a receipt for your tax records. If you have any questions regarding this request please direct them to Jeri Gleichauf at 313-993-0848 or jgleich@med.wayne.edu. Again, thank you for your dedication and thoughtful consideration.

With grateful appreciation,

Class of 2012 Mission Statements

We the DRH EM Residency Class of 2012 promise to build the foundation for life-long development and learning. Our teachers will be our colleagues, mentors and patients. We strive to provide compassionate, ethical and safe care to everyone,



Suzanne R. White, MD, FACEP, FACMT
Dayanandan Professor & Chair

empowering them through education and encouragement. All will be treated with dignity, honesty and respect. Throughout residency, we will be receptive to instruction and foster strong relationships with our fellow health care professionals. We aspire to practice excellence and lead by example.

As Sinai-Grace Emergency Residents, through our education and experiences, we will strive toward the highest level of achievement in our academics and patient care. We will work with the utmost honest and integrity while demonstrating compassion towards our patients, families, faculty and each other. We will conduct ourselves in a professional manner while holding ourselves to the utmost ethical standards in our practice. We pledge to be well-balanced physicians for the benefit of our patients and those around us. We will work diligently to learn from those who went before us while laying the foundation for continued life-long learning.

RED SHOE DIARIES

NURSE!... DocTOR!...
Come here!... I want pain
medicine!... Gimme!...
F... You!

These are sounds that we hear every day in the Emergency Department. As common and as simple-or as disturbing-as these phrases may be, our response to them is in every way as important as the actual medical treatment we provide to our patients. The way in which we respond to rude, profane, annoying or unkind utterances by our patients or their significant others, has a profound impact upon whether the encounter (and subsequent care of the patient) improves, or whether it becomes inexorably worse. Simply stated, we must strive to always be the bigger person. Virtually every shift, we encounter a patient that "gets under our skin." They might be drunk, high, psychotic, anti-social or just plain rude. Maybe it's a frequent flier. No matter how difficult it may be, we must strive to maintain a calm and professional demeanor at all times. If we do not, we risk letting the situation escalate and quickly become out of control. While it is never acceptable to have a patient physically assault or batter us, it is important to let verbal jibes roll off and to approach difficult patients in such a way as to disarm them psychologically and allow us to get on with our duties, i.e., to take care of them. Easy? No! Crucial? Yes! Remember the childhood adage. "Sticks and stones may break my bones, but names will never hurt me."

It is important to examine from where a difficult patient's behavior may be

originating. They may be in pain, or afraid that they are deathly ill. They may feel helpless. They may be uneducated and only know one way to express these feelings. So, they take their anger and frustration out on us. We are the authority and have most, if not all of the power over them. We poke them, prod them and ask embarrassing questions. And, if they don't comply? We argue with them, ignore them, drug them or call security. Are there ways through which we may avoid these responses? Absolutely, but it is not always easy.

The fierce and respected Shawnee warrior Tecumseh (1768-1812), who fought valiantly, if not in vain, to protect his people from America's "Manifest Destiny" wrote, "Abuse no one and no thing, for abuse turns wise ones to fools and robs the spirit of its vision." We all chose the medical field for a variety of reasons. One commonality, however, is that we all wanted to help others. It is easy to lose this vision with the pressures of modern medicine. We are under constant scrutiny to complete our charting, see patients quickly, move them rapidly and be in compliance with our paperwork. Increasingly, the computer draws us further and longer from where we belong—at the patient's bedside. A patient may not understand that when we are sitting in front of the computer, we are still working. They see us sitting or maybe talking, but not "taking care" of them in the traditional sense. How we respond when a patient complains or is rude or indignant is critical to the patient's care and to how others perceive us as professionals. It is also

important to our own satisfaction and happiness.

In 1937, author Aldous Huxley (*Brave New World*) wrote, "We have all seen how anger feeds upon answering anger, but it is disarmed by gentleness and patience. We have all known what it is to have our meanness shamed by somebody else's magnanimity into an equal magnanimity; what it is to have our dislikes melted away by an act of considerateness; what it is to have our coldnesses and harshnesses transformed into solicitude by the example of another's un-selfishness." It is astounding how simple or trivial an "act of considerateness" can be. On one particularly busy and stressful night, a patient repeatedly called me a "fat motherf....." Other patients were becoming increasingly tense by this man's rants. With a smile and a wink, I gently reminded him that it was "Doctor fat motherf....." The whole room palpably relaxed and the patient chuckled and remained quiet thereafter. Even if someone is in your face, do not stoop to their level. Shouting or talking over others, raises the stress level and implies you do not have the intellect to garner attention. When you lose your temper, you are showing everyone that you cannot control yourself. It is not always easy. In fact, it can be very difficult to swallow one's pride. Of the Biblical Seven Deadly Sins, I believe that pride is the most dangerous. We must strive to "turn the other cheek" because "pride goes before the fall." When we antagonize or argue with a patient, we not only lower ourselves to their level, but we make ourselves look bad (continued on page 5)



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

"No matter how difficult it may be, we must strive to maintain a calm and professional demeanor at all times. "



Colleen Champine, RN
Crystal Arthur, MD
Elizabeth Sims, RN
Yvonne Lesiak, RN
Alison Jennett, PharmD
Richard Gordon, MD

DR. KOUYOUMJIAN CLERKSHIP DIRECTOR

The Wayne State University Department of Emergency Medicine is please to acknowledge the promotion of Sarkis (Rich) Kouyoumjian to the position of Medical Student Clerkship Director. Dr. K (as the students call him) succeeded the venerable Dr. Lawrence Schwartz.

Rich completed his residency at Wayne State/DRH in 2001 after having graduated from WSU School of Medicine in 1998 and splits his clinical time between Detroit Receiving and Sinai Grace Hospitals. He completed the ACEP teaching fellowship in 2007 and was awarded the title of FACEP in 2008.

Dr. Kouyoumjian has always possessed a calling and a talent for medical student education, so his rise to clerkship director was a

natural progression. As the clerkship director, He is responsible for the medical student's 4th year rotation at DRH, SGH, St. John, Beaumont and Henry Ford Hospitals with the assistance of Dr. Trifun Dimitrijeviski at DRH. Rich's interaction with the WSU medical students spans all four years. He teaches Physical Diagnosis to the second years and works with the third years, teaching them procedures. In addition to supervising the fourth year clerkship, Dr. K coordinates their didactic lecture series and helps to provide the fourth years an amazing experience in the simulation lab. (See Resuscitator Vol. 1, Issue 1) He also works closely with the Emergency Medicine Interest Group, coordinating events like the residency panel, residency director's panel, procedure

night, match panel and fellowship panel.

Dr. Kouyoumjian is involved nationally with Clerkship Directors in Emergency Medicine (CDEM), primarily in curriculum development, and recently worked with the consensus panel for the new national curriculum for EM. He is also beginning a new project entitled "Resident as Teacher" (RAT) for the WSU Department of Emergency Medicine.

In addition to enjoying time with his wife Kristin and their beautiful two year old daughter Amelia, Rich also became an ABEM oral board examiner in 2009. Rich enjoys golf, exercise and Monday Night Football when he is not cruising in his mint condition 1968 Pontiac GTO.

Philip A. Lewalski, MD



Sarkis Kouyoumjian, MD
Assistant Professor
Director EM Clerkship

ED STAFF RUNS IN HELL

On September 12, 2009, several members of the DRH and SGH staff descended to Pinkney State Park in Hell, Michigan for the annual Dances with Dirt Relay Race. This grueling event—loosely based upon old Potawatomi Native American lore—is an incredible test of will and stamina. Participants compete in teams of five. Each runner must complete 3 legs of approximately 4 miles each across swamps, rivers and wooded trails. The runners range from ultra-serious athletes, to more relaxed competitors (see photos). DRH and SGH participants have included Phil and Gina Levy, Keenan

Bora, Sue Corrión, Suzanne White, Erik Olsen, Kerin Jones, Dave Mishkin, Scott Ottolini, Bethany Brennan, Thomas Johnson, Luke Saski and Jamie Shaskos—as well as many former residents and nurses. Despite the occasional cuts, bruises and sprains, the athletes who run in this event universally love it, while others shake their head and wonder why! For more information on this and other events sponsored by this organization, see their website: www.danceswithdirt.com.

Philip A. Lewalski, MD



Susan Corrión, MD
Suzanne White, MD
David Mishkin, MD



Erik Olsen, MD



Erik Olsen, M D
Kerin Jones, MD
Gina Levy
Bethany Brannen, RN

Dr. Kouyoumjian has always possessed a calling and a talent for medical student education, so his rise to clerkship director was a natural progression.

RESIDENT RETREAT

On July 22nd and 23rd, the first and third year residents from DRH and SGH met in the Great Outdoors for the WSU Department of Emergency Medicine resident retreat. An annual event since 2003, the retreat was held at the Butzel Conference Center in Ortonville, Michigan. In addition to the grueling “challenge course”, there was plenty of time for play with activities such as volleyball, basketball, tennis, fishing, canoeing and the legendary campfire. The main focus, of course, is

more serious, and one of the reasons that the retreat is so well received and enjoyed every year.

The challenge course is designed to gain knowledge and understanding of team dynamics. Also, the first and third years spend time bonding, which helps the interns in their transition into residency and the emergency department. The first years receive instruction in core competencies and together write a class mission statement, which sets their goals for the next three

years—including a DRH community project.

The third year residents learn methods for becoming leaders in the department and mentors for their peers. There are also discussions regarding job searches, developing a CV, as well as physician wellness and financial planning. The residents are also taught humility by being trounced by the attendings in volleyball! (Age and treachery will always overcome youth and skill.)

Philip A. Lewalski, MD



MATT GRIFFIN NAMED VPMA AT SINAI-GRACE

The Wayne State University School of Medicine Department of Emergency Medicine is pleased to announce that Dr. Matthew Griffin has been appointed the Vice President of Medical Affairs at Sinai-Grace Hospital effective June 2009.

Dr. Griffin grew up in a busy home with 8 siblings in Livonia, Michigan. Matt earned his undergraduate degree at Michigan State and subsequently graduated from WSU School of Medicine in 1990. After one year as an OB/GYN intern with the U.S. Navy, Griffin served as a General Medical Officer in the Emergency Department on Okinawa where he realized that his future career would be in Emergency Medicine. After completing his military commitment as the Winter Harbor, Maine - Family Practice Clinic Director, Matt Griffin entered the Emergency Medicine Residency at DRH in 1995. He practiced both at DRH and SGH until 2001 when Matt began his tenure as the

Sinai Grace Emergency Medicine Residency Program Director – a position in which he excelled until stepping down in June.

Dr. Griffin has many lofty goals as VPMA and certainly the drive and capabilities to see them through. In addition to expanding the implementation of patient centered care, Matt would like to improve the efficient and appropriate use of medications and technology. “I love the idea of multidisciplinary teams for inpatient care.” Matt also has a special interest in Palliative Care. Griffin is perhaps most interested in Quality Improvement and has been asked to head up a special team at Sinai Grace. “We will employ the Crimson Tool, which is a sophisticated product that allows us to evaluate the practice/performance of individual physicians in regards to many parameters (length of stay, use of ancillary studies, consultants, etc.). This will start with IM admitting

providers, but tools for surgery and EM are in development.” As if he won’t be busy enough, Dr. Griffin is also considering the pursuit of a MBA in the near future and will continue to practice in the ED at SGH.

Matt realizes that any successful person owes a debt of gratitude to those who came before. “Most importantly, I would like to thank Drs. Brautigam, Sweeny, Bock, Kuhn and Wahl who have mentored me.” Matt would also like to acknowledge his incredibly supportive wife of almost 19 years, Inger and their four children. Inger and Matt also run the Emily Ann Griffin Foundation, which helps families of children with special needs. Please take the time to congratulate Matt and wish him well. There is no doubt that he will be very successful in his new role as VPMA at Sinai Grace Hospital.

Philip A. Lewalski, MD

“In addition to expanding the implementation of patient centered care, Matt would like to improve the efficient and appropriate use of medications and technology.”



Matthew J. Griffin, MD
VPMA, Sinai-Grace Hospital

RED SHOE DIARIES

(CONTINUED FROM PAGE 2)

to the patient, our co-workers and all of the other patients and visitors in the room. Another patient or their family doesn't really care that we have had a bad day. They just see a health care worker yelling at or demeaning a person who is bleeding or screaming in pain.

Eastern and Western philosophy is rife with examples of the importance and necessity of empathy and kindness. The Japanese code of Bushido, which translates to the "way of the warrior," is the code of moral principles that Samurai were required to follow. These were eventually formalized into Japanese feudal law. The second law is "Jin" (Benevolence). This is a magnanimous and compassionate state of mind that embraces the ideas that all people are fundamentally the same and should be treated with the same respect regardless of station or situation. The eighth (of 10) Precept of Taoism states, "When I see someone unfortunate, I will support him with dignity to recover good fortune." The ninth says, "When someone comes to do me harm, I will not harbor thoughts of revenge." Two of the Buddhist Eight Precepts encourage us to abstain from "malicious" and "harsh" speech. Cicero, the famous Roman attorney, senator and philosopher in his treatise "De Officiis" (On Duties), outlines 6 mistakes of man. Among these are: -the delusion that personal gain is made by crushing others;

-refusing to set aside trivial preferences;

-attempting to compel others to believe and live as we do.

At the age of 20, Benjamin Franklin wrote down his 13 Rules of Improvement. The

eleventh is entitled "Tranquility: Be not disturbed at trifles or at accidents common or unavoidable." Perhaps most succinctly, these examples can all be summed up by the Golden Rule. "Do unto others as you have them do unto you." More to the point, the 1st century B.C. renowned Jewish religious leader, Rabbi Hillel wrote, "What is hateful to you, do not to your neighbor; that is the whole Torah; the rest is the commentary thereof; go and learn it."

What does this all mean? Every day we will be confronted with intoxicated, disruptive and belligerent persons. It is the nature of our job. How we respond to them makes all of the difference. We must strive to always be polite, respectful and professional. It isn't easy, but we must try. Let it roll off of you. It never ceases to amaze me how a small, simple act of kindness can defuse the worst of situations; or how one slip of the tongue or slight loss of temper makes a bad situation worse. At the very least, ignore verbal attacks from our patients. Even better—try to be the bigger person and say, "I'm sorry", or, "I understand and I'll do what I can to help." We need to support one another in this endeavor as well. The Seventh Precept of Taoism states, "When I see someone do a good deed, I will support him with dignity and delight." Every once and a while, we need to consider how we would feel lying on an uncomfortable gurney-injured, in pain, bleeding or scared. How would we feel if the doctors and nurses seemed too busy to offer help or a kind word? How would it look to us to see a medical professional engage in a shouting match with a drunk, a drug addict or a psychiatric patient? Who is crazier, the

psychotic or the person who argues with them? We have an awesome responsibility. We have chosen a profession that gives us power over a person's life, health and well-being. It can be hard and stressful, but ultimately extremely rewarding. We have chosen to SERVE our patients and owe them respect and kindness. We are there to care for them and to heal them. In this respect, all of our patients are equal. The Zen philosopher and famed 17th century Japanese swordsman Miyamoto Musashi wrote in his tome, The Book of 5 Rings, "Consider yourself lightly, consider the world deeply." Backing down from a verbal altercation does not make you weak. On the contrary, it takes a great deal of strength and understanding to swallow one's pride and attempt to de-escalate a volatile situation. Chief Tecumseh also wrote, "Show respect to all people, but grovel to none." We can be professional and self-effacing without groveling.

The next time a patient calls us a name, demands inordinate attention or is disruptive, we may still find ourselves getting upset. At the very least, walk away. We must try our level best, however, to find a kind word or disarming response to ensure that first and foremost we provide professional, compassionate and empathetic care to those who need us the most. On the first day of medical school, some 24 years ago, I was taught an adage attributed to Hippocrates that is as appropriate now as it was almost two and a half millennia ago:

Cure sometime...Treat often...
Comfort always...

Philip A. Lewalski, MD



Binesh M. Patel, MD
Clinical Assistant Professor

"It never ceases to amaze me how a small, simple act of kindness can defuse the worst of situations; or how one slip of the tongue or slight loss of temper makes a bad situation worse."



Jeffery J. King, MD
Clinical Associate Professor
Lawrence R. Schwartz, MD
Assistant Professor
Lee Benjamin, MD
EM/Peds Resident '2002'
Sharon Jackson, RN
Staff Nurse

MELISSA BARTON PROMOTE TO RESIDENCY DIRECTOR AT SINAI-GRACE HOSPITAL

The Wayne State University Department of Emergency Medicine is pleased to announce the promotion of Melissa Barton, MD to Residency Director at Sinai-Grace Hospital. Dr. Barton has served as the Associate Director since completing her residency at Sinai-Grace in 2001.

Melissa has always been very passionate about the residency program at Sinai-Grace. She fell in love with the hospital and more importantly, the E.D. physicians from the very first moments of her residency interviews. When the dean of her medical school—Creighton University—asked her for her rank list for residency, Melissa replied, “I gave it to you. I’m going to Grace Hospital.” In retrospect, Dr. Barton acknowledges that only ranking one program may not have been the most sensible gamble, but she knew in her heart that Grace was where she belonged. “There is truly a sense of family and dedication to one another that is rarely seen elsewhere. We take pride in the autonomy that we have here in caring for critically ill patients from northwest Detroit. I have had the privilege of working with and learning from truly some of the best physicians one could ever hope for as mentors.” Barton goes on to add, “No doubt, over the past 11 years here the climate in the ED has changed. Much of this change is a reflection of changes seen in our city as

well as the state as a whole. Patients present for care later in their disease process than they ever have before. Insurance restrictions make it ever more increasingly difficult for patients to receive follow-up care. The boarding of patients in the ED is a daily challenge faced not only by our department, but by most across the country. Tough questions regarding healthcare are not being asked. All of us know that Emergency Departments are not the problem; rather, we are serving as the safety net for an overwhelmed system.”

As Program director, Melissa Barton is excited for the future of our specialty as she oversees bright, energetic residents beginning their careers. She routinely says to them that her job is to make them the best physicians that they can be so they may achieve their full potential. Barton strives to offer each resident a lifetime of career fulfillment by preparing them to continue their learning after residency. Her commitment to resident education is evidenced by the fact that Melissa has won 5 Academic Teacher of the Year awards since graduating the program. In addition to continuing the success of the Sinai-Grace Program achieved by Dr. Matt Griffin [see page 4], Dr. Barton hopes to capitalize on the great research potential that her program provides. Melissa strongly believes that we all have a duty to better our specialty not only for our

patients, but also for the future happiness and fulfillment of all emergency physicians. “As President-elect of the Michigan College of Emergency Physicians, I hope to increase resident participation in Emergency Medicine advocacy. This involvement will help educate future physicians as to how they can be at the decision making table for issues such as liability reform, reimbursement and overall career satisfaction.”

Dr. Barton wishes to acknowledge her team of colleagues, without whom her job would be insurmountable, including Drs. Marc-Anthony Velilla, H. Scott Dersitine and Daniel Morrison. Dr. Michelle Lall has also been invaluable as the medical student coordinator as she receives high praise from rotating students and goes above and beyond her job description to better the program. The addition of Dr. Robert Zalinski has given a huge boost to the research program as well. Dr. Barton also offers special praise for Gretchen Brownlow, the Program Coordinator, and her assistant Helena Yago. “Their exceptional organizational skills and warm personalities make life much easier for both faculty and residents.”

In conclusion Dr. Barton adds, “We are off to a great start; yet I feel the best is still yet to come.”

Philip A. Lewalski, MD



Melissa A. Barton, MD
Clinical Assistant Professor

“There is truly a sense of family and dedication to one another that is rarely seen elsewhere.”



Sinai-Grace Hospital

TRIP SITTER

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

“Brand loyalty” or “you can’t trust your drug dealer”

In the last issue we dealt with the phenomenon of internet hoaxes, specifically that of flavored methamphetamine being targeted at children. In this issue, we will deal with drugs that actually are being targeted at children.

Drugs and teen culture are not strange bedfellows. What changes are the types of drugs that are preferred and how they are obtained. These days, either stealing prescription drugs from family members or buying drugs on the street is the usual route. The good thing about the prescription drugs, as far as the teens are concerned, is that it is branded with a code. They can look up that code on any one of a number of internet

sites and found out exactly what it is they are taking.

With drugs purchased on the street, there has been a rise over the past 20 years or so of clandestine labs and small scale drug manufacturing. Dealers, being savvy businessmen, are always on the lookout for ways to make their product more attractive and memorable. One way is to make the pill a particular shape and color. That way, when you encounter that pill again, you will be able to recognize it. This technology is relatively common and produces pills with amazing detail. Making them in the shape of characters that are recognizable also adds to the branding.

Just because a pill is memorable does not mean that the contents of the street drugs are always what they are purported to be. Again, this is nothing new as many a college student has wondered why he is not getting a buzz while smoking oregano. These days, the variety of potential confounding substances is

larger than ever. To help keep track of that, there are websites that list the contents of various pills purported to be ecstasy (<http://www.ecstasydata.org> and <http://www.dancesafe.org>). These sites have pictures along with the contents of the pills. They can be helpful, even if all that your patient remembers is that it was a blue Transformers symbol.

From talc in heroin to levamisole in cocaine to caffeine in ecstasy, drug dealers will continue to try to maximize their profit margins by selling the wrong drugs or just diluting out the active ingredient with an inert substance. This makes caring for these patients more challenging than if the patient could reliably tell you what they had taken. However, it does underscore a basic tenant of toxicology: treat the patient, not the ingestion.

Keenan M. Bora, MD
Toxicology Fellow



Glock



Blue Dragonfly

Drugs and teen culture are not strange bedfellows. What changes are the types of drugs that are preferred and how they are obtained.

2009 HOUR DETROIT TOP DOCS

Last April, approximately 16,000 surveys were mailed to physicians. Recipients were asked to nominate colleagues they deemed best in their given specialties. Please congratulate our faculty who were among the emergency physicians chosen:

William Anderson, MD, Beaumont

Charlene Irvin, MD, St. John Health

Stephen Knazik, DO, DMC/CHM

Christopher Lewandowski, MD, Henry Ford Health

Prashant Mahajan, MD, DMC/CHM

Gerard Martin, MD, Henry Ford Health

Emanuel Rivers, MD, Henry Ford Health

Robert Takla, MD, St. John Health

Bradford Walters, MD, Beaumont

Suzanne White, MD, DMC/DRH



Deception

CRITICAL CARE CONFERENCE A BIG SUCCESS

The WSU School of Medicine Department of Emergency Medicine, in partnership with the Michigan College of Emergency Physicians hosted a state of the art CME conference, "Critical Care in the Emergency Department", August 31st – September 1st. Held at the beautiful Grand Traverse Resort and Spa in Traverse City, the event was organized by Dr. Robert Sherwin and included 27 faculty instructors, all of whom are emergency physicians.

The speakers provided a wonderful spectrum of in-depth talks on different aspects of critical care

management in the ED to over 100 registrants, including emergency physicians, residents, intensivists, pediatricians, nurses, PA's and paramedics from as far away as California and Montana. There were also popular workshops of Difficult Airways and US guided resuscitation. A delightful reception was also held on the first evening and was a fabulous success.

The feedback from the participants and faculty was very positive. Dr. Harsheel Desai wrote, "I am echoing the sentiments of my fellow residents when I say that it was an absolute treat. From

the topics, to the speakers, to the environment, the conference was nearly perfect. Not only was there a wealth of information on the latest in physiology and treatment options, but I left the conference with a newfound sense of pride in what our field continues to accomplish on a daily basis."

Dr. Sherwin reports that planning is already underway for next year's conference and he would like to thank the WSU Department of Emergency Medicine for all its support in making the event a huge success.

Philip A. Lewalski, MD



Robert L. Sherwin, MD
Assistant Professor



USING TECHNOLOGY IN EDUCATION

The Department of Emergency Medicine sponsored a conference Using Technology in Education in November. The purpose of the conference was to inform educators about some of the new and exciting techniques which are now available as a result of the ubiquitous use of the world wide web.

We were fortunate to have use of the Margherio Family Conference Center in the Mazurek Education Commons which was a perfect venue for this type of conference. It was an exciting conference held in a state of the art educational arena.

The Mazurek Education Commons allowed us to combine lecture, discussion, and hands-on practice (provided by Adam Rosh, MD, MS) in using computers to develop web sites, blogs, and use Google as a platform to store and then access

personal documents from anyplace the user happens to be.

Our department was well represented by Rosemarie Fernandez, MD who spoke on the importance of debriefing and how it can best be accomplished and Adam Rosh who explained what Web 2 really is, how it is important to education, and how our department is using it for instruction. Rosemarie Fernandez also provided tours of the Kado Family Clinical Skills Center, showing what a well designed simulation center can provide in education of residents and medical students using high fidelity simulation instruction.

The faculty was international as Shirley Lee, MD came from Toronto Canada to explain how to motivate learners. Other speakers came from Michigan and New York to share their

knowledge and experience in using the web for education.

Attendees came from multiple states with the furthest traveling from Oregon.

Multiple members of the department worked to make this conference possible. Sandie Garling and Gloria Daniel made sure that all the work needed to make this type of program successful was done and done so well that no one attending the conference was even aware of anything but how much they learned and what a good time they had. Marc Rosenthal supported the audio visual end of things so that everything went off without a hitch.

It was an exciting and successful day with educators from all over Wayne State University congratulating our department for being "on the cutting edge" of instruction.

"By uniting expertise, technologies and services in a common space with shared resources, the Medical Education Commons creates a centralized hub for you, our students and health care professionals."



Richard J. Mazurek, MD
Medical Education Commons

Gloria J. Kuhn, DO, PhD

DEPARTMENT OF EMERGENCY MEDICINE 2008–2009 DONORS

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 Phillip D. Levy, MD
 Philip A. Lewalski, MD

Robert T. Malinowski, MD
 Jason L. Moore, MD
 Kamal K. Nangia, MD
 Mark S. Rosenthal, DO
 Martin A. Reznek, MD
 Padraic J. Sweeny, MD
 Nancy Z. Walter, MD
 Robert D. Welch, MD

BENEFACTORS- \$1,000 +

Lydia L. Baltarowich, MD
 Gregory E. Berger, MD
 William A. Berk, MD
 Matthew J. Griffin, MD
 Kerin A. Jones, MD
 Sanford H. Koltonow, MD
 Brian J. O'Neil, MD
 Lawrence R. Schwartz, MD
 Robert P. Wahl, MD
 Suzanne R. White, MD
 Robert J. Zalenski, MD

Every attempt is made to provide accurate information. If there are any edits or omissions to this list, please contact Jeri Gleichauf at 313-993-0848 or jgleich@med.wayne.edu.



Emergency Medicine Faculty

DOMESTIC VIOLENCE AWARENESS

October is National Domestic Violence Awareness month and on October 29, 2009 the Department of Emergency Medicine – Wayne State University School of Medicine and Medical Center Emergency Services, Henry Ford Health System and the Wayne County Medical Society helped to sponsor our second educational conference for health care providers on Domestic Violence. The participants included physicians, nurses and social workers from the

metro Detroit area and provided free CME to all participants. The prevalence of Domestic Violence is growing along with unemployment in our communities. In Emergency Medicine we are truly on the front lines and though our interaction maybe focused to their immediate health needs we can still be a starting point for information and access to resources in the community. The conference also addressed the issue of elder abuse which falls under

Domestic Violence and can be a more complicated situation to identify and report. The Detroit Medical Center and our department have taken some important steps to become a leader in addressing the gaps in care that exist for this patient population. One great example of our commitment is the opening of the DMC WC-SANE Clinic and better screening at triage for domestic violence for all patients who present to our emergency department.

“Our vision is to become this country’s premier Department for emergency medical care, education and scholarship, such that we significantly advance the science and practice of our specialty.”

No one asks or deserves to be abused—no matter what they say or do.



Patricia Wilkerson-Uddyback, MD

NEW ATTENDING PHYSICIANS

We would like to welcome the following physicians to the Wayne State University Department of Emergency Medicine. We look forward to working with you.

Vincent Borla, MD, Vince is

working at DRH, HUH, and DSH.

Kristopher MacWilliams, MD, Kris began a two year Toxicology Fellowship and is working at DRH and HVSH.

Jessica Normile, DO, Jessica

is working at HVSH and DSH.

Erik Olsen, MD, Erik is working at DRH and HVSH.

Tamar Jeffery, MD, Tamar began a two year Research Fellowship and is working at DRH and HUH.

Elizabeth Zide, MD, Elizabeth is working at HUH, DRH and S-G.

Congratulations on your decision to join this remarkable team.

CONGRATULATIONS

Theresa and Ryan Terlecki on the birth of their daughter, Sloane Tovah, born May 22, weighing 8 lbs 2 oz and 19 inches.

Jennifer Ann and Chris Budziak on the birth of their son, Andrew Brian, born August 12, weighing 8 lbs 11 oz and 23.25 inches.

Emily and Michael Peters on the birth of their daughter, Stella Rose, born on October 3, weighing 7 lbs and 20.5 inches.

Michelle and Tom Lall on the birth of their daughter,

Carmen Marie, born on November 2, weighing 7 lbs 12 oz and 21 inches.

Tasha and Anthony Lagina on the birth of their daughter, Gianna Marie, born November 10, weighing 6 lbs 11 oz and 19 inches.

Tracie and Kyle Perry on the birth of their daughter, Rebecca Rae, born November 11, weighing 8 lbs 11 oz and 20.5 inches.

Darnell and Marc-Anthony Velilla on the birth of their son, Maximilian Joseph, born on November 22, weighing 6

lbs 14 oz and 20.75 inches.

Colleen and Trifun Dimitrijevi on the birth of their son, Drew, born on November 27, weighing 7 lbs 14 oz and 21.5 inches.

“Son of Associate Research Director follows in father’s footsteps.” Brendan O’Neil, a twelve year old fifth grader at Everest Academy, heeded his dad’s suggestion and ended up with an elementary school project that became a featured poster presentation at 2009 ACEP Research

Forum - “A Randomized Controlled Trial of the Effect of Energy Drinks on Exercise Performance, Dexterity, Reaction Time and Vital Signs Before and After Exercise.”

Marie Irvin, a 21 year old junior at Hope University and the daughter of Charlene Irvin, MD, St. John Health System, presented at the 2009 SAEM Regional Meeting “The Risk of Death in Adults needing Intubation in the Emergency Department.”

A CALL FOR YOUR HELP...

We at the Resuscitator would like your input. If you have any gripes, concerns or comments, please submit them to me at plewalski254@comcast.net or Sandie Garling at sgarling@med.wayne.edu

for publication in the “Ventilator” column. If you have any funny stories or anecdotes, we will try to include them in the “Doctor Aware” column. For the creative among you, feel free to send me any artistic

pursuits you would like to share.

Finally, to our core faculty and researchers, please send me information about your on-going or future projects.



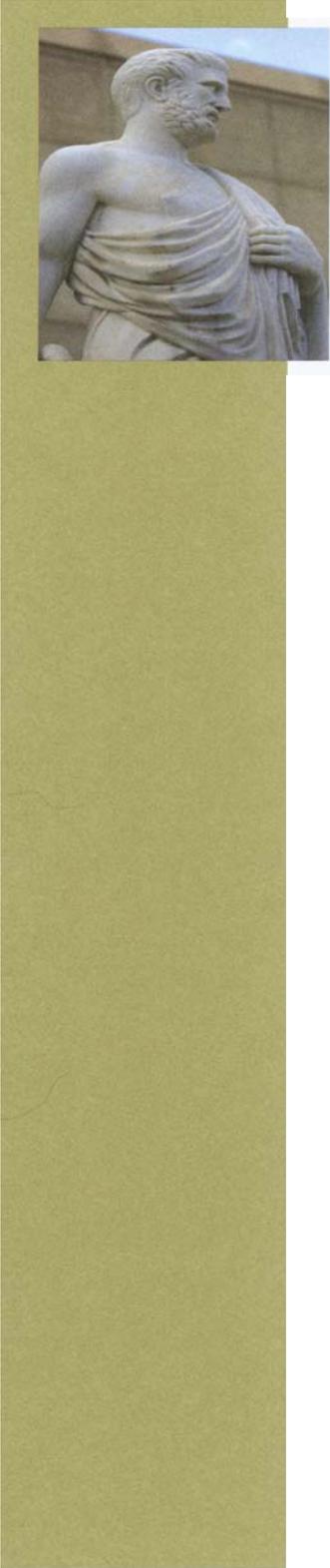
CONDOLENCES

Our condolences go to: Robert Welch, MD, on the recent death of his father, Robert Welch;

Cynthia Lepak-Hitch, MD, on the recent death of her mother, Betty Lepak;

Sarkis Kouyoumjian, MD, on the recent death of his mother, Alice Kouyoumjian.

2009 EMERGENCY MEDICINE DEPARTMENTAL CAMPAIGN



2009 Emergency Medicine Departmental Campaign

My **total** gift commitment of \$ _____

will be fulfilled over

___ one year ___ three years ___ five years

Method of payment:

___ check enclosed (payable to WSU School of Medicine) in

the amount of \$ _____

___ credit card (VISA or MasterCard)

_____ exp. date _____

___ bill me

___ quarterly beginning _____

___ annually beginning _____

___ payroll deduction (excludes Volunteer Faculty)

I am a: ___ 12-month employee ___ 9-month employee

(24 deductions per year) (18 deductions per year)

My gift should be restricted to (please choose a maximum of two options):

___ EM Continuing Education (for residents) - #224441

___ EM Toxicology Education and Research - #221396

___ Center to Advance Palliative Care Excellence - #221569

___ Clinical Research Support - #444586

___ Aim Higher for Students - #447241

___ Other – # _____ (fund index number required)

___ For recognition purposes, including donor honor rolls and/or WSU giving societies, please list my/our name as:

(please print clearly)

___ I/we wish to remain anonymous: please do not include my/our name in any listing of donors.

Leadership donors whose giving reaches \$10,000 will become members of the Anthony Wayne Society.

NAME: _____ BANNER ID: _____

ADDRESS: _____ DEPARTMENT: Emergency Medicine

CITY: _____ EMAIL: _____

STATE/ZIP: _____ CAMPUS PHONE: _____

SIGNATURE: _____ DATE: _____

___ I would like information about making an estate gift.

OPERATION DON'T SMOKE

OPERATION DON'T SMOKE is a program sponsored by the Department of Emergency Medicine. The program is aimed at teaching medical students to counsel patients on smoking cessation. It began as an educational grant from Pfizer

Pharmaceutical Company for teaching physicians about smoking cessation. Pfizer awarded the grant to Gloria Kuhn, DO and Virginia Hill-Rice, RN, an NIH funded nurse, whose area of expertise is in studying tobacco use, its contribution to disease, and how to prevent and stop smoking.

OPERATION DON'T SMOKE has become part of the Co-Curricular Program at Wayne State University. As a result students can earn school of medicine credit for participating in OPERATION DON'T SMOKE.

The educational program has both a formal didactic component which includes

lectures and an experiential component in which first and second year medical students work in the emergency department counseling patients on why they should quit smoking and how to quit.

The program is extremely popular with the students. Over 120 students attended the lecture series this fall, up from 85 students the first session held one year ago. The most popular part of the program is volunteering in the Emergency Department. Last fall 21 students counseled 80 patients on smoking cessation. So far, this fall 15 students have volunteered to work with patients. For many students, this is their first chance to work with patients and they appear to love the experience and feel that they have a chance to really help patients.

The students' evaluation of the program has emphasized

two points: how receptive patients are to speaking with them about how to quit smoking and how welcoming physicians, residents, and nurses have been to them.

Comments from two medical students were:

"I talked to about 5 patients and all were very receptive. They all wanted to quit, but hadn't been able to kick the habit completely. The ED staff were all very helpful. I had a great time and look forward to participating again!"

"I was actually quite surprised at the response I had from the 4 patients I saw. The patients were all willing to listen and talk; I didn't expect this. Most of the patients already knew the dangers of smoking. Actually, one patient didn't know what second hand smoke [was]. I learned that the patient lives with both her daughter and grand daughter. I was

extremely alarmed when I found out that the house was not smoke free! However, after I explained to her what second hand smoke is and its adverse effects on the health of her granddaughter, she appeared to have more resolve to quit smoking and to encourage her daughter to quit as well. Visiting that one patient shows how important it is to educate and why we need to do OPERATION DON'T SMOKE!"

Gloria J. Kuhn, DO, PhD

"Last fall 21 students counseled 80 patients on smoking cessation."



From the Chair and Editorial Staff
 Suzanne White
 Phil Lewalski
 Sandie Garling

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SCHOOL OF MEDICINE

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Emergency Medicine Coordinator

“ 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

Stephen Knazik, DO is the recipient of the 2009 Martha Bushore-Fallis Advanced Pediatric Life Support Award. He received this award at the American Academy of Pediatrics National Conference & Exhibition in Washington, DC in October. This award, the highest educational award in the field of Pediatric Emergency Medicine, was bestowed upon Dr. Knazik because of his long-term commitment toward promoting advanced pediatric life support.

Kurt Stankovic, MD has been appointed the Children’s Hospital of Michigan Emergency Department Fellowship Director.

Nirmala Bhaya, MD founded the Children’s Hospital of Michigan Emergency Department Fellowship Program and after 30 years she will now be serving as Associate Fellowship Director.

Brian O’Neil, MD was named to the American College of Emergency Physicians Research Committee.

Karen Przyklenk, Ph.D. has received permanent charter status for the Cardiovascular Research Institute.

Thomas Sanderson, Ph.D. has a manuscript being published in the Journal of Cerebral Blood Flow and Metabolism along with Gary Krause, MD and Gary Fiskum. This was a result of a collaborative effort with Gary Fiskum’s lab at the University of Maryland.

Phillip Levy, MD was nominated to serve on the AHA writing group for Acute Heart Failure Syndromes-ED Treatment and Disposition commissioned by the Acute Cardiac Care Committee and the Council of Clinical Cardiology.

Adam Rosh, MD is one of the editors on a new book – “Case Files Emergency Medicine” 2nd Edition; He has also edited and published the “Pre Test Emergency Medicine” 2nd Edition.

Crystal Arthur, M D was elected to the Michigan College of Emergency Physicians Board.

Melissa Barton, MD was elected the Michigan College of Emergency Physicians President-Elect.

Gloria Kuhn, DO was elected to the Executive Committee for the Wayne State University School of Medicine.

Patricia Wilkerson-Uddyback, MD is an awardee of the Rhonda Walker Foundation as a distinguished member of the health care community who supports the mission to empower inner city teen girls to become strong, confident, successful and moral leaders.

William Berk, MD and Matthew Griffin, MD will receive the 2009 College Teaching Award at the Annual Wayne State University Honors Program in December 2009.

Welcome to Danielle Turner-Lawrence, MD, the new medical student site coordinator at William Beaumont Hospital.

Suzanne White, MD has been appointed as a member of the American Board of Pharmaceutical Specialties to begin January 2010.