In each newsletter, I have highlighted specific challenges and opportunities important to academic emergency physicians. In the previous issue, I discussed the importance of Maintenance of Certification (MOC). A departmental solution that would meet this new requirement through a robust ED bedside ultrasound training and credentialing program was proposed. As a brief update, Leonard Bunting and I have made considerable progress in streamlining the ED bedside US image documentation process and have been successful in linking ED US to the patient’s EMR. Very soon, we will begin offering the program to ED bedside US-credentialed physicians who are scheduled to re-certify with ABEM in 2013; these individuals have MOC Assessment of Practice Performance requirements due in 2010-2011. I hope that you will support this initiative. It will move our entire department forward in the patient care and educational arenas and will meet your professional MOC requirements. Over the past eight months, Leonard and I have had a laser-beam focus on rebuilding and streamlining the entire ED US process. In this regard, we have truly enjoyed the full top-down support of the DMC. I welcome your comments and feedback as we launch this new endeavor. Shifting gears, I would like to mention that the economics of US physician supply and demand have been on my mind this week. It was difficult to read the Association of Academic Medical Centers report that detailed the gross underestimation of the future physician workforce shortfall without becoming disturbed. An initial report in 2006 predicted a shortage of physicians in 2025 which prompted medical schools to increase their enrollment by 2% per year on average. Unfortunately, this move alone did not overcome the true physician supply bottleneck that relates to the freeze on residency spots placed by HCFA in 1997. Consequently, we have these new projections that the physician shortfall will actually reach 91,500 by 2020. One explanation for the latest estimates is that 30% of the entire physician workforce will retire during the next decade. Indeed, many actively practicing physicians have postponed retirement because of the economic downturn. Another explanation relates to the decrease in working hours for physicians attributed to generational changes. The supply crisis is even more concerning given the large increase in demand that will be seen as we insure an additional 32 million Americans. This change will be layered upon demand that has already gone unmet by physicians over the past several decades.
Our job is killing us! It already nearly killed me. It is interesting that we work under conditions that have been shown to increase cardiovascular risk, cause sleep related disorders, GI disturbances and shorten our life span; and yet we rarely discuss it except as a sort of macho joke. Perhaps it is because we feel that there is not much we can do about it; so why worry? More disturbingly, maybe our “la belle indifference” is due to a woeful lack of knowledge regarding the magnitude of our risk and how little is known about its causes.

Shift work is typically defined as working outside of the hours of 7am to 6pm. Discussions and writings about working at night have been prevalent since the Roman time, but it was not until the Industrial Revolution that large numbers of workers began to engage in shift work. In 1904, 2.8% of the labor force in Europe worked at night. Currently, 25% of workers in the US and Europe (27% of men, 16% of women) engage in shift work. Observers first noticed negative effects related to off hour work in bakers in 1860. It was not until 1927, however, that investigators began to formally study the potential deleterious physical and psychosocial consequences of shift work. Since that time, mountains of data have been amassed demonstrating that shift workers—particularly those who rotate shifts—are at risk for multiple disorders.

Persistent shift-lag over the years leads to increases in GI disorders (peptic ulcer disease), sleep related disorders, cardiovascular disorders and the risk of drug, alcohol and tobacco abuse. The older one gets, the worse it becomes. There is a significant drop off in a worker’s ability to handle rotating shift work as they reach their forties.

Shift workers inevitably accumulate sleep debt, averaging over 7 hours less sleep per week than daytime workers. Even more dramatic, rotating shift workers average only 5.5 hours of sleep while on night shifts. (Five and a half hours sounds generous for some emergency physicians!) Sleep deprivation has been shown to significantly decrease one’s ability to perform mundane tasks. It is estimated that driving after 3 hours of sleep is equivalent to driving drunk and sleep deprivation has been implicated in several disasters which occurred at night—including Chernobyl, 3 Mile Island, Exxon Valdez and Bhopal. There have also been a number of studies demonstrating an increased rate of MVAs and needle sticks in interns who are working prolonged duty hours.

Many studies have shown a higher risk of cardiovascular disease (CVD) in shift workers. A 16 year prospective cohort study of 79,109 nurses published in Circulation in 1995 showed an increase rate of CVD in those performing shift work for greater than 6 years which was adjusted for tobacco use (age related relative risk of 1.38). Other studies have shown decreases in HDL (odds ratio 2.02), increases in triglycerides and possibly increased rates of hypertension. It has been estimated that off-shift workers have a decrease in life expectancy of 5-10 years. Male police officers have a life expectancy of only 53-66 years!

The life expectancy data of police officers brings up an interesting point. How much of the effect is shift work versus other factors such as job related stress? The problem is that we just don’t know. Investigators write about “disruptions in the Circadian rhythms”; but what does that really mean? What can be done about it? We know that some of us are able to adapt better than others but it is not known why. Do these “night owls” possess some physiologic advantage or are they better able to handle shift work because of some psychosocial differences?

The majority of the data linking psychosocial stress to increased cardiovascular risk is epidemiologic and the physiologic mechanisms underlying this link remain unclear. With the help of our residents and faculty, I hope to change that. (Ah, the real reason behind this editorial.) In the coming months, I will be helping to investigate the roles that work stress, sleep and eating patterns, lifestyle and rotating shift work plays on numerous physiologic markers of cardiovascular risk.

In the coming months, I will be helping to investigate the roles that work stress, sleep and eating patterns, lifestyle and rotating shift work plays on numerous physiologic markers of cardiovascular risk.

protein and tumor necrosis factor-α on our resident’s first shift of a string and then repeat the samples after day and night shift duties. I hope to get as many of our residents and faculty involved as possible in my first foray into scholarly work and unless my arm recovers unexpectedly fast, don’t worry; someone else will draw your blood! More importantly, I hope to see a great majority of our residents volunteer so that we can determine HOW shift work shortens our life expectancy and increases our risk of cardiovascular disease. Not only can we improve our lives, we can improve the lives of 25% of the population.

(continued on page 8)
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.

Your Comfort May Be My Concern

Rarely are we afforded the luxury of a measured decision in the face of a critical toxicology patient. Heroic measures become mundane. In the world of the Children’s Hospital of Michigan Regional Poison Control Center, we have a number of mantras in this area, the most commonly deployed being, "GBOGH!" Despite sounding like something an alien epitaph, it is an acronym for “Go Big or Go Home” and it is employed when trying to encourage the toxicology fellows or the staff taking care of the patient to bring out the big guns.

The most commonly encountered area for GBOGH is when treating delirium tremens. To stop the seizures or severe agitation, we talk about the benzodiazepine doubling rule or, in commemoration, “dropping the Hedgehammer”. This is when the patient in DTs has received 4 mg of lorazepam and they are still thrashing around.

We would double the IV dose of any given benzodiazepine every 15 minutes until the result is achieved. This dosing makes some healthcare professions uncomfortable because it is unfamiliar to them. These doses are not uncommon in the world of toxicology. They allow us to determine within about an hour if the patient is going to be responsive to benzodiazepines or not. If they are not responsive, then you may need to give barbiturates or to rethink the differential.

Another area in which we swing for the fences is with patients exposed to organophosphates. ACLS algorithms have the maximum dose of atropine at 3 mg (0.04 mg/kg). When an organophosphate poisoned patient comes in with extensive bronchorrhea, salivation, lacrimation, and the rest of the toxidrome, you need to treat with atropine until the secretions dry up. This may mean 10 mg, 40 mg, or greater than 100 mg. This may exhaust your hospital and hospital system’s supply of atropine. Hopefully, while the pharmacist is dutifully pulling up that atropine (1 mg at a time mind you), you will contact the Poison Center so we can help you with either atropine acquisition, pralidoxime acquisition, or, if you have all of that covered, so we can give you a high-five and a drink for correctly diagnosing and treating a severely poisoned patient.

My personal favorite areas to put people out of their comfort zones are beta blockers and calcium channel blockers. Even experienced physicians may check their swing when told to start a drip of glucagon at 10 mg/h or insulin at 1 unit/kg/h. They may really start to be uncomfortable when we fax them our protocol and tell them to get the patient up to 4 units/kg/h of insulin within 2 hours.

As fun as it is, the problem with pushing people out of their comfort zones is that they may not do what we recommend. As toxicologists, we are only consultants and unless you are accepting of our recommendations, you may not follow them even if it is the right thing to do for the patient. If there is a situation in which you don’t feel comfortable with our recommendations, please let us know. In the meantime, I would invite you to send an email to me describing a “tox” case in which you went big.

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DEPARTMENTAL CAMPAIGN

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. Please use the form on page 9 to indicate your gift commitment, designation, and method of payment.

With grateful appreciation,

Keenan M. Bora, MD
Clinical Assistant Professor

Despite sounding like something an alien epitaph, it is an acronym for “Go Big or Go Home”...

“We the emergency medicine residents of Sinai-Grace Hospital, stand committed to upholding the core principles of emergency medicine.”
As Michigan natives surely know, autumn is a magical time in our state. The air is crisp, the leaves are in color and there many wonderful outdoor activities available. For our new and/or temporary Michiganders (residents, nurses and attendings) it is easy to get bogged down in your work routines and the next thing you know it is winter, you haven’t seen the sun in a month and you have seasonal affective disorder! It is important to take a “mental health” break and enjoy some of what the area has to offer.

I don’t work for the Michigan tourist bureau, so my suggestions may not be exhaustive, but a state with hundreds of miles of coastline has a lot to offer. There are many bed and breakfasts along the lakes, some near highly regarded wineries. There are also numerous apple orchards and cider mills within the tri-county area. (If you are so inclined, cinnamon schnapps goes great with cider and doughnuts!) Both inland and along the coasts there are beautiful places to take driving trips to see the fall colors, or to hike, canoe or bicycle. There are also thousands of acres of public land for hunting and fishing.

It is very easy to get into a rut this time of year and the stress of residency or a new position can become overwhelming. Obviously house officers and new attendings don’t have much vacation time, so take advantage of the myriad activities Michigan has to offer in the fall—many amenable to day trips—so that you can approach your career with renewed peace and vigor.

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**PAT WILKERSON-UDDYBACK NEW HARPER/HUTZEL VPMA**

On August 16, 2010, Dr. Patricia Wilkerson-Uddyback assumed her new role as Vice President of Medical Affairs at Harper-Hutzel Hospitals, filling the position vacated by Dr. Reginald Eadie. (See related article on page 10) Pat steps down from her duties as Chief of Harper’s Emergency Department, a job she held for the previous 2 years. Wilkerson, a native Detroiter, knew that medicine was to be her career path since she was 5 years old, but did not expect to be so heavily involved in administration. “I never dreamed that my journey in healthcare would lead down the path of administration,” she relates. “I still enjoy direct patient care and never really imagined myself in any other position other than an attending ED physician.”

Pat has learned that the greater the challenges have become. Not only has she been forced to become a morning person due to the ubiquitous 7:30 am meetings, but she has also learned the importance of diplomacy and objectivity. “There is always a bigger picture and various approaches to solve certain problems, and at other times, there is only one ‘not so appealing’ choice that must be made.” She also finds the challenges facing medicine today to be truly exciting and she looks forward to meeting them head on.

Pat has always been an overachiever, having finished the 5 year combined Emergency Medicine-Pediatric Residency at DRH in 1996 and then working clinically at DRH, Children’s, Hutzel and the VA Hospitals. She is an alumna of WSU School of Medicine, having completed her undergraduate work at Michigan State. Dr. Wilkerson is also the chair of the Wayne County Medical Society Task Force for Nonviolence and is dedicated to domestic violence education and prevention. She was also instrumental in bring SANE nurses (Sexual Assault Nurse Examiners) to the DMC emergency departments.

Pat devotes her spare time to her husband Odie (a Wayne County Prosecuting Attorney) and their children and looks forward to her new role as VPMA at Harper-Hutzel. “I have the opportunity to lend my voice to issues and decisions that will affect our practices and our patients. I pray that mine will always be the voice of reason and wisdom, and that I will make my WSU/MCES family proud.”

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Philip A. Lewalski, MD
Editor-in-Chief

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Patricia A. Wilkerson-Uddyback, MD, Clinical Assistant Professor
Vice President, Medical Affairs
## Congratulations Emergency Medicine Class of 2010

**Detroit Receiving Hospital**  
Kristi Bernath, MD, University of Kansas Hospital, Kansas City, Kansas
Christopher Budziak, MD, Henry Ford Wyandotte, Michigan
David Mishkin, MD, Baptist Hospital, Miami, Florida
Donnell Newman, Jr, MD, St. John Hospital & Providence Hospitals, Kansas
Julie Nguyen, MD, Vista Staffing Solutions, Locum Tenens, New York, Pennsylvania
Claire Pearson, MD, Detroit Receiving & Harper University Hospitals, Detroit, Michigan
David Pheysey, MD, Kadlec Medical Center, Richland, Washington
Marjan Siadat, MD, Children’s Hospital, Detroit Receiving, Harper University & Huron Valley-Sinai Hospitals, Michigan
Eric Tosh, MD, Mary Washington Hospital, Fredericksburg, Virginia
H. Bindu Yanapalli, MD, Palliative Emergency Medicine Fellowship, Sinai-Grace Hospital, Detroit, Michigan
Andy Wong, MD, Glendale Adventist Medical Ctr., Glendale, California

**Sinai Grace Hospital**  
Clara Barclay-Buchanan, MD, Sinai-Grace, Harper University & DMC Surgery Hospitals, Detroit, Michigan
Karen Estrine, DO, Jackson Memorial Hospital, Miami, Florida
Erin Fisher, MD, Melrose Wakefield Hospital, Boston, Massachusetts
Michael Klkelly, MD, US Naval Hospital, Okinawa, Japan
Shannon Langston, MD, Vanderbilt University, Nashville, Tennessee
Varsha Mendiratta, MD, Sinai-Grace, Harper University & DMC Surgery Hospitals, Detroit, Michigan
Kathryn Murinas, MD, Sinai-Grace, Harper University & DMC Surgery Hospitals, Detroit, Michigan
Andrew Riskin, MD, Resurrection Healthcare, Chicago, Illinois
Farah Ubaid, MD, Oakwood Hospital & Medical Ctr., Dearborn, Michigan
Shao Ta Yeh, MD, Kaiser Permanente, Sacramento, California

**St. John Hospital/Medical Ctr**  
R. Kevin Flynn, MD, Henry Ford Wyandotte, Michigan
Jill Hafelein, MD, Oakwood Hospital & Medical Ctr., Dearborn, Michigan
David Hall, MD, Providence Hospital, Southfield, Michigan
Joanna Olewicz, MD, Critical Care Fellowship, Methodist Hospital, Indianapolis, Indiana
Ananda Pandurangadu, MD, Oakwood Hospital & Medical Ctr., Dearborn, Michigan
Anthony Sarkisian, DO, St. John Regional Hospital, New Brunswick, Canada
Sinem Sherifali, MD, Oakwood Hospital & Medical Ctr., Dearborn, Michigan
Amy Smark-Gorgas, MD, Beaumont Hospital, Royal Oak, Michigan
Charity Styles, DO, Occupational & Environmental Medicine Residency, University of Colorado, Denver, Colorado
James Waleke, MD, St. John Hospital & Medical Ctr., Detroit, Michigan

**William Beaumont Hospital**  
Michael Ching, MD, West Suburban Medical Ctr., Oak Park, Illinois
Matthew Christensen, MD, Beaumont Hospital, Troy, Michigan
Joshua Egly, MD, Medical Center of Arlington, Arlington, Texas
Stacy Elnerson, MD, Mercy Gilbert/Chandler Regional Medical Ctr., Arizona
Bophal Hang, MD, Beaumont Hospital, Royal Oak, Michigan
Christina Murray, MD, Vista Medical Ctr., Waukegan, Illinois
Tamer Noureldin, MD, Northwest Community Hospital, Arlington Hghts., Illinois
Matthew Sebens, MD, St. Mary's Hospital, Madison, Wisconsin
Aaron Stafford, MD, Platte Valley Medical Ctr., Brighton, Colorado
Christopher Visser, MD, Memorial Hermann Healthcare System, Houston, Texas
Heather, Wiederhold, MD, Oakwood Hospital & Medical Ctr., Dearborn, Michigan
Thomas Winter, MD, Banner Desert Hospital, Mesa, Arizona

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**Your Comments Wanted**

We don’t want the Resuscitator to be a one way street. Please send all comments, opinions or gripes to Sandie or me.

We also welcome any artistic endeavors and will consider all correspondences for publication.

sgarling@med.wayne.edu
palsrmd@med.wayne.edu

Philip A. Lewalski, MD  
Editor-in-Chief

ACEP 2010 Scientific Assembly Reception  
Faculty & DRH Graduates

“We will relentlessly pursue academic excellence and the advancement of our specialty.”
Dr. Leonard Bunting was appointed the Director of Ultrasound Education for the Wayne State University Department of Emergency Medicine as of May 2010, taking over the duties of Dr. Dan Morrison who had created that position a number of years ago. Another “home town boy”, Leo grew up in Pleasant Ridge and graduated from University of Detroit High School. After attending Michigan State University and the MSU College of Human Medicine, Leonard completed his residency in Emergency Medicine at WSU/DRH in 2006.

Dr. Bunting joined the medical staff at St. John Hospital and Medical Center in 2006 and immediately became their Emergency Ultrasound Director. He completed an ultrasound preceptorship through the University of Massachusetts in January of 2007 and is recognized through the American Registry for Diagnostic Sonography—the sole certifying body for ultrasound.

Leo has a passion for education which is evidenced by the numerous lectures locally and in Lansing through MCEP he has given as well as his new role as Assistant Professor Clinician Educator of Emergency Medicine for WSUSOM. “My current focus is on streamlining and strengthening ultrasound recording,” Bunting reports, “but attending education is coming soon.” Leonard has already expanded resident education in ultrasound to greater than 64 hours in 3 years so he is very excited to get the attending physicians caught up and on board as well.

In addition to his hands on instruction in ultrasound, Dr. Bunting is also in the process of finishing a chapter for ACEP’s ultrasound website (sonoguide.com) on ultrasound guided nerve blocks. Due to be completed in October of this year, it will cover all of the nerve blocks relevant to emergency medicine.

In his spare time, Leo—who has a love for working on autos—races a car he maintains along with Dr. Rob Dunne (formerly of Sinai-Grace). Leonard and his wife, Jennifer Newby, are also enjoying their first child Oliver Virden Bunting, born 5/18/2010. In case you are wondering, he scanned his wife 5 times during her pregnancy and has scanned his son twice!

[editor’s note: Leonard Bunting’s job is made easier at DRH through the assistance of Nancy Heberer - the wife of Dr. Chris Heberer of Huron Valley-Sinai Hospital. Nancy is an ultrasound technician and helps the residents at Detroit Receiving and Sinai-Grace hospitals learn how to perform ultrasounds.]

Philip A. Lewalski, MD
Editor-in-Chief

Jennifer Newby and Oliver Virden

“My current focus is on streamlining and strengthening ultrasound recording, but attending education is coming soon.”
On July 17th, Dr. Marc Rosenthal, Assistant Professor of Emergency Medicine at Sinai-Grace Hospital, braved the capricious nature of Lake Huron to compete in his third Port Huron to Mackinac Sailboat Race. Marc was joined by Dr. Robert Welch of Detroit Receiving Hospital, Rob’s brother Rich, and five other rugged souls.

Rosenthal competed in the PHRF C Class (Performance Handicap Racing Fleet) in his 34 foot, 1985 Hunter 34 named “Tribute” and finished 11th in his division. The Tribute was accompanied by almost 200 other yachts and traveled the “Shore Course” of nearly 220 miles in just over 42 hours.

The Port Huron to Mackinac Race is sponsored by the Bayview Yacht Club of Detroit and originated in 1925. Although there have been no traumatic deaths during the race, there have been myriad treacherous storms over the years which damaged many boats; ironically including singer Gordon Lightfoot’s. (I wonder if he sang “The Wreck of the Edmond Fitzgerald” during the storm!) This year, Marc reports no storms, but there was rain and winds that alternated between brisk and dead calm. The previous year, he encountered plenty of storms with hail and lightning which actually propelled the Tribute to a faster finish. They did develop tears in both of their spinnakers this year, although one was minor; but in general the ubiquitous damage to the boat which is seen was less this race. Both Marc and Rob report that the food on board was excellent, but at least one crew member gets seasick annually. During his first year competing in the race, half of the crew was out of commission at some point!

Marc Rosenthal is a native of Huntington, New York on Long Island where he developed his 42 year love of sailing. He has sailed everything from 12 foot boats to high performance racing dinghies and keelboats and has sailed many bodies of water—including off-shore. After attaining undergraduate degrees in physics, astronomy and space science from the State University of New York at Albany, Rosenthal obtained a PhD in experimental nuclear physics from Yale. Switching gears, he graduated from MSU College of Osteopathic Medicine in 1998 and finished his residency in Emergency Medicine at Saginaw Cooperative Hospitals in 2002.

Congratulations to Marc Rosenthal, Rob Welch and the rest of the crew.

Congratulations to the following research presenters who tied for this year’s Best Research Presentation at the EMRA Research Forum.

Wael Hakmeth, DO, of St. John Hospital, for his oral presentation entitled, “Impact of Race and Insurance in Outcome of Pediatric Trauma”.

Matthew Zimny, MD, of William Beaumont Hospital, for his oral presentation entitled, “Evaluation of the Diagnostic Utility of Ultrasound for the Diagnosis of Cholecystitis in Emergency Department Patients”.

Other Posters and Oral Presentations:
Sinai-Grace Hospital - Karen Estrine, DO; Detroit Receiving Hospital - Claire Pearson, MD, MPH; Marjan Siadat, MD, MPH; Kristi Bernath, MD; St. John Hospital - Jessica Kisicki, MD; Trinh Le, MD; Wael Hakmeth, DO; Hanna Eadeh, MD; William Beaumont Hospital - Thomas Winter, MD.

Congratulations to team DRH, Marjan Siadat, Robert Klever, and Richard Gordon, for winning the first EMRA Simwars. Team DRH did a great job and made us all proud!

Congratulations:
Claudia and Philip Whitaker on the birth of their daughter, Emily Claire, born on July 2nd.

Gretchen and Patrick Brownlow on the birth of their son, Patterson John, born on September 21st.

Sarah Albers and Mike McLaughlin on the birth of their daughter, Kaelyn Lou, born on September 29th.

Congratulations:
Richard Gordon, MD Marjan Siadat, MD Robert Klever, MD

“We will conduct ourselves in a professional manner while holding ourselves to the utmost ethical standards in our practice.”
LETTER FROM THE CHAIR (CONTINUED FROM PAGE 1)

We know that an aging population with multiple chronic illnesses drives up physician utilization rates exponentially. In Michigan alone, a shortage of 4,400 physicians is projected by 2020. (This translates to about 12% of the pre-healthcare-reform projected number needed to treat our population.) Given the time it takes for an individual to flow through the medical educational pipeline, we face a perilous situation if 4,000 more US residency training spots are not added immediately.

What about the emergency medicine workforce and our specialty specific data? Will we be less impacted than our colleagues since we are such a young specialty? I am sorry to say we are not immune. Of the 30,742 physicians in active EM practice, 30% are over 55 years old. Even the majority of the 12,235 non-emergency medicine-trained/non-board-certified physicians covering EDs have been in practice over 20 years. Despite an increase in the number of ACGME-accredited EM residency programs, we have produced only an additional 188 EM residents over the past five years. So our experience in EM will likely mirror that of other specialties.

So what does this really mean? I predict that the physician shortfall will disproportionately impact our daily EM practice. We know what happens when our non-EM colleagues become unavailable. We practice this drill now on weekends, holidays, late Fridays, and Mondays. We see increases in ED visits, wait times, and the lack of on-call specialists.

Given the huge investment we are making in healthcare reform, one would hope to find provisions that address the projected physician shortfall by increasing residency slots. This notion prompted me to look optimistically to the Patient Protection and Access to Healthcare Reform Act’s side-car bill, the Health Care and Education Reconciliation Act for any such solution. Sadly, I found no provisions that unfreeze or add new residency slots.

There is the intent to redistribute approximately 600 unused residency spots via a yet to be determined process, however 75% of these positions must be allocated to primary care or general surgery. Priority goes to hospitals in states with low resident/population ratios and to rural areas. This move is entirely inadequate to address the demand/supply crisis. Clearly, it is time to truly invest in medical education and to stop just rearranging the deck chairs on the Titanic.

Suzanne R. White, MD, Chair

CLEARLY, IT IS TIME TO TRULY INVEST IN MEDICAL EDUCATION AND TO STOP JUST REARRANGING THE DECK CHAIRS ON THE TITANIC.

RED SHOE DIARIES (CONTINUED FROM PAGE 2)

In the meantime, what can be done to lessen the influence of rotating shift work? As rotating shifts are particularly detrimental, one could consider straight nights. The trick is that reduce one’s risk, you have to live your entire life upside down—including days off and vacations. Although I worked straight nights for almost 18 years, I always reverted to a day schedule if I had a couple days off. Also, it is very important to exercise regularly, maintain good eating and sleep habits (easier said than done) and guard against substance abuse.

It’s funny, I have listened to Dr. Sweeney warn about the dangers of shift work since I was a resident and I would scoff. Later he was joined by Dr. Schwartz and other “senior” faculty. “They’re just a bunch of old timers whining about the hardships of working on the front line.” I would joke. “They aren’t tough enough to cut it like me.” Well, the joke was on me. Fortunately my recovery has been nearly miraculous and with the help of our residents and faculty, I want to help discover how shift work leads to increased cardiovascular risk and how to prevent it.

Philip A. Lewalski, MD
Editor-in-Chief

“As emergency physicians, we will provide compassionate care to all people without exception and remain committed to excellence.”
2010 Emergency Medicine Departmental Campaign

My total gift commitment of $__________________
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____ Drs. William & Suzanne White Endowed Medical Student Scholarship - #060382
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REGGIE EADIE APPOINTED PRESIDENT OF DRH

Reginald J. Eadie has certainly kept himself busy since completing his emergency medicine residency at DRH in 1998. Upon graduating, he first worked clinically at Detroit Receiving and Sinai Grace Hospitals and then added shifts at the VA Medical Center. Eadie increasingly shifted his focus to the John D. Dingell VA Medical Center where he became the Emergency Department Chief and Associate Chief of Staff of Integrated Clinical Services. In 2008, Reggie moved across the street to Harper-Hutzel Hospitals where he served as the VPMA. Now, as he continues his climb up the leadership ladder, Reggie has been appointed the President of Detroit Receiving Hospital. In a DMC press release, the President and CEO of the DMC, Michael E. Duggan states, “Dr. Eadie’s background in emergency medicine and his impressive leadership capabilities make him a natural fit to lead Detroit Receiving, which houses one of our busiest emergency departments.”

Dr. Eadie has hit the ground running. In addition to a Joint Commission inspection in the near future, he is committed to increasing patient volume, improving efficiency and patient satisfaction. He is also working on an employee health campaign.

A native of Detroit, Reggie attended Cass Technical High School as well as Wayne State University for medical school. He also credits a great deal of his success to his father—a Detroit Public School educator and administrator—and his mother—an accountant. In addition to his accomplishments in the medical arena, Reggie has a penchant for writing. He has written one book, How to Eat and Live Longer, and is working on his second. He is also writing a column for a new magazine, the B-List, a Detroit publication.

Philip A. Lewalski, MD
Editor-in-Chief

STRATEGIC PLANNING RETREAT PREPARES FOR THE FUTURE

On June 14th, faculty members from the WSU/SOM Department of Emergency Medicine met for a day-long strategic planning retreat at the Margherio Family Conference Center in the Mazurek Medical Education Commons adjacent to Scott Hall. Members from Children’s, Sinai-Grace, St. John, Harper and Detroit Receiving Hospitals joined forces, using their talents and experience to pave the road for the growth of our academic department over the next several years. The goals of the retreat included bringing the faculty together to take better advantage of our strengths and to eliminate any weaknesses, while evaluating emerging trends and opportunities. The faculty also worked on prioritizing goals to be achieved over the next 3-5 years and assigning resources and responsibilities to help meet those objectives.

Dr. Suzanne White opened the retreat by reviewing the report from the previous strategic retreat held in November 2006. She then helped to frame our vision and mission within the current national, regional and local environment and to give suggestions to serve as the basis for further discussion.

Team leaders (Brian O’Neil – Research, Gloria Kuhn – Education, Suzanne White – Clinical) presented brief overviews and then the faculty broke up into the group of their choosing for intensive debate and “brainstorming”. Members of the teams discussed and prioritized goals and then developed tangible ways to achieve them. Some of the discussions were rather “vigorous”! Time frames, target dates, required support and personnel were formalized and presentations were made to the general assembly. Mechanisms to monitor progress were also developed.

A true sense of camaraderie could be felt and the faculty members adjourned feeling rejuvenated and optimistic that despite the rather difficult times in which academic medicine is currently practiced, our department and its leadership are prepared to meet these challenges and to continue moving forward as leaders in the fields of research, education and clinical emergency medicine.

Philip A. Lewalski, MD
Editor-in-Chief

“Our vision is to become this country’s premier Department for emergency medical care, education, and scholarship,...”
KUDOS

Congratulations to Prashant Mahajan, MD, Division Chief and Research Director at Children’s Hospital of Michigan, on receiving a $3.4 million NIH Award to conduct a multi-center study on infants to measure host response as a marker for bacterial versus non-bacterial infections.

Welcome to Michelle Lall, MD, and Bram Dolcourt, MD, the new Assistant Residency Directors at Sinai-Grace Hospital.

Welcome to Ciara Barclay-Buchanan, MD, the new WSU medical student site coordinator at Sinai-Grace Hospital.

Welcome to Jacob Manteuffel, MD, the new WSU medical student site coordinator at Henry Ford Hospital.

Congratulations to Robert Sherwin, MD on another successful Critical Care Conference held on Aug. 29-Sept. 1, 2010 at the Grand Traverse Resort in Traverse City. As with last year’s conference highlighted in a previous edition, this year’s conference was very informative and well received.

Nirmala Bhaya, MD, Stephen Knazik, DO and Helene Tigchelaar, MD have all been promoted to Clinical Professor and Robert Welch, MD to Professor at WSU.

Suzanne White, MD will join Robert Malinowski, MD, Brooks Bock, MD, Edwin Lopez, MD and Diane Bollman on the American College of Emergency Physicians Finance Committee.

Kerin Jones, MD has been appointed as an American Board of Emergency Medicine Oral Examiner.

Phillip Levy, MD has been appointed to the new American College of Emergency Physicians Research Fellowship Certification Committee.

Claire Pearson, MD has joined the Clinical Research Team; she recently completed her MPH during residency.

Phillip D. Levy, MD, MPH, Associate Professor, will host and mentor Dr. Jean Williams-Johnson, a physician from Jamaica, who has been awarded a Fulbright Scholarship to study hypertension at the WSUSOM.

Emily Mills, MD, a member of the WSUSOM Class of 2010, has received the 2010 Medical Student Excellence in Emergency Medicine Award from the Society for Academic Emergency Medicine.

Matthew Hedge, MD has been inducted as a Fellow in the American College of Medical Toxicology at the North American Congress of Clinical Toxicology in Denver Colorado, October 2010.