



RESUSCITATOR

WAYNE STATE UNIVERSITY
SCHOOL OF MEDICINE
DEPARTMENT OF EMERGENCY MEDICINE

VOLUME 3, ISSUE 2

INSIDE THIS ISSUE:

RED SHOE DIARIES 2

CLASS OF 2014 4

CLASS OF 2011 5
GRADUATES

ED CRITICAL CARE ROTATION 8

ULTRASOUND UPDATES 10

MEDICAL STUDIES IN POLAND 12

PALLIATIVE CARE MEETING 14

SPECIAL POINTS OF INTEREST:

Emergency Medicine Grand Rounds, Every Thursday, Detroit Receiving & Sinai-Grace Hospitals

ACEP Scientific Assembly October 15-18, 2011 Reception on October 16th at 6:30PM San Francisco, California

Midwest Regional SAEM Meeting, November 6-7, 2011, Toledo, Ohio

DRH/SG Combined Journal Club, December 13, 2011

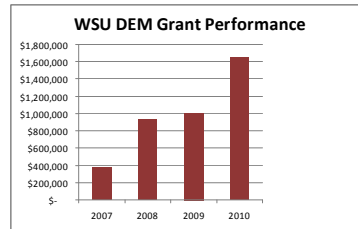
LETTER FROM THE CHAIR

Right Where We Should Be

The preparation of our annual Departmental review for the University each year renders an opportunity to reflect upon where we are, where we have been and where we are going. This year, as I made the presentation to the Dean and Directors at the SOM, I was particularly proud of what we have accomplished.

A few years ago, as new Chair, I remember the significant challenges that faced our research team. Three of our four tenured faculty had retired. Our remaining senior investigator, Rob Zalenski, had nobly decided to devote the remained of his career to the important specialty of palliative care. The good news was that we had a number of shining stars in our ranks. Rob Welch, then Associate Professor became NIH funded, took on the role of Clinical Research Director, and moved to full Professor. He truly put us on the map with the NIH Neurologic Emergencies Treatment Trials Network Grant Award. We were then able to recruit Brian O'Neil as Associate Chair for Research along with his clinical research team. He and Rob have taken us to a new high water mark in terms of externally funded investigations and publications; we are now averaging 38 peer-reviewed publications annually. Phil Levy, Rose Fernandez and Rob Sherwin who were all junior faculty at the time have been instrumental to our research success. Recently, Phil and Rose were both promoted to Associate Professor and Rob was named the Director of Clinical Research at SGH. As our Department's first Robert Wood Johnson Scholar, Phil recently received a \$1.9 M NIH grant to study Vitamin D and hypertensive heart disease. Similarly, Rose was recently awarded \$1 M by the AHRQ to utilize simulation to study patient safety. Our basic science

lab has not only been re-built, but is flourishing thanks to Jon Sullivan, Anthony Lagina, Rita Kumar, Thomas Sanderson and their teams. With the grant performance trends seen below, we are clearly on track to be one of the top-ranking Academic Departments of EM.



Many of our research advancements have resulted from fruitful collaborations with the Center for Molecular Medicine and Genetics, Cardiovascular Research Institute, Physical Medicine and Rehabilitation, and Physiology. Drs. John Flack and Karin Przyklenk have provided senior level mentorship at critical points along the way. I believe that we are on the brink of realizing our vision of having our own EM clinical research network that launches therapeutic investigator initiated trials prompted by novel discoveries made in our own emergency medicine basic science research laboratory.

The growth in our educational arena has been equally impressive. The size of our faculty has increased as have our activities. We continue to offer a superb, highly AAMC-ranked EM fourth year elective; in fact, EM is second only to internal medicine in specialty choice of graduating WSU students. Our medical student leadership team, Sarkis Kouyoumjian, Trifun Dimitrijevijski, Ciara Barclay-Buchanan, Jacob Manteuffel, Amy Smark and Elizabeth Bascom, are to be commended for their dedication. Our toxicology fellowship and service continues to



Suzanne R. White, MD, Chair

grow and prosper under the leadership of Cynthia Aaron, Susan Smolinske, Matt Hedge, Lydia Baltarowich and our newer faculty members, Bram Dolcourt and Keenan Bora. The Poison Center now covers the entire state and our fellows are gaining national recognition through their research and leadership activities. Under the leadership of Rob Zalenski and Kevin McDonald we saw the field of palliative care achieve ABMS recognition, a palliative care service evolve at SGH, and the first palliative care fellowship program launch at the DMC. Under Gloria Kuhn's leadership, we continue to offer state of the art CME courses on subject areas such as EM Wellness, Domestic Violence, Technology in Education, and Critical Care in the ED. Our residency leaders, Bob Wahl, Melissa Barton, Kerin Jones, Marc-Anthony Vellilla, Michelle Lall, Scott Derstine, Bram Dolcourt, Scott Freeman and Erik Olsen continue to maintain a pipeline of highly sought-after graduates.

(continued on page 7)

RED SHOE DIARIES

It is hard to believe that another academic year has come and gone. When my parents used to tell me that time goes by much more quickly as one ages, I thought that they were crazy. Well, they were right. (The physicist wanna-be that I am just hopes that my personal mass has not increased so much over the years that I have warped the space-time continuum enough to actually speed my perception of time!) I want to address this edition's editorial to the incoming interns. To those of you that have graduated and work in a teaching environment, perhaps you can share this with your residents. Hopefully the rest of you will be reminded fondly of those 1,095 days of residency (1,096 if you were lucky enough to earn another day of training from a leap-year) where you were forged into the strong, competent emergency physician that you are today.

To our wide-eyed, bushy-tailed new interns I offer the following bits of wisdom. You are about to embark on an awesome journey that is both extremely rewarding, yet often terrifying. You have been honored with the ability and the opportunity to learn one of the greatest professions in the world, but if the thought of that responsibility doesn't scare you at least a little bit, than you are either much braver than I or deluding yourself. So, how does one survive three grueling years of residency without breaking down physically or emotionally and without killing someone? The unglamorous but truthful answer is to be ready to work harder than you have ever worked before and to balance that by playing hard

as well. It is in the balance between the two that the difficulty lies.

It is not as though residency is impossible. Hundreds of thousands have gone before you and your residency directors work tirelessly to make sure that not too much is asked of you. Where I have observed a change, however, is an increasingly prevalent attitude that medicine is a job, not a profession. There are no clocks in medicine. You are serving the needs of the patients and in the ED they do not follow a schedule. Admittedly, one of the graduating classes did present me with the "When I was a resident" awards, but I will try not to dwell on the fact that things are easier in some ways now. (There were no "caps" on call, no days off on Surgery and a lot more hours in the ED—288 hours per month as PGY 1's.) Conversely, you will have challenges that I did not—learning a computer system that takes physicians increasingly away from the bedside, Dragon Voice Recognition and time benchmarks. I acknowledge that I cannot fully understand what it is like to have to learn these technical applications while working to become a competent physician. As Oscar Wilde wrote, "I am not young enough to know everything."

When your duty is finished and you have done your reading (yes, I said it), then it is time to use your recreation time to "re-create" yourself. It is important to bank some sleep, but you also need to let loose and have some fun. This can include time with families, fellow residents or even time alone—as long as it is something you enjoy. If you are in a strange city and

don't know many people, ask your fellow house officers, nurses or attendings for some ideas. It is important to decompress.

The pressure a resident experiences is tremendous, but not entirely unique. Your attendings have all gone through it and other professions have significant stresses as well. It is important to keep your eye on the prize. After residency you will embark on one of the most rewarding and important careers that exists. It is truly a calling and vocation. In how many other professions can you touch your fellow man and woman, help them and possibly cure them? This reality is what keeps us on track and coming back to the hospital in spite of bureaucracies, politics and long hours. It is also important to remember that we, your attendings, are here for you as well. We are here to educate you, guide you, to push you past your comfort level and to answer any questions you may have. Even if you feel that you can do it alone and we "old-timers" couldn't possibly know what things are like now and what you are going through, remember Mark Twain's observation. "When I was a boy of 14, my father was so ignorant I could hardly stand to have the old man around. But when I got to be 21, I was astonished at how much the old man had learned in 7 years." We do know what you are experiencing and we can help.

In summary, I would like to welcome you, new residents, to a very exclusive club. Many have aspired to it, but a relative few have attained it. Be prepared to work hard, absorb a great deal of knowledge and to have some



Philip A. Lewalski, M.D.
Assistant Professor
Editor-in-Chief

After residency you will embark on one of the most rewarding and important careers that exists. It is truly a calling and vocation.

frightening moments. On the other hand, you will also develop friendships that will last a lifetime and have some crazy, fun times as well. I am confident that all of you can succeed as I am sure that Dr. Wahl and Dr. Barton have selected residents with the two most important attributes necessary to become excellent Emergency Physicians—and the only things we can't teach you—common sense and a strong work ethic. Perhaps Oscar Wilde understood this when he wrote, "Education is an admirable thing, but it is well to remember from time to time that nothing that is worth knowing can be taught."

Philip A. Lewalski, M.D.
Editor-in-Chief

RESIDENTS: I WANT (NEED) YOU!

I am fortunate to be part of a collaborative group of researchers who has recently been awarded a Physician Investigator Research Award by the Blue Cross Blue Shield of Michigan Foundation. Our team, consisting of Karin Przyklenk, PhD of the Cardiovascular Research Institute, Sham Juratli, MD and Bengt Arnetz, MD (both of the Family Medicine and Occupational Medicine departments) and I received a grant for our project entitled "Acute Cardiovascular Stress and Quality of Patient Care". The goal of this pilot project is to investigate the critical relationships between acute stress, biochemical markers of cardiovascular risk and quality of patient care among resident physicians in the high-stress environment of the Emergency Department. As a group, we provide a unique and synergistic combination of expertise in the psychosocial aspects of environmental and

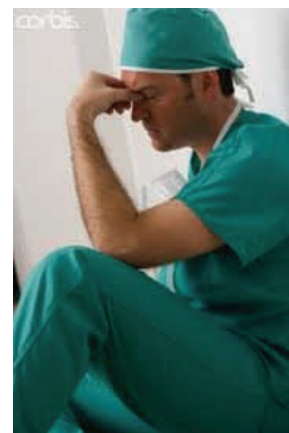
occupational health (Arnetz and Juratli), cardiovascular pathophysiology (Przyklenk) and emergency medicine (Lewalski)—an archetype of multidisciplinary collaboration that exemplifies the mission of the Cardiovascular Research Institute. The proposal, and the fact that we are conducting the study in the emergency department, is especially relevant (and personal) to me as a stroke survivor. Our plan is to use this small seed grant and the data we obtain as the basis for a larger NIH or AHA submission in the future which will include attendings and nurses as well.

This is where you, our residents, come in! In the near future I (or another member of the research team) will be approaching you to seek your participation in the study. Being part of the project will not consume too much time and will be relatively painless. (Alas, blood samples are required.)

On an individual basis, I can make the results of your lab work available to you so that you can see where you stand in regard to stress markers and cardiovascular risk factors. For obvious reasons, this area of study has become very important to me and I now have a strong desire to understand the mechanisms of job stress and its relation to work quality and the toll it takes on our bodies. We work in a unique and highly stressful environment, yet the effects of being an "emergency physician"—on our patients, on our selves—have not been studied. I hope to remedy that.

If you have any questions about the study, please contact me at plewalski254@comcast.net. I look forward to working with all of you in the near future.

Philip A. Lewalski, M.D.
Editor-in-Chief



NEW ATTENDING PHYSICIANS AND PHYSICIAN ASSISTANTS

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

Sherry Hanna, M.D. will be working at DRH, HUH and HVSH.

Brian Kern, M.D. will be working at S-G, HUH, and DSH.

Robert Klever, M.D. will be working at DRH, HUH and DSH.

Jackson Lanphear, M.D. is a Pediatric Fellow and will be working part-time at DRH.

Allison Loynd, D.O. will be working at DRH and HUH.

James Paxton, M.D. will be working at S-G, DRH and HUH.

Ryan Phillips, M.D. will be working at DRH, HUH and DSH.

Daniel Ridelman, M.D. will be working at S-G, HUH and DSH.

Tolu Sonuyi, M.D. will be working at S-G, DRH and HUH.

Kristin Swor-Wolf, M.D. will be working at S-G, HUH and DSH.

Farah Ubaid, M.D. will be working at S-G and HUH.

Maya Harp, PA-C will be working part-time for MCES.

Nicole Reske, PA-C will be working at S-G.

Sharon Sikkelee, PA-C will be working for MCES.

Congratulations on your decision to join this remarkable team!

WELCOME EMERGENCY MEDICINE RESIDENTS CLASS OF 2014

Detroit Receiving Hospital

Adam Bartsoff, Wayne State University

Francesca Civitarese, Lake Erie College of Osteopathic Medicine

Megan Dougherty, Wayne State University

Meredith Hill, University of Illinois at Chicago

Jamie Kenney, Ross University

Andrew Klutman, University of Nebraska

Vit Kraushaar, Ben-Gurion University of the Negev

Kristi Maso, St. George's University

Erin Murphy, Wayne State University

Arun Rajasekhar, University of Pittsburgh

Adnan Sabic, Wayne State University

Timothy Scott, Lincoln Memorial University DeBusk College of Osteopathic Medicine

Craig Sharkey, St. George's University

Jessica Simoni, Wayne State University

Sinai Grace Hospital

Brendan Byrne, Wayne State University

Marcus Chiodo, Oregon Health & Science University

Nathanael Egger, Wayne State University

Brooke Frakes, Oregon Health & Science University

Candace Johnson, Wayne State University

Travis MacKenzie, St. George's University

Setareh Noori, Des Moines University

Amit Patel, St. George's University

Rajesh Patel, St. George's University

Joseph Peterson, Wayne State University

Julie Rossen, Wayne State University

Erin Shovlin, Wayne State University

St. John Hospital/Medical Ctr

Arash Albekord, St. George's University

Joseph Donley, Wayne State University

Patrick Frank, Arizona College of Osteopathic Medicine

Christopher Karrumi, Wayne State University

Rebecca Mills, Thomas Jefferson University

Nate Minnick, Virginia College of Osteopathic Medicine

Matthew Nipe, University of South Dakota

Ryan Saab, American University of Caribbean

Christina Schroder, Wayne State University

Sameer Sinha, University of Toledo

Ashley Sullivan, St. George's University

Brett Walters, Rosalind Franklin University Chicago

William Beaumont Hospital

Michael Bagan, University of North Dakota

David Berger, University of Missouri-Kansas City

William Comfort, University of Colorado

Vi Dang, University of Maryland

Larissa Dub, Wayne State University

John Everett, University of Washington

Matthew Gerde, University of North Dakota

Bryan Gibson, Lincoln Memorial University

Pavitra Kotini, Eastern Virginia Medical School

Rathi Martinez, University of Texas Southwestern Medical Center

Robert McWhirter, Wayne State University

Linda Okra-Boateng, Loma Linda University

Megan Pearce, University of Iowa

Ameya Samant, Rosalind Franklin University Chicago

E.D. EXTERNSHIP FOR WSU STUDENTS DEBUTS AT DRH

Thanks to a generous financial commitment from the DMC and strategic leadership by our academic faculty, a new, paid externship in the Emergency Department at DRH began on June 1, 2011. Open to WSU medical students between their 1st and 2nd years, four positions have been created for a one month rotation. The number of students vying for a spot was tremendous and four enthusiastic persons were finally chosen. The externs

will receive \$1,000 each for the rotation (entirely donated by the DMC) and it is felt that in addition to being a mutually beneficial arrangement, it will serve as a recruiting tool for WSU's best and brightest.

The students will clinically shadow the residents and attendings in the ED and will have CIS and Logicare access. We will have them print useful aspects of the patient's history that the clinicians may need as well as print discharge instructions. It is also

anticipated that the externs will liaise between the patients and doctors to ensure that the patients understand their instructions and have all of their questions answered. The students will also receive exposure to Emergency Medicine sub-specialties by having them spend time in Toxicology, Hyperbarics and Sports Medicine.

The WSU Department of Emergency Medicine is looking forward to a very successful externship—under the direction

of Dr. Sarkis Kouyoumjian—and feel that in exchange for us spending some time educating these junior students, our program will also be enhanced by creating a stronger interest in a career in Emergency Medicine.

Philip A. Lewalski, M.D.
Editor-in-Chief

CONGRATULATIONS EMERGENCY MEDICINE CLASS OF 2011

Detroit Receiving Hospital

Michael Fernandes, M.D., Carolina Health Specialists, Myrtle Beach, South Carolina

Richard Gordon, M.D., Emergency Ultrasound Fellowship, Augusta, Georgia

Brian Kern, M.D., MCES, Detroit, Michigan

Robert Klever, M.D., MCES, Detroit, Michigan

Samuel Lee, M.D., Team Health, Franciscan Health Center, Tacoma & Seattle, Washington

Allison Loynd, D.O., MCES, Detroit, Michigan

Amy McCroskey, M.D., Cox Health-Emergency Physicians of Springfield, Springfield, Missouri

Jeffrey McMenomy, M.D., Locum Tenens, San Diego, California

Devon Moore, M.D., University Medical Center, Las Vegas, Nevada

Mondeep Narewal, M.D., Schulich School of Medicine & Dentistry-Windsor University of Western Ontario, Windsor, Ontario

Maria Pak M.D., Georgia Emergency Associates, Savannah, Georgia

Kyle Perry, M.D., The Queen's Medical Center, Honolulu, Hawaii

Ryan Phillips, M.D., MCES, Detroit, Michigan

Rena Salyer, D.O., Metroplex Health System, Killeen & Austin, Texas

Sinai Grace Hospital

Megan Bonanni, M.D., West Shore Medical Center, Manistee, Michigan, & Season's Hospice, Fellowship in Palliative Care

Harsheel Desai, M.D., ER One, Henry Ford Macomb, Clinton Twp., Michigan

David Edwards, M.D., Southwestern Michigan Emergency Services, Kalamazoo, Michigan

Joseph Haig, M.D., ER One, Oakwood Southshore Medical Center, Trenton, Michigan

Lailun Kamal, M.D., Emergency Physicians Professional Associates, Goodyear, Arizona

JD Langridge, M.D., St. Anthony's Hospital, Chicago, Illinois

Cheryl Larsen, M.D., St. Jude Medical Center, Fullerton, California

Cynthia Pfeiffer M.D., Emergency Medical Associates, Los Angeles, California

Ramin Raven, M.D., John Hopkins Emergency Medical Services, Baltimore, Maryland

Daniel Ridelman, M.D., MCES, Detroit, Michigan

Tariq Shihabuddin, M.D., Kaiser Permanente, Riverside, California

Thomas Wolf, M.D., Georgia Emergency Associates, Savannah, Georgia

St. John Hospital/Medical Ctr

Nicholas Dyc, M.D., Independent Emergency Physicians, Novi, Michigan

Anne Messman, M.D., Emergency Medicine Specialists, Detroit, Michigan

Jarrod Barker, M.D., Emergency Medicine of Indiana

Fadi Daouk, M.D., Emergency Medicine Specialists, Detroit, Michigan

Hanna Eadeh, M.D., Memorial Regional Hospital, Hollywood, Florida; International Red Cross & Red Crescent, Ramallah, West Bank, Palestinian Territories

Wael Hakmeh, D.O., Oakwood Hospital & Medical Center, Dearborn, Michigan

Jessica Kisicki, M.D., Emergency Medicine Specialists, Madison Heights, Michigan

Nicholas Karr, M.D., Questcare, Dallas, Texas

Ilya Kott, M.D., Emergency Medicine Specialists, Macomb Twp, Michigan

Stuart Lowery, M.D., St. John Peacehealth, Longview, Washington

Justin Walters, M.D., Practicing in North Dakota

William Beaumont Hospital

Joel Ascher, M.D., Doctors Hospital, Columbus, Ohio

Bryan Berry, M.D., Port Macquarie Hospital, Australia

Matthew Christ, M.D., Valley Emergency Physicians, Mishawaka, Indiana

Chip Davenport, M.D., Luthern & Good Samaritan Hospitals, Denver, Colorado

Christopher Diaz, M.D., Trinity Mother Frances Hospital, Tyler, Texas

Bradley Dull, M.D., Genesis Healthcare System, Zanesville, Ohio

Katherine Eckstein, M.D., McLaren Health System, Flint, Michigan

Brian Felice, M.D., Beaumont Hospital, Grosse Pointe, Michigan

Christian Kolacki, M.D., Sparrow Health System, Lansing, Michigan

Kalyan Mantha, M.D., Beaumont Hospital, Royal Oak, Michigan

Casey Roche, M.D., Kaiser Permanente Roseville Medical Center, Roseville, California

Payal Shah, M.D., Beaumont Hospital, Troy, Michigan

Matthew Zimny, M.D., Medical Center One, Bismarck, Maryland

A CALL FOR YOUR HELP

We at the *Resuscitator* would like your input. We would love to hear from both our faculty and our graduates scattered throughout the country. If any of you have any gripes, concerns or comments, please submit them to me or

Sandie Garling 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, please 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.

Philip A. Lewalski, M.D.
Editor-in-Chief
plewalski254@comcast.net
sgarling@med.wayne.edu

TRIP SITTERS

It's All Just a Little Bit of History Repeating

Or

Everything Old is New Again

Or

That Which I Know, I See

Recently, we had the Detroit Electronic Music Festival. In the world of Medical Toxicology this is referred to as The Most Interesting Weekend of the Year. Some of the more entertaining stories come from this weekend. Illegal substances usually fuel these stories. One of the more interesting ways that people have been obtaining drugs lately has been through an underground trade¹. This website, Silk Road, allows you to trade online services for a virtual currency and then trade that currency for drugs. There is even a ratings system.

What this website has underscored for me is the pervasiveness of drugs and the history of law enforcement's efforts to control them. There have been substances altering the human mind for millennia. The Sumerians named the opium poppy "Gil" (happiness). Egyptians

had a god named Tenenet who was the goddess of beer. There is evidence that marijuana was used prior to the 20th century BCE in China. In terms of regulation, tobacco use was penalized by death in Germany in the late 1600s. Most currently, illegal drugs, such as cocaine, morphine and heroin, started as therapeutics. Once abuse behavior started or the government thought to tax them to increase revenue, then laws were enacted to control them or make them illegal.

More recently, we have seen recreational use of research chemicals. This trend started in the 1960s with the discovery of LSD and substituted amphetamine compounds. As these compounds are discovered, laws restricting their use are usually enacted several years later. A recent synthetic drug of abuse is the class of compounds related to JWH-018. "JWH" stands for John W. Huffman, a PhD chemist from Clemson who studies drugs that act at the cannabinoid receptors. These drugs were made illegal in Michigan in 2010 and were marketed as Spice, K2 and

others.

People are even shopping for drugs like this online. Prescription drugs have been available for years. Now, with the onset of darknets like the Silk Road, illegal drugs can be delivered to your home. What the history of drugs has shown is that law is often well behind what is actually happening and that technology outpaces regulation.

Where does this leave us?

Education. We must educate ourselves on which drugs are available, from where, with which affects/complications. The great thing is that we are ED physicians. We excel at pattern recognition. I encourage everybody to keep reading about the latest trends in drug abuse and look for patterns in patients. We at the Poison Control Center receive calls from the whole state and can help identify clusters and notify local physicians but again, this is only possible through your help.

1. <http://www.wired.com/threatlevel/2011/06/silkroad/>

Keenan M. Bora, M.D.



Keenan M. Bora, M.D.
Clinical Assistant Professor

This website, Silk Road, allows you to trade online services for a virtual currency and then trade that currency for drugs.

Trying

chulo, mirame
no tienes para tanto
no lo corras

you are 14, and i'd
rather use emoticons,
back out

from explaining:

che, imagine esta, my fist
tu corazon, sigues? now watch my fingers
dilate, this is your heart
corazon unclenching
as it struggle to squeeze
aome of your muscle runs ragged
as distressed as fibers of your tee

i hear the words flunk out of my mouth
but i watch your eyes trace
and retrace each finger articulated into
this fist.

Shradha P. Shah, MD
September 14, 2010
Class of 2008

LETTER FROM THE CHAIR... (CONTINUED FROM PAGE 1)

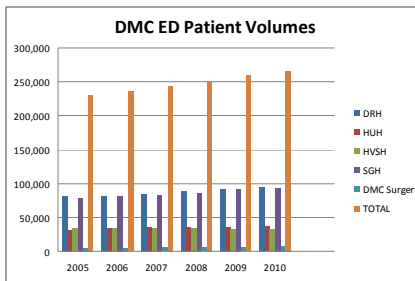
2006: 21 core faculty, 90 voluntary faculty
2011: 35 core faculty, 165 voluntary faculty

Clinically at the DMC, we continue to see increasing ED volumes while maintaining LWBS rates and throughput times that are unachievable in other academic centers. Under Pat Sweeny, Bill Berk, Chris Heberer, Mark Brautigam, Crystal Arthur, and Ali Hassan's direction, we are a model department in terms of quality care, efficiency, and peer review performance. Despite the tremendous clinical pressures we face each day, we have not shied away from technology. In fact, we have embraced it, adopting CPOE nearly seven years ago, and now performing 30% of our EM documentation using

voice recognition. Further, we have successfully linked our advancement of ED bedside Ultrasound EMR processes to Part IV of Maintenance of ABRM Certification. I am excited that we will soon begin exploring ED throughput robotics management systems.

scholarship such that we significantly advance the science and practice of our specialty. Today, we are clearly realizing that vision, thanks to each of you. Today, we are exactly where I hoped we would be on this journey.

Suzanne R. White, MD
 Dayanandan Professor & Chair



Five years ago, we announced our vision to become the preeminent Department for emergency medical care, education, and

Despite the tremendous clinical pressures we face each day, we have not shied away from technology.

CONGRATULATIONS!

Tamar and Bram Dolcourt are the proud parents of a baby girl, Ester Mariam, born on April 29th.

Martina and Kevin Sprague are the proud parents of a baby girl, Charlotte Mae, born on June 28th.

Jennifer Newby and Leonard Bunting are the proud parents of a baby boy, Samuel Anthony, born July 12th.

Amirta and Binesh Patel are the proud parents of a baby girl, Simreen Kaur, born on July 17th.

Lauren and Thomas Sanderson are the proud parents of a baby boy, Conor Hudson, born on July 31st.

2011 SERVICE AWARDS
 10 YEARS

Melissa Barton, M.D., Matthew Compton, M.D. and Lorette Haddad, M.D.

15 YEARS

Lydia Baltarowich, M.D., Demetris Haritos, M.D. and Kerin Jones, M.D.

20 YEARS

Jacek Brudzewski, M.D. and Pamela Claps, M.D.

30 YEARS

Kalavathy Srinivasan, M.D. and Sudershan Grover, M.D.

Congratulations! Nabil (Bill) Bahu, M.D. is the **first** emergency medicine physician to complete his (APP) Assessment of Practice, Bedside Ultrasound. APP is intended to address the competencies of patient care, interpersonal/communication skills, professionalism, and practice-based learning. Marc Rosenthal, D.O. and Phillip Levy, M.D. have also completed their APP.



Nabil Bahu, M.D.
 Clinical Assistant Professor

ED CRITICAL CARE ROTATION CRITICAL FOR RESIDENT'S EDUCATION

The Emergency Department-Critical Care (ED-CC) rotation began in July of 2006 as an elective and continued as a required rotation for all WSU Detroit Receiving Hospital PGY-2 EM residents in July 2007. Since 2006, over 50 EM residents have participated in this extremely successful rotation with ongoing supervision, direction and didactic support from Dr. Robert Sherwin. Additionally, over a dozen WSU 4th year medical students have participated in a parallel WSU School of Medicine EM-CC medical student elective over the last four years. The goals and objectives of the ED-CC rotation focus on optimizing the education and experience of these residents (and medical students) with respect to the diagnosis, resuscitation and management of the wide range of critically ill patients that present to the DRH ED. A common adage shared by Dr. Sherwin is that, "Critical Care practice in the ED is similar but unique from that practiced in the ICU." Practice in the ED demands simultaneous execution of diagnostic, procedural and management skills. Patients present to the ED un-diagnosed, un-accessed and un-resuscitated and it is the charge of the EP to "un" all the "uns". Critical Care skills are valuable assets for graduating EM residents who are hired to staff EDs with increasing acuity and volume. The rotation primarily focuses on highly valuable resident educational experiences to these ends.

The 4-week ED-CC resident schedule is Monday through Friday, 7:00 am to 7:00 pm and the residents are expected to attend at least four hours of grand rounds weekly. They carry a dedicated Spectra-link phone (966-3693) and pager

(#91309) at all times. Their clinical responsibilities are primarily focused on participating in the care of critically ill or potentially critically ill patients in the DRH ED (defined as all medical codes, trauma codes, ICU consults or patients that an ED attending deems as "sick"). The residents are to assist in the evaluation of these patients and to "dot all the I's and cross all the T's". The function of the resident is as an adjunct or "floating" resident in the emergency department. They are under the clinical supervision of whichever EP is primarily caring for the patient. The ED-CC resident is specifically instructed to perform only those procedures or initiate orders under the direct supervision and knowledge of the EP of record. Dr. Sherwin serves solely as an education support.

The ED-CC residents are required to round with the overnight/day ED teams during morning sign-out on all critically ill patients. During their duty hours, the ED-CC resident is required to round with the MICU team when they come down to round on ICU patients being boarded in the ED. It is a standing agreement between the DRH ED and the MICU that the MICU call the ED-CC phone prior to their arrival in the ED. This function dually allows the ED-CC resident to function as a hybrid resident and to benefit from ICU rounds taking place in the ED. Additionally, this function augments ED-ICU communication and improves patient care. For all ICU patients with ED lengths of stay greater than four hours, a checklist is completed by the ED-CC resident which requires them to re-check I/O status, labs, outstanding orders,

perform medication review, review ventilator orders (in addition to airway pressures) and sepsis guideline adherence where appropriate. Discrepancies are brought to the attention of the ED attending and mitigated at their discretion.

In addition to their clinical duties, the ED-CC residents have several "downtime" activities that include completing a required reading list, viewing of several online critical care lectures, obtaining online NIH-Stroke Scale certification, completing required administrative duties, and assisting with QI projects related to ICU boarders and sepsis. The residents can also perform necessary procedures on critically ill patients and place ultrasound guided peripheral intravenous lines on all patients when they are needed. Dr. Sherwin provides regular one-on-one didactic sessions throughout the month on topics such as sepsis, oxygen delivery, mechanical ventilation, cardiac arrest and other general critical care topics. Furthermore, Dr. Sherwin and the resident round by phone or by in-person bed-side rounds on a daily basis.

A recent descriptive analysis of a two year sample of the ED-CC rotation experience was presented at SAEM 2010. Compared to a resident on a routine ED rotation, the ED-CC resident participated in the care of an average of 92.8 ± 10.3 versus 42.3 ± 6.5 critically ill patients each month ($p < 0.0001$). The residents see a wide spectrum of critically ill patients (Figure 1). The subtypes of trauma

(continued on page 9)

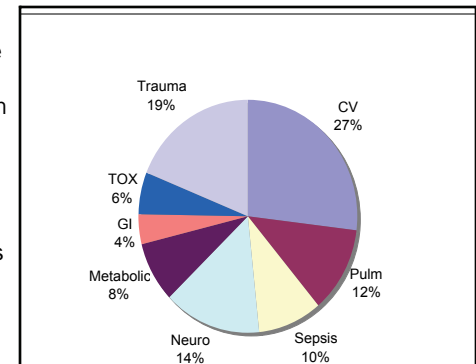


Figure 1: Break down of patients by subtype seen by the ED-CC resident.

Critical care skills are valuable assets for graduating EM residents who are hired to staff EDs with increasing acuity and volume.

ED CRITICAL CARE ROTATION CRITICAL... (CONTINUED FROM PAGE 8)

that were seen included blunt (81%), penetrating (13%) and burns (6%). In a survey of the ED nurses, residents and physician staff (60% response rate), 98.5% of the respondents agreed that the presence of the ED-CC resident improved the care of critically ill ED patients while 96% agreed that the presence of the ED-CC resident improved their work efficiency.

Common feedback from the EM residents is that the ED-CC rotation is their favorite and most valuable rotation of their residency. Several EM PGY-3 have even used elective time in year three to participate as a senior ED-CC resident. The medical student rotation, which allows only one student per month, is equally popular and often results in a waiting list for EM residency candidates vying

for a spot each year. Many residents have confessed a deep appreciation of being able to observe a wide spectrum of clinical practices in resuscitations by attendings and PGY-3 EM residents from which they can assimilate desirable practices and avoid undesirable ones. The rotation further allows them a chance to read up on "good" cases in real-time - a practice which is highly encouraged by Dr. Sherwin. This gives them the invaluable and all too rare opportunity to "anchor" their acquired knowledge to a flesh and blood patient at the bedside.

The ED-CC rotation provides the DRH EM residents with significantly more critical care education and valuable exposure to critically ill ED

patients. It is a highly unique opportunity that is often a topic of conversation with respect to the WSU DRH program on the residency trail. The ED-CC rotation at DRH is one of five rotations among accredited U.S. EM residency programs focused on critical care education with respect to ED patients, and was the first to establish a fixed, required rotation for all of its residents. Its ongoing success, however, is indebted to the physicians and nurses of the DRH ED who contribute to the ED-CC resident's education and thirst for excellence on a daily basis.

Robert L. Sherwin, M.D.



Robert L. Sherwin, M.D.
Assistant Professor
Assistant Residency Director

While in no way shirking his own responsibility, Christensen showed how his colleagues, both superiors and subordinates, "enabled" his addictions...

WELLNESS CONFERENCE WELL DONE

On May 12th, the Wayne State University Department of Emergency Medicine hosted a Wellness Seminar at the Richard J. Mazurek, M.D. Medical Education Commons, with speakers from around the country presenting on such varied topics as stress management, drug dependence, coping with death and career maturation. The seminar was organized by Dr. Gloria Kuhn and was sponsored by DMC, ACEP and the WSU Department of Emergency Medicine.

Dr. Kirk Mills led off with an introductory talk on wellness that defined some of the principles and vocabulary of Wellness, which set the stage for the speakers that followed.

Dr. Carl Christensen from the WSU Department of OB/GYN and Psychiatry, with the assistance of Dr. Charles Gehrke of Brighton Hospital—

an addiction expert—gave a fascinating and deeply personal presentation on Dr. Christensen's own experiences with drug and alcohol addiction. While in no way shirking his own responsibility, Christensen showed how his colleagues, both superiors and subordinates, "enabled" his addictions with interesting real-life examples. He was able to demonstrate how easy it is to give a co-worker the benefit of the doubt and overlook the warning signs of substance abuse despite what we are all taught to do (e.g. compliance hotlines). Dr. Gehrke shared information about the Health Professional Recovery Program which serves Michigan's health professionals with addiction. Phone: 800-453-3784, www.hprp.org.

Dr. Jay Kaplan, a member of the ACEP Board of Directors, presented his recipe for

preventing burnout in the ED. He gave examples on making the workplace a more efficient, productive as well as more enjoyable environment. Dr. Kaplan also presented an ACEP Update on improving quality and service to our patients.

Dr. Wayne Wolfram from the Ohio University College of Osteopathic Medicine lectured on coping with the death of a pediatric patient. Using personal examples, Dr. Wolfram was able to poignantly demonstrate how to deal with tragedy in the Emergency Department—something ubiquitous in our job.

Finally, Dr. Greg Henry of the University of Michigan Department of Emergency Medicine, was able to present in his own unique and entertaining way, a lecture focusing on the maturation of emergency physician's careers and how to evolve as one ages.

The Wellness Seminar was well attended and well received and left the attendees with much food for thought as to how to deal with one of the most stressful careers in medicine. Dr. Kuhn, Sandie Garling and Gloria Daniel deserve special recognition for their hard work in presenting this conference.

The Department of Emergency Medicine welcomes Gloria Kuhn back after her time away from us. You were missed!

Philip A. Lewalski, M.D.
Editor-in-Chief

ULTRASOUND UPDATES

I can't believe it's been almost a year since I took over the ultrasound director position at WSU. Thank you to everyone for welcoming me back and supporting the program. I thought it would be a good time to update everyone on what we've been doing and what the plans are for the coming academic year.

Resident Endeavors

When I took over the responsibility for ultrasound education I thought a paradigm shift was in order. My previous teaching experience taught me that residents who took the ultrasound elective were quite good, but the ones who did not take the elective graduated without mastering the skill. As ultrasound is a required skill and residents need a dedicated month to master the skill, can we really call the additional training 'elective'?

Therefore, with the support of the academic committee, additional ultrasound experience was worked into the resident schedule. Although a dedicated month was a viable option, I've also learned that residents tend to forget what they are not regularly exposed to. With this and their already full schedules in mind, the added ultrasound training was integrated throughout their three years to ensure regular reviews and updates. The structure is as follows:

First Year: During their orientation month, interns attend a crash course in ultrasound. This two day, 16 hour event exposes them to all the core ED ultrasound studies and includes plenty of hands on experience. Apart from this, they also have time dedicated to scan in the ED and four sessions with my co-educator, Nancy Heberer. These 32+ hours of ultrasound training are meant to prepare them to use

the skill clinically by the start of their second year.

Second and Third Years: The second and third years attend teaching sessions on Fridays. They are required to attend at least four half-day courses per year, but there are opportunities for more.

These sessions cover one study in detail and give me the opportunity to evaluate how each resident is doing. Although they get an additional 32 hours of training their last two years, it is critically important that they practice during shift work to hone their skills and make ultrasound more efficient.

Even though it's still in its infancy, the response from the residents has been great. One of my goals for the coming year is to develop a recording method for educational studies, so I can review the resident's work. I also plan on creating an online resource for posting and discussing interesting cases.

Attending Endeavors

Our immediate focus is on helping attendings fulfill their Assessment of Practice Performance (APP) requirement for ABEM recertification. This addition to board recertification requires practitioners to periodically identify an area needing improvement in their clinical practice. They then sample 10 patients, institute some change in their practice and then sample 10 additional patients. All APP programs must be signed off by your Chair and 10% will be audited by ABEM to ensure compliance. Visit ABEM's website (www.abem.org) for further details and to see your schedule.

The requirement is involved, and not something any of us look forward to. However, Dr. White had the idea for a painless solution using ultrasound. In short, the

practice improvement piece focuses on the lack of formal documentation for ED ultrasounds. Most major trauma cases have FAST exams performed as part of the secondary survey, but until recently none were recorded and documented adequately. Practitioners using ultrasound for their APP requirement will identify 10 cases in which bedside exams were performed, but not properly documented. After learning the new recording mechanism (see below), 10 cases are then recorded properly.

Roughly, 15 attendings have gone through the program thus far. We are starting with those whose requirements come up first and proceeding down the list. Although participation in this program is voluntary, we strive to make it the most straight forward solution to the APP burden.

New Recording Scheme

Potentially, the most exciting development over the previous year for us was the implementation of a new recording mechanism. It is important both professionally and legally to have a system in place to document our bedside ultrasounds. After countless hours of work from numerous departments, we finally have a viable solution.

The process begins with entering an order in ECare, which places the patient information on a work list server. The ultrasound machine can then wirelessly download the order information, saving the tedious step of typing in patient information. After completing the exam, the images are wirelessly uploaded to the same PACS system radiology uses. The procedure note is generated from a pre-completed note using EMR. With a few clicks of the mouse, the bedside ultrasound report is

viewable in ECare under the 'Clin Docs' tab.

I have used and developed several recording schemes for bedside ultrasound and I am pleased to say that the new process is by far the most efficient and robust I have seen. I hope you find it fits easily into your workflow, and look forward to showing it to each of you.

It has been a wonderful year and I appreciate the opportunity to continue to work with all of you. Please let me know if you have any suggestions – I want the program to be the best it can be.

Leonard Bunting, M.D.



Leonard Bunting, M.D.,
FACEP, RDMS
Assistant Professor
Director of Ultrasound

VENTILATOR

Isn't That Interesting

"Mr. Jones, where do you get food to eat?" I ask? "Well, it is interesting that you should ask," he says. "There is a Donut Shop near where I sleep and at night they come out of the back of the store and bring me the extra donuts and usually a hot coffee. Sometimes, though, I have to go through the garbage and look for food. You know, I'll find half eaten sandwiches in there."

Mr. Jones is a 53 year-old man. He is an accountant by training. Now he lives on the street and earns his money by collecting recyclable bottles. He was once married to a woman, Alice, for more than 20 years but just a few years ago she got sick with metastatic breast cancer. He started to take longer and longer absences from work to care for his dying wife. Her medical bills started to pile up. They liquidated all of their assets to help pay for the life-prolonging medications. He lost his job and soon the money ran out. Alice died. He lost his apartment.

"Mr. Jones, where do you get your haircut?" I asked. "Well, it is interesting that you should ask," he says. "There is a woman in the neighborhood that walks by me once in a while and instead of handing me money, she takes me to the local barber shop and pays for a haircut; she is a very nice woman."

"Mr. Jones, how do you shave?" I asked. "Well, it is interesting that you should ask," he says. "Throughout the day I look for change in telephone booths, once in a while I'll find a couple quarters. I'll take this money and buy a disposable razor." "And then where do you go to shave?" I asked. "I shave in the bathroom at a casino around the corner from where I sleep. There is a very nice bathroom there and the workers don't seem to mind."

Mr. Jones came to the hospital today because he was weak, just hasn't felt right for the last month. He tells me he is more tired than usual and has no appetite. "Food doesn't appeal to me anymore," he says. I start my examination of Mr. Jones simply by observing him. A sheet is pulled up to his neck, yet I notice that his eyes are sunken, his temporal muscles are wasting, I can make out every curve of the bones that make up his face, which is tanned from the recent sunny days and gives him the look of a healthy man. His silver hair is neatly combed to the left. His teeth are unusually white for a homeless man. I listen to his beating heart, no signs of an abnormality. I place my stethoscope on his back and ask him to take a deep breath; I hear the whoosh of air filling his lungs. I listen to his bowel sounds by placing my stethoscope softly on his sunken abdomen. I hear the usual gurgling of the

intestines. I push my fingers into his right upper quadrant where the liver and gall bladder sit. This does not elicit pain. I pull down the sheet to expose the rest of his body. I look at his skin, which is strikingly a shade of yellow; somewhere between mustard and a banana peel. "Mr. Jones, when did your skin turn so yellow?," I ask. "It's been like this for about 2 months." "We call this jaundice," I tell him. It is caused from high levels of bilirubin in the blood. "Mr. Jones, I think we need to get you a CT scan tonight to look into your abdomen to see what is causing you to feel so weak and changing the color of your skin." I tell him.

I am worried for what we will find.

Mr. Jones returns from the CT scanner and is back in the treatment room. I access his scan on the computer and start to scroll through it. Just as I feared, there is a mass in his pancreas that is causing an obstruction leading to elevated bilirubin in his blood – the cause of his yellow skin.

"Mr. Jones, I have to tell you something, we've found the cause of your weakness, poor appetite and yellow skin." "Yes," he says. "You have pancreatic cancer," I say. "Well, isn't that interesting," he says quietly.

Adam J. Rosh, M.D.



Adam J. Rosh, M.D.
Assistant Professor

**He lost his job
and soon the
money ran out.
Alice died. He
lost his
apartment.**

MEDICAL STUDIES IN POLAND

Wroclaw Medical University

An increased number of physician hopefuls are expanding their horizons and completing their medical degrees abroad. I graduated from the Medical Academy of Wroclaw (Poland), now known as Wroclaw Medical University (WMU). Recently, my daughter Diana completed a six year program there as well. Poland is one of many countries that offer an opportunity for American students to study medicine.

The Medical Academy of Wroclaw was opened in 1702. Wroclaw was a German city known as Breslau at that time. World War II redefined the borders of many European countries, especially Germany and Poland. Breslau and the surrounding lands were annexed to Poland as restitution for most of eastern Poland taken away by the Soviet Union. The faculties of Lwow and Wilno Medical Academies moved to Wroclaw from eastern Poland. The Medical Academy of Wroclaw began to function as one of the first post-war medical schools in Poland in 1945. Many famous physicians and scientists were associated with the Wroclaw Academy. Some of the most well-known include: Alzheimer, Wernicke and Mikulicz.

In 2003, WMU established an English Division in the Faculty of Medicine. In 2008, a new university hospital was opened in Wroclaw. It is the largest center for the specialized treatment of patients in South Western Poland. This facility is equipped with state-of-the-art diagnostic and therapeutic equipment, and research facilities. Medical

studies in Poland begin after completion of high school and last for six years. Their system allows for graduation two years earlier than the American norm. Poland has 12 medical schools, all of which offer medical studies in English for either four (with B.S. or equivalent degree) or six years duration. These programs were established to provide medical studies for international students mostly from the European Union countries (i.e. Norway, Sweden, Germany and others), as well as, students from North America. At the end, students graduate with a degree equivalent to a medical degree in N.A. and the E.U.

The first two years of school focus strictly on basic medical sciences including Anatomy, Histology, Physiology, Pathology and Biochemistry. Years three through six encompass hospital and academic work. Students spend 5-6 days a week in local hospitals from 8am-noon. There they are exposed to short seminars and practical work. Afternoons are occupied by formal lectures.

The course load differs from North American schools. Poland follows the European system, which focuses more on medical education as a whole, rather than functioning as a "pre-intern" in U.S. hospitals. The American schools have their students rotate through various specialties in one to two month blocks. For instance, two months of internal medicine, two months of surgery, and one month of family medicine. In Poland, we had three years of internal medicine, four years of pediatrics, two years of

obstetrics and gynecology, one year of neurology, two years of surgery, and one year of family medicine. These courses were held one day a week for the entire school year. For example, Monday would be surgery, Tuesday, internal medicine, and Wednesday obstetrics and gynecology. Besides the core curriculum, students must elect to participate in a number of subspecialty courses such as clinical microbiology, dermatology with elements of plastic surgery and wilderness medicine, etc. In addition, students are required to complete one month apprenticeships in their home country during summer break. The final year of school in Poland was divided into short blocks of subspecialties, sometimes split up between semesters. For example, ophthalmology was two weeks in the first semester and two weeks in the second semester. Orthopedics and traumatology was a two week course held in the first semester. Otolaryngology was a two week course held in the second semester.

There are of course additional benefits to studying in Europe. Once there, one can travel and enjoy various countries, exploring their geography, history, languages, and local customs. Many who study in Europe develop life long friendships with their colleagues. Studying abroad enhances one's educational experiences by exposure to other cultures.

Physicians who graduated with myself in Poland, and then settled in the U.S. have not had any problems in completing various residency programs, and embarking on



The Medical Academy of Wroclaw was opened in 1702.



Wroclaw Medical University (WMU)

successful and fulfilling careers. Diana is beginning a preliminary residency year in general surgery July 1st.

I recommend studying in Europe to all who are interested in not only expanding their knowledge, but also in gaining an invaluable cultural experience and life long memories.

Jacek (Jack) Brudzewski, M.D.
Diana Brudzewski, M.D.

<http://www.am.wroc.pl/en/>

WSU AFFILIATE NEWS

July starts a new academic year and the beginning of rotations for 4th year Wayne State medical students looking to match into EM for residency. At Henry Ford, we are adding ultrasound to the curriculum for the 2011-12 academic year. Students will begin the month in the simulation center learning EM applications of ultrasound, including FAST exams, ultrasound-guided central and peripheral lines. This session will be led by the ultrasound fellow. Students will also spend one shift working one-on-one with the ultrasound fellow scanning patients in the ED.

In general, the rotation is designed to introduce students to the field of Emergency Medicine. Students assume primary care for ED patients under the supervision of residents and attending staff. The students perform the initial history and physical exam, develop and discuss a diagnostic and therapeutic plan and perform any procedures needed to implement these plans. By the end of the rotation, the goal is to have the students have a good approach to, differential diagnosis for, and diagnostic/treatment plan for common presentations seen

in the ED such as chest pain, abdominal pain, and shortness of breath. The students gain experience with laceration repairs, incision and drainage, peripheral IVs and Foley catheters. Formal student level didactic sessions occur each Thursday of the month with some of this time spent in the simulation center for more hands on experience.

The highlights of the rotation for many students at Henry Ford are the Category 1 shifts, particularly in the afternoons. Patients on these shifts typically come in high volume with high acuity. On these shifts, students gain experience in the management of critically ill patients. The concepts of early-goal directed therapy are introduced in the resuscitation of patients in septic shock. Students have the opportunity to gain experience in more advanced procedures as well including, endotracheal intubation, central line and arterial line placement, and lumbar puncture.

In addition to the analytical and technical aspects of emergency medicine, students learn to develop interpersonal communication skills with their interactions with the ED team as well as

with their patients and the patients' families. Students learn the communication skills that make EM physicians professional, compassionate, efficient and effective communicators all in the same breath. Professionalism and interpersonal communication skills are a significant aspect in the determination of the students' grade.

The first three to four months of the academic year are very important for both students as well as for our EM residency as prospective residents rotate through the department before interview season starts in November. These "audition" rotations allow the students, residents and EM staff to see how they fit into our residency program. Students gain a great amount of clinical experience on this rotation, and regardless of which program or specialty a student chooses, their feedback indicates their EM month makes them feel well prepared for residency. Overall, the EM student rotation allows students to understand what it means to be an EM physician and gives the EM physicians the opportunity to recruit and train the future leaders of our specialty.

Jacob Manteuffel, M.D.



Jacob Manteuffel, M.D.
Clinical Assistant Professor
Medical Student Coordinator

Students assume primary care for ED patients under the supervision of residents and attending staff.

2011 RESIDENT AWARDS

Scholarly Achievement Awards

1st Year—Aaron Brody and Cameron Kyle-Sidell

2nd Year—Jack (John) Hicks and Ayse Avcioglu

3rd Year—Cheryl Larson and Richard Gordon

Medical Student Resident Teaching Awards

Richard Gordon and Harsheel Desai

DRH Resident of the Year—Samuel Lee

SGH Resident of the Year—Harsheel Desai

Norman Rosenberg, D.O. Award—Amy McCroskey

ARC Dayanandan Resident Award—Samuel Lee

PALLIATIVE CARE MEETING A SOOTHING SUCCESS

The Fourth Annual Regional Palliative Care Collaborative brought together approximately 300 practitioners, educators, and researchers from across the state and region to discuss important basic and innovations in palliative care to improve outcomes for patients. The conference was sponsored by CAPEWAYNE, The Center to Advance Palliative-Care Excellence, led by Rob Zalenski, and by 10 other sponsoring organizations in the field of hospice and palliative care. The conference was held on Friday, October 29, 2010 at the Dearborn Inn.

The conference covered the subjects of pain and symptom management, delirium, organ donation, and futility. The outcomes of the Family Witnessed Resuscitation, conducted at DRH and SGH, were presented by Rob Zalenski. In a nutshell, the results of the quasi experimental study were that there were no short term reductions in anxiety or depression in the closest bereaved relative when she/he was brought into the resuscitation process compared to control subjects.

The closing plenary of the

conference was entitled "What is a 'good death' in a Sudden Death Event?"

Mary Mitsch, a nurse educator, presented this topic from the perspectives of a bereaved parent and a WSU researcher in anthropology. Her quest was to focus on how a death in the ED can be good, even when sudden and unexpected. Mary had posed this question as she pursued a doctoral degree in medical anthropology, initially as a way of enriching her nursing scholarship, teaching and practice.

Though already planning to do her doctoral dissertation on this subject, life events focused her direction in a way she never imagined. During her final doctoral coursework, her 24 year old daughter was killed in a car accident in southeast Michigan. She died in the ED. This traumatic experience greatly affected her future professional vocation.

Blending anthropological and nursing perspectives with searing personal experience, Mary developed a presentation on sudden death—its personal and cultural meaning—through the lens of a bereaved parent. To her colleagues in academic and healthcare

settings, Mary described how caring for families whose loved ones have just died should be viewed as a ritualized activity, so that the death will bring meaning to the grieving process and subsequent memory work in the course of bereavement. What happens in the ED lays the foundation for everything that follows. This lecture is case-study based, explaining how healthcare providers can give quality care to parents and families of sudden, traumatic death.

Her doctoral research work has led her to study professional staff and the affected families of patients with sudden and traumatic death in the ED. Working in a very busy urban ED in southeast Michigan, the ideas for a "good death" in hospice are examined and contrasted with sudden death events in the ED. Mary is exploring numerous ideas that could be incorporated into protocols in the ED to improve care for bereaved family members. As her dissertation research comes to fruition, we look forward to learning much from Mary about providing quality care for sudden death in the ED.

Robert J. Zalenski, M.D.
Mary E. Mitsch, R.N., PhDc



Mary Eleanor Mitsch, R.N., PhDc.
Associate Professor
Faculty Mentor, College of
Nursing and Health
Madonna University



Robert J. Zalenski, M.D.
Professor
Director, Division of
Palliative Care

ATTENDINGS GET BURNED AT ROAST

On Saturday June 11th, my wife Mimi and I had the pleasure of once again hosting the annual attending roast, performed by our graduating residents. I am pleased to report that it was just as crude, rude, distasteful—and funny—as years past, with the addition of top-notch video production. (Ryan Phillips mastered the entire roast

onto a seamless, professional quality DVD that allowed everyone present to sit down and watch, and re-watch the show in comfort.) As with the "Jack Ass" movies that part of the roast was modeled after, it became funnier with each "pop" the viewers drank.

After a one year hiatus (either out of respect to me or an unmotivated residency class)

the annual roast returned with a bang. No one was sacred in this bawdy production and from start to finish the impressions were hilarious and spot-on. Some of the skits were a little harsher than others, but all of them were presented with respect and love—well most of them anyway!

The DRH Emergency Medicine Resident Class of

2011 has set the bar high for future graduates and we attendings can't wait to learn more about ourselves next year. In the meantime, I will pour myself a Gator-Aid and cheap beer and wait in Cougar Town for the next installment.

Philip A. Lewalski, M.D.
Editor-in-Chief

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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

Congratulations to the following faculty members:

Trifun Dimitrijevi, M.D., has joined the WSUSOM Academic and Student Programs as lead faculty member for Clinical Simulation Programs.

Scott Freeman, M.D. and Erik Olsen, M.D., are the new Assistant Program Directors for the DRH Residency Program.

Robert Sherwin, M.D., was appointed EM Clinical Research Director at Sinai-Grace Hospital. Rob has directed the Emergency Medicine Research Associate Program and has been Co-director of Resident Research at Detroit Receiving Hospital.

Phillip Levy, M.D., MPH, on receiving a \$1.9 million National Institutes of Health Grant to study the role of vitamin D in halting and reducing subclinical cardiac damage in African-Americans suffering from high blood pressure.

Brian O'Neil, M.D., co-wrote the new CPR guidelines, which incorporate a radical change from CPR rules previously taught.

Mark Brautigan, M.D., received the 2011 Michigan College of Emergency Physicians, Emergency Physician of the Year Award.

Prashant Mahajan, M.D., was selected to co-guest edit the *Critical Pediatric Medicine Journal* on Improving Quality Pediatric Emergency Medicine.

Anthony Southall, M.D., received the Lifetime Achievement Award from the Michigan Chapter of the American College of Physicians.

On June 30, 2011 Lawrence Schwartz, M.D., retired from WSU. He has been with the department for 19 years and distinguished himself as a medical education scholar.

Chitlada Paopairochanakorn Limjindaporn, M.D., has been appointed Chair of the Department of Emergency Medicine at Thammasat University, Klongluang, Pathumthani Thailand.