

## SPECIAL POINTS OF INTEREST:

- EM Annual Holiday Meeting—Friday, December 8, 2017
- Edward S. Thomas Memorial Golf Outing—May 14, 2018
- Grand Rounds occur every Thursday and SGH and DRH.

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## Letter from the Chair

The only constant is change. The way to stay relevant and necessary is to be the best at what you do. Though we face challenges on many fronts, we are well positioned to weather them all. It has been stated publicly by the Wayne State University School of Medicine leadership that Emergency Medicine is probably the only department succeeding at the three primary missions of Research, Education and Clinical Service. They are correct. I had the chance to sit down with President Roy Wilson recently to discuss our department and, rightfully, he was very impressed. I would now like to share some of that presentation with you now.

Regarding education, our emergency medicine student clerkship has been the top rated clerkship in the SOM for over a decade, with 78%, rating it as excellent, and over 95% rating it as good or excellent. This is 50% better than the national average. WSU SOM graduates matric-

ulate into EM residencies at nearly triple the rate of other schools, 13.7%, 5.2%. We provide 7,619 hours of essentially uncompensated teaching to the SOM annually, the most of any department. Our residencies are among the best nationally, are highly sought after and continue to improve. Our residents are embraced on off service rotations and their competence regularly noted. Our fellowships in Ultrasound, EMS, Research, Sports Medicine, Global Medicine and Toxicology are also highly sought after. We have recently added an additional Toxicology Fellow housed at Henry Ford Main Campus and added an Education Fellowship under the direction of Dr. Anne Messman. Thank you to all of you who educate our students, our residents and our colleagues.

Regarding research, we have shown a steady increase in grant submission awards and academic out-

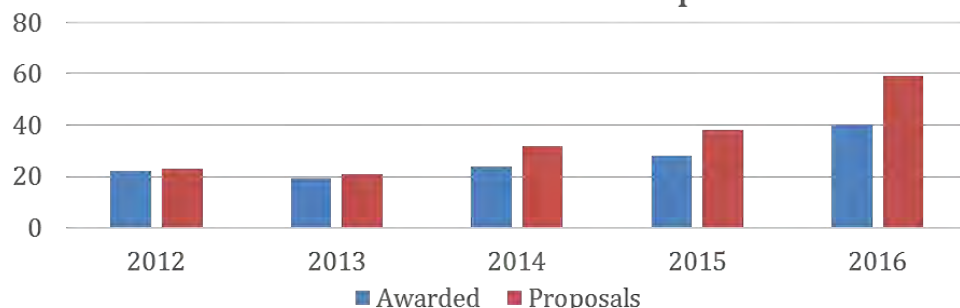


**Brian J. O'Neil, MD, FACEP, FAHA**  
Munuswamy Dayanandan Endowed Chair  
Edward S. Thomas Endowed Professor  
Specialist-In-Chief, Detroit Medical Center

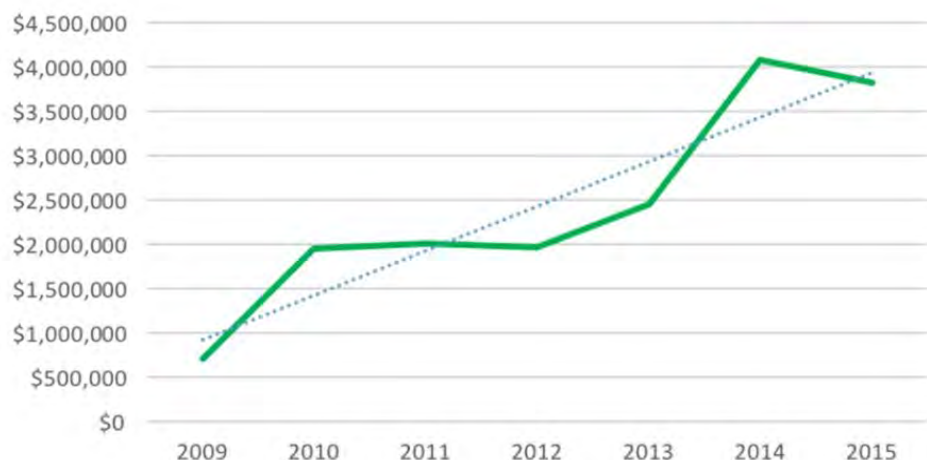
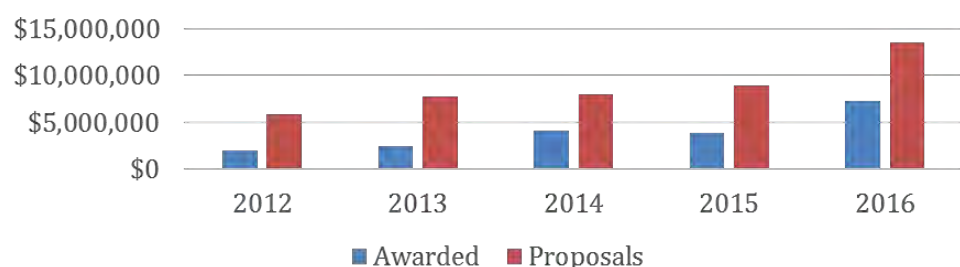
**“WSU SOM  
graduates  
matriculate into  
EM residencies at  
nearly triple the  
rate of other  
schools.”**

# Letter from the Chair

## Number of Awards and Proposals



## Awards and Proposals in Dollars



put. Our research personnel have increased 8 fold and our clinical research funding has increased 5 fold from 2009—2016. Our awards and proposals have increased, both in numbers and dollars. We are currently ranked 19th in NIH funding, which is among the highest in the University. Our progress and expansion are not-

ing short of remarkable. Thank you to all our researchers.

Our clinical care is among the best in the city, although a bit more difficult to quantitate, our colleagues and our administration continually praise our expertise. We are called the “Can Do” department by administrators. Our members are well positioned within

administration and regularly sought after for their knowledge, locally and nationally. Probably one of the best measures of your quality is when the leader of a for profit organizations refuses to put your clinical service contract out for bid, stating “I have no where to go but down.” Thank you to all who provide exceptional care to our patients.

Our department has grown in size, breadth, expertise and quality. Our members regularly receive awards locally, regionally and nationally. Our members have attained high profile leadership positions nationally within EM and within other specialty societies. Our members are making a difference from the street of Detroit to the streets of Laos, India and Guatemala. Quoting Ron Krome, “My only talent is the ability to attract great people around me.” I am humbled to have served as your Chair over the last 5 years. Thank you all.



**WAYNE STATE**  
UNIVERSITY

# Red Shoe Diaries

*You say you want a revolution*

*Well, you know*

*We all want to change the world*

*You tell me that it's evolution*

*Well, you know*

*We all want to change to world*

*But when you talk about destruction*

*Don't you know that you can count me out*

*Don't you know it's gonna be*

*All right, all right, all right*

*—Lennon-McCartney*

I was going to write a light-hearted, perhaps satirical editorial for this edition after two heavy topics in a row, but thanks to Andy King's fantastically funny articles he submitted for this newsletter (Trip Sitter p.27 and Movement at a Standstill p. 21), I decided that I couldn't compete. So instead, I will launch a rant about the state of the world of social media, politics and even real journalism that is dangerous and frustrating—both to society in general as well as my blood pressure. (And most of you know that elevated blood pressure and my brain do not coexist well!) This editorial is not about which side of the aisle you are on politically, or socially, or where you stand religiously, or racially, or sexually, or whatever. My concern is the way we express those beliefs—or acquire them.

I have about had it with social media. (And being a Baby Boomer, that primarily means Facebook—at least for me.) I will probably continue to sign in every week or so to keep up on out of town friends and relatives and to press 'like' when I look at their (grand)children or thing of which they are proud, but that is about it. For my health and my sanity, I have quit looking at memes, vitriolic commentary and blindly forwarded news items from questionable news sources. It's sickening

and it's dangerous.

There are rules and principles to responsible journalism. Published in 1932, the 'Canons of Journalism' are listed as Responsibility, Freedom of the Press, Independence, Sincerity, Truthfulness, Accuracy, Impartiality, Fair Play and Decency. Just because a newspaper or broadcast has a big name does not ensure that they are producing quality, reliable work. There will always be some degree of editorial bias, but if it is acknowledged and relatively transparent, the motivated, intelligent reader/watcher (Motivated?... Aye, there's the rub) can seek out other sources regarding the same issue and come to his or her own conclusions. (A reading of the Sunday combined Detroit News and Free Press clearly demonstrates that their editorial boards differ on the conservative/liberal spectrum. But that's okay if you read both and think about their points of view a little bit.) Unfortunately, there are a lot of lazy consumers of media.

We all must remember—just because it is in print or because one agrees with an article, does not make it true. One would think that modern media would make it much easier to fact check items. After all, the entire world is just a 'Google' away. The problem is that millions of 'news' sites, blogs and opinion pages are also just a click away and it can sometimes be very difficult to tell if some of these pages are biased (and in what way) or if the writer(s) have an axe to grind. I also believe that it is human nature to go to sources that you are already familiar with or have trusted in the past; making it harder to sniff out possible agendas. We highly educated physicians might think we are too smart to fall victim to this pattern of blindly swallowing stupid stories as fact, but we are no different and no better than the least educated members of society. (It's just my opinion—and maybe a little biased as well because of my upbringing, but I have always found blue collar people to have more common sense and healthy skepticism than a great number of intellectuals.) As an example, one of my colleagues—a very intelligent, talented and highly trained specialist—forwarded on Facebook a very nasty statement that was attributed to a well-known, albeit outspoken and somewhat

controversial celebrity. Dozens of other Facebook friends poured out their hatred of the man in their comments. Profanity

and death wishes flowed freely! As a casual fan of the celebrity, the quote just didn't ring true, so I researched it on Snopes and other sites and found it to be completely false and fabricated. When I confronted my work friend, he shrugged his shoulders and said, "Huh. It sounds like something he would say anyway." It doesn't matter that much that my colleague was intellectually lazy and willing to be force fed garbage. What is more dangerous is that dozens of his friends trust his opinion and assume the message was true, and then they forwarded the post to dozens of their friends, etc.

So, be a skeptic. Question statements and research them from a variety of news media; not just ones you always agree with. Watch CNN and Fox (or utilize a variety of whatever other type of news services, paper, blogs you prefer). It is very interesting how they stress different topics and downplay or don't report others at all. We certainly don't have the time to research every topic, but spend the time on issues that are important to you and your families. You can't hear one item about an important local or world issue and have a sense of understanding and perspective just as you can't read one journal article on ACS and be an expert.

In addition to the preceding paragraphs, I would like to spend a little more of your time on a related issue—the seemingly decreasing ability of Americans to have a civil, reasoned discourse on most every issue facing our society. The growing intolerance, rudeness, name-calling and unwillingness to hear an opposing viewpoint just magnifies and compounds the dangers of bad information flowing through social media. As Sister Mary Francis used to tell my class at St. Brendan's, "When you're talking, you are not listening."



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

***"...just because it is in print or because one agrees with an article, does not make it true."***



# Red Shoe Diaries

There is a weird dichotomy today among the on-line 'always-connected' generations that I can't explain very well. The lack of live interaction on social media seems to give carte blanche for people to type horrible, hurtful words that they would never dare say face-to-face. Don't type something in a public forum that you wouldn't say to your grandparents. (My family wouldn't mind a little salty language, but would demand that I didn't sound stupid or assert opinion as fact.) This new generation threatens and name-calls and yet these same sensitive souls run for their 'safe-spaces' at college or where ever if they hear things that make them uncomfortable or they disagree with. **What the...?** Life is not always safe and it is often not fair! I am not sure how to teach these people to have good, vigorous, intelligent debates on-line. Hopefully that day will come soon, but until then, I would encourage them to learn to have these discussions in person.

I love a good, vigorous and sometimes heated debate. I fondly remember many midnight shifts after things died down when Cruz, other more liberal colleagues and I would have spirited debates about a huge variety of topics—even the taboo ones like religion, race and politics! No punches were thrown and no threats were made. Guess what? We all learned something. If someone's argument was convincing, maybe I moved a little closer to their or maybe they moved a little closer to my stance. Maybe we just agreed to disagree. Feathers might have been ruffled a little, but there were no grudges.

I am not saying that words never can hurt or do damage, but context is important here. Michelle Carter, a vapid teenager with little compassion was convicted of pushing a vulnerable, depressed teenager,

Conrad Roy III to commit suicide. This is a tragic example of words hurting. At the other end of the spectrum, however, how does someone *saying* they are a conservative or support LGBTQ rights or that they eat meat or whatever directly cause someone else harm—harm to the point that they feel the need to go to their safe-space or to retaliate by screaming profanity or divisive labels at the person they disagree with? Grow up!

In trying to rein in this long winded rant, I wish to assert that irresponsible, sensationalist journalism is not a new phenomenon and that mob mentality response to that information is nothing new either. Technology makes it more immediate and allows it to spread faster, but what seems to be missing are men and women of reason and honor to temper the stupidity—or maybe the mass media culture makes it easier to ignore the voice of reason. (Never underestimate the power of stupid people in large groups!)

I am reading an in depth history book about some of our nation's founding fathers which tries to separate fact from myth. Facts surrounding the Boston Massacre reinforce my point. Most historians feel that the Boston Massacre (which was a huge impetus to start America's move toward independence) was more of a terrible accident rather than a willful slaughter. When a British soldier struck a youth that had insulted the soldier's officer, an increasingly boisterous and angry mob—already mad about tax issues and the soldier's being stationed in Boston—repeatedly pelted the soldiers with rocks and sticks as they huddled together. Eventually one of the soldiers panicked and fired a shot without orders and others followed suit. When all was said and done, five citizens died. Samuel Adams, Paul Revere and other members of the Sons of Liberty saw this as an opportunity to push more loyalist colonists to join the fight against England. An engraver, Paul Revere made the plates that were used to print newspapers. His representation of the event showed a skirmish line of sol-

diers firing in unison under their officer's orders into a peaceful crowd. A sniper on one of the buildings was thrown in for good measure. It is not hard to imagine how the citizens responded to this! There was no Google to consult. The really interesting part is that the British asked John Adams to defend the soldiers, who were facing death. John Adams was a Patriot as well. His exact reasons for agreeing to take the case are lost to history, but among them may have included the consequences of wrongly convicting these soldiers based on false information. Besides being a miscarriage of justice, the desire to use this event to move America to independence may have backfired and England may have retaliated in force and snuffed out the flame of liberty. Whatever the reasons, this highly ethical, reasonable and intelligent lawyer worked to do the right thing. Six soldiers were acquitted and two were convicted of manslaughter with reduced sentences. My point (other than being a frustrated history teacher) is that we need to find these persons of judgement and ethics and pay more attention to them. Or, we may need to also scold and discourage these (electronic) hordes of obtuse, lazy and irresponsible people who are drowning out the good people. (Or maybe encourage them to stop and think for a minute.) You may notice that I didn't mention education level. A self righteous intellectual can be just as bad as a close-minded dropout. Common sense is the most important missing ingredient.

To sum it up, I may not agree with what you say, but I'll fight for your right to say it. Of course, if it is hateful or threatening, I don't have to listen either.

*You say you got a real solution*

*Well, you know*

*We'd all love to see the plan*

*You ask me for a contribution*

*Well, you know*

*We're doing what we can*

*But if you want money for people with that hate*

*All I can tell is brother you have to wait*

*Don't you know it's gonna be*

*All right, all right, all right*

~Dr. Philip Lewalski

***"I am not saying that words never can hurt or do damage, but context is important here."***





## Four Distinguished Doctors Honored During Medical Alumni Reunion 2017



The honorees include, from left, Ciara Jane Barclay-Buchanan, M.D.; the Rev. Don Tynes, M.D., F.A.C.P.; Brian O'Neil, M.D., F.A.C.E.P., F.A.H.A.; and Phillip Levy, M.D., M.P.H.

The Wayne State University School of Medicine Alumni Association celebrated and honored the contributions of four distinguished physicians during an awards banquet that capped the 2017 Medical Alumni Reunion weekend.

The Lawrence M. Weiner Award, established in 1979, honors the outstanding contributions made by individuals who are not M.D. alumni of the WSU School of Medicine. The award is based on exceptional performance in teaching, research and/or administrative duties. This year, the award was presented to Phillip Levy, M.D., M.P.H., professor of Emergency Medicine for the Wayne State University School of Medicine.

Recently appointed Assistant Vice President for Translational Sciences and Clinical Research Innovation for the University, Dr. Levy also serves as Associate Chair for Research in the Department of Emergency Medicine. He is a fellow of the American College of Emergency Physicians, the American Heart Association and the American College of Cardiology. He also is a standing member of the National Institutes of Health's Cancer, Heart and Sleep Epidemiology Study Sections, the Grants Advisory Panel for the Blue Cross Blue Shield of Michigan Foundation and the Scientific Review Committee for the American College of Emergency Physicians. In addition, he chairs ACEP's Research Committee and the American College of Cardiology's Cardiovascular Service

Accreditation Management Board.

Dr. Levy's research interests center on heart failure and hypertension, with a dual focus on acute management and early disease detection. He is an internationally recognized expert in cardiovascular research. He has been the principal investigator for cardiovascular related studies funded by multiple entities, including the Robert Wood Johnson Foundation and the National Institutes of Health's National Institute of Minority Health and Health Disparities. He is a co-investigator on Patient-Centered Outcomes Research Institute- and National Heart, Lung and Blood Institute- funded studies.

The Recent Alumni Award, established in 2003, is presented to alumni who received a medical degree from the Wayne State University School of Medicine within the last 15 years and who have demonstrated outstanding professional achievement, community contributions or service to the school. Ciara Jane Barclay-Buchanan, M.D., of the Class of 2007, received the award.

Dr. Barclay-Buchanan completed her training in Emergency Medicine at Sinai-Grace Hospital in Detroit, where she served as Chief Resident. In 2010, she joined the Wayne State University faculty, serving as the Emergency Medicine Clerkship Site Director for Wayne State University and Michigan State University at Sinai-Grace Hospital for three years. She then served as Associate Residency Director for the Emergency Medicine program at Sinai-Grace Hospital before being recruited to

Madison, Wis., in 2015.

She is the Associate Residency Program Director for the University of Wisconsin Emergency Medicine Residency Program, and the Medical Director of Clinical Staffing for the Berbee Walsh Department of Emergency Medicine. She is involved nationally with the Academy for Women in Academic Emergency Medicine and the Council of Emergency Medicine Residency Directors.

Brian J. O'Neil, M.D., F.A.C.E.P., F.A.H.A., Professor and Munuswamy Dayanandan Endowed Chair of the WSU Department of Emergency Medicine; and the Rev. Don Tynes, M.D., F.A.C.P., both received the Distinguished Alumni Award. The award is presented each year to alumni who have made outstanding contributions to humanitarian causes, whose contributions to the health field in the broader sense is outstanding and for service to the School of Medicine.

Dr. O'Neil, Class of 1986, is the Specialist-in-Chief of Emergency Medicine for the Detroit Medical Center. He is a nationally recognized expert in the fields of cardiac and cerebral ischemia and cardiac resuscitation. He has been involved with guideline and policy development within the American Heart Association and other specialty organizations. The past-president of the AHA's Emergency Cardiovascular Care Science Subcommittee, he is a member of the International Liaison Committee on Resuscitation. He was a member of the Writing Committee for the American Heart Association's 2010 Acute Coronary Syndromes Guidelines and the 2015 Advanced Cardiovascular Life Support guidelines.

He received the American College of Emergency Physicians 2013 Outstanding Contribution in Research Award, the Emergency Medicine Foundation Fellowship Award and the Career Investigator Development Award from the National Institutes of Health. He has been recognized for his outstanding teaching, receiving the Academician of the Year, Sinai-Grace Hospital; Teacher of the Year, St. John Hospital; Lawrence R. Schwartz, Faculty Devotion Award, William Beaumont Hospital; and the Emergency Medicine Residents Association of Michigan Teacher of the Year Award. He is a member of the Research Committee for the Society for Academic Emergency Medicine and the American College of Emergency Physicians.

# Hands on the Heart of Detroit



Thanksgiving Day 2016 started out a little chilly in Detroit. Despite that chill, anticipation lingered in the air for families arriving to watch the festive America's Thanksgiving Day Parade. Anticipation also ran high for the participants of the Hands-On the Heart of Detroit project.

Just a couple months prior, our workgroup sat down to discuss an approach to the common and deadly trend persistent within the City of Detroit: a severe lack of bystanders performing chest compressions for cardiac arrest victims. Amongst the participants were representatives from the WSU EMS Fellowship, American Heart Association and American Red Cross.



In the three short hours before the Thanksgiving Day Parade began, nearly 100 members of the community received hands-on training in the chest compression-only CPR. Many of the participants were also willing to take home "AHA Family and Friends CPR Anytime" kits, which include education pamphlets, a DVD and an inflatable manikin. Each of these participants expressed a willingness to use the kits and their newly learned skill to spread this

knowledge. Yet, the proportion of Detroit citizens represented during the training was lower than we had hoped.

Wayne State University has partnered with the American Heart Association, the Detroit Medical Center, Detroit Fire Department and the Regional Save MI Heart on a new initiative, Hands on the Heart of Detroit. While educational tools and programming exist to address CVD risk and SCA survival (the AHA's Check, Change, Control, Target BP and CPR Anytime training) they are not reaching the highest risk populations in Detroit. This initiative's goal is to make an extraordinary impact by reaching people where they live in high risk neighborhoods in Detroit. By establishing new and innovative gateways into these neighborhoods, this initiative will translate the knowledge and training available through WSU programs into the community.

Further collaboration with Americorps, WSU Center for Urban Studies (WSU-CUS) and Detroit Fire Department through a FEMA grant program, led to more community opportunities. This time, doors opened into community centers, school parent meets, church gatherings and more. One center and group at a time, we began to education members of the Detroit Communities about a crucial and potentially life-saving skill.

Using data from our WSU based cardiac registry, the initial communities targeted had high incidence of cardiac arrest and low proportion of bystander CPR. The WSU CUS has long been involved in fire prevention and safety initiatives in the community and also runs the data driven policing program (COMP-STAT) for the Detroit Police Department. They meet with community groups in all areas of the city and reach out on a block by block basis. The initial grant funded 500 of the AHA peer training kits, and the AHA contributed additional kits after the other kits were used in trainings.



**Dr. Robert Dunne**  
EMS Fellowship Director

The response to the training was overwhelming. Community members were so enthusiastic and all had stories of friends or family with cardiac arrest. These events were uplifting and all the trainers had a great time. 80 people showed up to an evening training at the 2nd precinct. Most of those were willing to take kits home to train more friends and family. Every kit has been distributed and sustained funding is pending. Over a 1000 people have been directly trained at events and many have trained friends and family.

This is a great time to be focusing on improving the care of Cardiac Arrest in Detroit. Detroit joined CARES (cardiac arrest registry to enhance survival) in 2013, so we have years of data using a national data collection tool. The city has committed to improving cardiac arrest care. Leaders in the fire department and ambulance agencies have gone to the resuscitation academy in Seattle. The city has fire-based first apparatus based responders for the first time in history and the 911 center provides state of the art CRP instruction to callers. The city has gone from a less than 1% survival rate to over 6% with a state average of just over 8%. Ongoing efforts have the goal of making Detroit the top community in the state for CPR survival. We are just getting started.



# Retirement of a Legend-Carolyn Sabbagh



This December, Carolyn Sabbagh is retiring after 36 years of basically being the 'control tower' for executives at Detroit Receiving Hospital and beyond. It has been said the only thing Carolyn could not do herself was get the boiler going at DRH—but she knew who to call to get it done. Most questions from Hospital Staff (and Joint Commission, White House

Medical, multiple corporations, etc.) or problems would only need the name "Carolyn" referenced (no last name required) to be contacted for a solution.

A Masters in Administration, also incorporating Human Resources, prepared Carolyn well to deal with so many egos, personalities and issues. She is a friend to many in literally every department in the hospital and the usual 'go to' person for a broad range of issues. She also has been leadership for the DMC Guild, the Edward S. Thomas Section of Community and Public Health, and multiple other initiatives to better the departments and the hospital itself. Because she combines gifted management and strategy skills with a calm, respectful, compassionate personality, this has endeared her to the many who have known and worked with her. I could kid with her as with Radar O'Reilly from M\*A\*S\*H as she was answering questions before

they were asked. This is an individual who can always make the executive and work issues she was working on look good.

Her husband Ray and two married sons, each with a son and daughter, are justifiably clamoring for more of Carolyn's time, whether here or on the beach at her condo complex in Florida. Not surprising to anyone, she is the finance control person for that complex. And more golf rounds are to be had.

Carolyn is a talented and strong independent woman with the human touch of a grandmother and a knowledge that anything can get done, and done correctly.

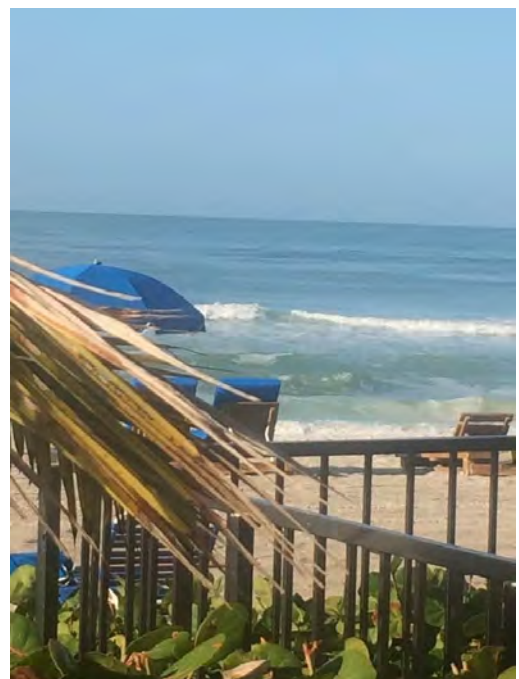
Many of us personally (and the hospital in general) have been made the better by her professional work, but also by her friendship. To say she will be missed really does not grab how much we have depended on her and enjoyed the pleasure of her company. But we know she now has her own entitlement of time to family, friends and places.

Best to you Carolyn.

~Dr. Padriac Sweeny



Dr. Padriac Sweeny  
Chief, Detroit Receiving Hospital



# Dr. Scott Freeman and Carolyn Sabbagh's Retirement Celebration





# AWARDS

## **Academic Teacher of the Year—SGH**

Robert Ehrman, MD

## **Clinical Faculty Teaching Award—SGH**

Marcus Moore, DO

## **Distinguished Teacher of the Year**

Trifun Dimitrijeviski, MD

## **John Skjaerlund, MD Endowed Scholarship Award**

Alec Bonifer

John Condello

Amanda Manly

Ishan Patel

## **Lawrence R. Schwartz, MD Faculty of the Year Award**

Trifun Dimitrijeviski, MD

## **Mark W. Braugtigan, MD Leadership Award—SGH**

Marcus Moore, DO

## **Medical Student Faculty Teaching Award—SGH**

Marc Anthony Velilla, MD

## **Medical Student Resident Teaching Award—DRH**

Mateusz Ciejk, MD

## **Munuswamy Dayanandan, MD Humanitarian Award**

Kristiana Kaufmann, MD

## **Norman Rosenberg, DO Award**

Jeffrey Butler, MD

## **Scholarly Achievement Awards—DRH**

Lauren Kroll, MD

Zachary Baker, DO

Marie DeLuca, MD

## **Scholarly Achievement Awards—SGH**

Elizabeth Jacobs, MD

Ian Walker, DO

Corey Fellows, DO

## **Resident Humanitarian Award—DRH**

Amy Lee Buth, MD

## **Resident Teacher of the Year—SGH**

Olga Dewald, MD

## **Resident of the Year—DRH**

Amy Lee Buth, MD

## **Resident of the Year—SGH**

Christina Thomas, DO

## **Voluntary Teacher of the Year Award**

Scott Freeman, MD

# Congratulations!

# CONGRATULATIONS EMERGENCY MEDICINE RESIDENTS

## CLASS OF 2017

### Detroit Receiving Hospital

**Amy Butth Lee, MD**

Medical Center Emergency Services  
Detroit, MI

**Jeffrey Butler, MD**

TBD

**Mateusz Ciejk, MD**

Mt. Sinai Healthcare, New York, NY

**Mirjana Dimovska, MD**

Toxicology Fellowship  
Wayne State/Detroit Medical Center  
Detroit, MI

**Jacob Jensen, MD**

California Emergency Physicians Group  
Salinas, CA

**Barry Kang, MD**

EMCare Team, Nashville, TN

**Derek Kennedy, MD**

True Partners, Armarillo, TX

**Lauren Kroll, MD**

MetroHealth, Cleveland, OH

**Devina Mohan, MD**

USACS, National

**Jonathan Najman, MD**

Kaiser TPMG, North Sacramento, CA

**Khoa Nguyen, MD**

Memorial Hermann Hospital, Houston,  
TX

**Wissam Rhayem, MD**

San Luis Valley  
New Mexico and Arizona Area

**Brett Sorge, MD**

Centura Health, Colorado

**Rose Tian, MD**

Beaumont Health  
Metro Detroit

**John Yerkes, MD**

Beaumont Health, Dearborn, MI

### Sinai-Grace Hospital

**Nancy Anaya, MD**

EM Ultrasound Fellowship  
University of California, San Francisco, CA

**Harrison Chine, MD**

Team Health/North Shore Medical Center  
Miami, FL

**Carly Darr, MD**

Independent Emergency Physicians  
St. Joseph Mercy Oakland, Pontiac, MI

**Olga Dewald, MD**

Emergency Physicians Medical Group  
Sparrow Health System, Lansing, MI

**Ryan Duhe, MD**

University of South Carolina School of Med  
Greenville Health System, Greenville, SC

**Corey Fellows, DO**

Emergency Care Specialists  
Spectrum Health, Butterworth Hospital  
Grand Rapids, MI

**Conrad Hilton, DO**

Texas Midwest Physicians  
Hendrick Medical Center, Abilene, TX

**Emily Johnson, MD**

UP Health System  
Portage Hospital, Hancock, MI

**Zeid Kalarikkal, MD**

Critical Care Fellowship  
Montefiore Medical Center  
Albert Einstein College of Medicine  
Bronx, NY

**Christopher Sponaugle, MD**

Premier Emergency Medical Specialist  
Envision Healthcare  
Chandler Regional Medical Center  
Mercy Gilbert Medical Center  
Phoenix/Chandler, AZ

**Stephanie Thom, MD**

EM Ultrasound Fellowship  
University of Kansas Medical Center  
Kansas City, KS

**Christina Thomas, DO**

Critical Care Fellowship  
Washington University/Barnes Jewish Hospital  
St. Louis, MO

### St. John Hospital & Medical Center

**Thaer Ahman, MD**

Advocate Christ Medical Center, Chicago, IL

**Kevin Binsell, MD**

War Memorial Hospital, Sault Ste Marie, MI

**Michael Helmreich, MD**

Physician Healthcare Network, McLaren  
Port Huron, MI

**Eric Kalivoda, MD**

EM Ultrasound Fellowship  
Wayne State/Detroit Medical Center  
Detroit, MI

**Mitchell Li, MD**

Associate EMS Medical Director for Mercy MD  
Southern Wisconsin/Northern Illinois

**Charles Lin, MD**

Team Health/Sunrise-Mountainview Hospital  
Las Vegas, NV

**Hanyann Ng, MD**

USACS, Denver, CO

**Michael Patch, MD**

USACS, Tampa, FL

**Richard Paul, MD**

IEP/Providence Hospital & St. Joseph Mercy  
Southfield & Pontiac, MI

**Nathan Roelant, MD**

TeamHealth—Beaumont Hospital, Wayne, MI

**Truc Tran, MD**

Grand River Emergency Medical Group  
Grand Rapids, MI

**Joseph Tsao, MD**

TeamHealth Special Ops, Nationwide

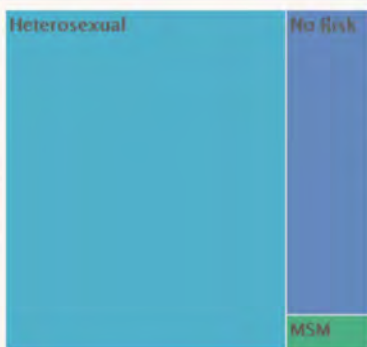


# DETROIT 2017

## NATIONAL HIV TESTING DAY



1



When asked what kind of sexual activity patients had in the last year here are the responses:

76.3% reported that they had **Heterosexual activity** in the last year

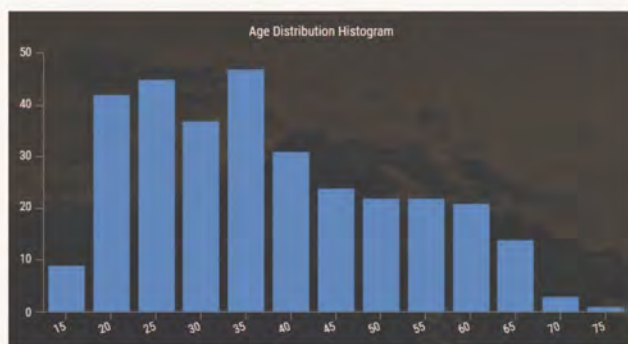
21.2% reported **no sexual risk or other**

2.5% reported **MSM** (Men who have sex with men) sexual contact

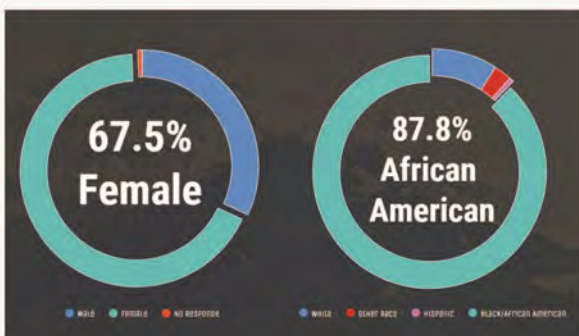
2

The median age of people who were tested was

**37**



3



More **women** than men participated in getting tested for HIV and the majority of those tested self-reported as **African-American**

4

### Lessons learned and goals for 2018:

While we tested more patients during National HIV testing day in 2017 than any other year, we did not find any new HIV+ patients. Expanded pre-event advertising in 2018 may make the public more aware of the event and more likely to come in to be tested.





WAYNE STATE  
UNIVERSITY  
SCHOOL OF MEDICINE

DMC  
Detroit Receiving  
Hospital

## Detroit Receiving Hospital Emergency Medicine Residency Class of 2020



Rebecca Bajkowski  
Wayne State University



School of Medicine



Justin Bedford  
Wayne State University



School of Medicine



Martha Buscarino  
Wayne State University



School of Medicine



Robert Dikeman  
Wayne State University



School of Medicine



Madelyn Karnitis  
Northeastern Ohio University



Thomas Liu  
Wayne State University



School of Medicine



Matthew McRae  
Wayne State University



School of Medicine



Molly Melham  
University of Illinois COM - Urbana



ILLINOIS  
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN



Bradley Smith  
Wayne State University



School of Medicine



Neha Sykes  
Wayne State University



School of Medicine



James Vandenberg  
Washington University – St. Louis



Molly Vincent  
Wayne State University



School of Medicine



George Warpinski  
Rush Medical College



Jeren Wong  
Wayne State University



School of Medicine



## Sinai-Grace Hospital Emergency Medicine Residency Class of 2020



Brandon Baker  
brbaker@med.wayne.edu  
Wayne State University



Nasser Bazoun  
mrbazoun@gmail.com  
Michigan State University



College of  
Osteopathic  
Medicine



Luke Collins  
lukcolli@indiana.edu  
Indiana University



SCHOOL OF MEDICINE  
INDIANA UNIVERSITY



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Michigan State University



College of  
Osteopathic  
Medicine



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Kansas City  
University  
OF MEDICINE  
AND BIOSCIENCES



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College of  
Osteopathic  
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Wayne State University



Jonathan Rowland  
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University of Texas



Steven Salcido  
SCSalcido@salud.unm.edu  
University of New Mexico



Muhammad Shareef  
Muhammad.Shareef@osumc.edu  
Ohio State University



THE OHIO STATE  
UNIVERSITY  
COLLEGE OF MEDICINE





## St. John Hospital Emergency Medicine Residency Class of 2020



Stephan Broderick, MD  
Wayne State University



Angela DeGraaf  
Wayne State University



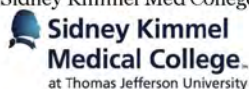
Elisabeth Johnson  
Wayne State University



Gary Kanner  
West Virginia University



Ramya Kollu  
Sidney Kimmel Med College



Andrew Leamon  
Oakland University



Bradley Lepore  
St. George's University



St. George's University



Bonnie Marmora  
Wright State University



Matthew Nowka  
Central Michigan University



Nino Papale  
Wayne State University



Robert Roth  
Wayne State University



Ashima Vohra  
Wayne State University





## Chief Chatter—The More Things Change

The Emergency Department at Detroit Receiving Hospital has been present for decades. It has trained generations of residents, nurses and every manner of health care professional. A lot has changed since it first opened its doors at its current location in 1980. The pace of the ER and certain members of the staff remain constant but many things come and go.

The fanny pack, the amazing 1980's trend that provided a convenient, readily accessible storage space on your hip seems to be sparse in both popular culture and the professional world nowadays. Sightings of them were talked about in hushed tones during the 1990's and early 2000's and they were rarely seen outside of a Disney themed amusement park. However, the hustle and bustle of the ER

where efficiency is key and time is in short supply, a simple piece of equipment that had previously been relegated to the shelves of history has made a comeback.

Although several veteran staff members have continued to hold the torch of the utility of the fanny pack for decades, it has caught fire with the large cohort of my residency. We have begun to appreciate the usefulness of a tool that is present and close at hand at all times. You may not think much of it until the time comes that you need the oral airway tucked into your colorful zippered supply closet on your hip.

Due to these qualities of new cadre of interns, they were provided with personalized fanny packs from the senior class. Each senior hand picked an intern

and personally presented them with their gift at the annual residency retreat this July. This was our way of welcoming the newest members to the DRH family.

Both fanny packs and the current facility we know and love as DRH, were born in the 1980's. Their look may be touted as "vintage" but their purpose is clear. Utility and providing what is needed, when it is needed, are common values that make the fanny pack and the emergency department here at DRH similar in their purpose. As we move on into another year, we go forward with what we need close at hand, or in our fanny packs.

**~2017—2018 DRH Chief Residents**



**Dr. Zac Baker**  
DRH Chief Resident



**Dr. Amber Cibrario**  
DRH Chief Resident



**Dr. Josh McKamie**  
DRH Chief Resident



**Dr. Mike Petrovich**  
DRH Chief Resident

## Chief Chatter—Made in Detroit

For most people, summers in the D probably revolve around weekends at Eastern Market, long evening walks down the River Front, hot dog and beverage filled afternoons at a Tigers game, or just simply enjoying the dog days of summer before that frigid winter hits again. But in a community with four major teaching hospitals with the Detroit City limits, summer takes on a whole other vibe. It's the start of a new academic year. There is a buzz in the air with new interns arriving, bright eyed and bushy tailed, excited (and a little terrified) to finally call themselves "doctor". Everything they have been working toward the last four years have finally come to fruition. The second years are back in the department, ready to take on a new role as leader, and have quite an uphill battle ahead of them. It will be a tough year, but with

great support from their seniors and attendings, it will be a year full of learning and growth. Speaking of those seniors, third year came fast and swift, not only are they running the department, but everyone is quickly making plans for life after residency. What a concept, right? There truly is finally light at the end of the tunnel!

We also can't forget the people and communities we serve here in Detroit. Inevitably, with warmer weather comes the influx of trauma, it's what training in Detroit is best known for. The rush of the tweeter going off, the organized chaos of everyone working together, whisking patients off to the OR, and the peak of that adrenaline high. But it's not just the trauma patients that get our hearts racing, we take

care of one of the sickest patient demographics in the entire nation. The pathology that walks through our front doors can hardly be compared to anywhere else. We see things here and perform procedures on patients that some residents will only ever read about in a textbook, or at best, practice in a SIM lab. With the start of each new academic year, we should take a moment to pause and truly appreciate the education we are blessed with here, take time to realize that while it may not always seem like it, the communities we serve are grateful for our presence. Because let's face it, you'll be hard pressed to find anyone more competent, more skilled, or more hard working than the residents who were "Made In Detroit".

**~2017—2018 SGH Chief Residents**



**Dr. Joseph Karpinsky**  
SGH Chief Resident



**Dr. Amy Phillips**  
SGH Chief Resident



**Dr. Reid Smith**  
SGH Chief Resident



**Dr. Ian Walker**  
SGH Chief Resident

# WSU EM Global Health Update



The Global Health Section of the Department of Emergency Medicine has been moving at lightning speed this summer. Here are a few updates!!!

Our Global Health Section has joined forces with the global health leaders in multiple departments and institutions within WSU to form the Global Health Alliance (WSU-GHA). This team of motivated and experienced practitioners has come together to 'tear down the silos' within WSU and form a cohesive entity that will bring global health education and programs to WSU. The WSU-GHA was started by myself and Dr. Ijeoma Nnodim, Assistant Residency Director of Medicine and Pediatrics Program. We were each working on developing a global health training curriculum for residents and realized that, together, we could accomplish much more! Through our pooled energy, we met and recruited other like-minded global health practitioners from

across the School of Medicine, School of Public Health, School of Pharmacy, and even the School of Law. We now have a robust board of directors and board of advisors twenty strong as we move forward to strengthen the global health programs within WSU.

From our shared vision, we have formed not only the GHA, but also started a new, innovative global health curriculum. The Global & Urban Health and Equity Program (GLUE) Scholars Seminar is a free, two-year curriculum program structured on the core competencies put forth by the Consortium of Universities for Global Health (CUGH). The class will meet the second Tuesday of every month from 6-8pm in the Margherio Conference Hall in the Mazurek Education Commons. Our inaugural class on August 15th was a huge success with nearly 150 participants!!! Our topic of the night was CUGH competency #10—Social-Cultural and Political Awareness. The topics was led by Dr. Peter Hammer, professor at the School of Law and founder of the Detroit Equity Action Lab. Students were introduced to the Detroit Water Shutoff crisis through a discussion of a similar crisis that took place in South

Africa in recent decades. The conversation was lively and students were introduced to a new way to view global health through a local lens.

We encourage any faculty who are interested in joining our global health electives to also join our GLUE seminars as it will give the framework behind the work that we are doing. Upcoming global health opportunities include brand-new EM residency programs in Lao PDR and Guatemala, research development, tropical medicine and community health outreach in India, and a new version of medical student trips to Panama, Haiti and Nicaragua. If you are interested in joining, please go to our department website and click on the Global Health Section. From there, you will find more information on our sites, more information on GLUE, and the GLUE application.



***“This team of motivated and experienced practitioners has come together to ‘tear down silos’...”***

Finally, we would like to formally welcome Jeff VanLaere back as our new International EM Fellow!!! Jeff recently completed the world renown Health Emergencies in Large Populations course at Johns Hopkins and is scheduled to take the Tropical Medicine Course at CMC Vellore in India this fall. For this fellowship focus, Jeff will be helping to redefine the way the WSU World Health Student Organization partners with the host countries and how the students utilize these experiences in culturally sensitive and skill appropriate way. With his keen understanding of global health issues, his vast patience and dedication to the sustainability of the WSHO, and his ability to speak Creole (!!!), we are lucky to have him back!



**Dr. Kristiana Kaufmann**  
Co-Director, Section of Global Health



that took place in South



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# RESIDENT RETREAT

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July 26 & 27, 2017

Every year, the Department of Emergency Medicine brings together the 1st and 3rd year residents for one night retreat at the Butzel Retreat Center in Ortonville, Michigan. The team building retreat occurs to increase morale and interpersonal comfort levels and informational seminars discuss professionalism, communication, physician wellness and financial planning. Residents are oriented on program personnel and senior residents are introduced to their leadership roles that will be expected in their final year. The retreat also includes an obstacle course where the residents and faculty must work together to get everyone across the finish line.



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# ACEP 2017

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Washington, D.C.



Drs. Robert Dunne, Howard Klausner and Stefanie Wise recruiting EMS Fellows.



Drs. V. Arun Kumar, Kristiana Kaufmann and Jeffrey Van Laere recruiting IEM Fellows.



WSU EM Social Hour event at Fado Irish Pub.



## Education Corner

Welcome to the first installment of the Education Corner! This space will be dedicated to discussing the work that we are doing in medical education, faculty development, etc.

The first item I would like to share with the group is the creation and development of the Detroit Medical Education Research Group (DMERG). DMERG was born at the research meeting that we had at the Detroit Athletic Club last year and had its first meeting in March 2017. We meet every other month and are dedicated to the creation and implementation of medical education research that is multi-institutional within Detroit.

DMERG has members from all four

academic EM program: Sinai-Grace, Detroit Receiving, St. John and Henry Ford. The group has a lot of energy and has very motivated members, and I am certain that we will achieve success in getting our research completed, presented and published on a national stage. We have already experienced our first success: we will have a poster presentation describing DMERG at The Generalists in Medical Education conference, which is meeting in Boston in November 2017. Our next meeting will be on Thursday, September 21 from 3:00 p.m.—5:00 p.m. at Hopcat on Woodward in Detroit. All are welcome to join, including faculty, residents and medical students. RSVP is not necessary, just show up and we

can get you involved in a medical education research project!

Next on the radar will be organizing a time to take the LLSA test together as a group. This will occur in November. Please be on the lookout for more details regarding date/time/location for this!

If you have any questions or have anything you'd like to add to the next Education Corner, please email me at [amessman@med.wayne.edu](mailto:amessman@med.wayne.edu).



**Anne Messman, MD, FACEP**  
Assistant Professor  
Assistant Residency Director—  
Sinai-Grace Hospital

## AHA Heart Walk—Hands on the Heart of Detroit



The Department of Emergency Medicine was well represented at this year's American Heart Association (AHA) Detroit Health Walk that was held on the campus of Wayne State University on Saturday, May 20, 2017. WSU will host the AHA Detroit Heart Walk for the next three years and the first year was a great success. The Hands on the Heart of Detroit Team (WSU EM) raised over \$5,000 in support of the AHA's mission around

personalized health and awareness to live healthier lives, inspire a lasting change, and unify all of us around the simple idea that making a small change today can create a difference for generations to come. Not only did our team walk against heart disease, but we also hosted two community engagement booths at the event. One tent was focused on hypertension awareness and education where faculty and staff, in conjunction with com-

munity volunteers, conducted blood pressure checks and provided tips for hypertension reduction. Another tent that we hosted with the AHA, taught the community life-saving skills of Hands-Only CPR. Those who took the time to learn Hands-Only CPR were given a Family and Friends CPR Anytime Kit to take with them and teach others what they learned. Both community interventions were a great success as hundreds of people benefited.

We look forward to your participation at next year's AHA Detroit Health Walk on May 12, 2018!



## Class of 2020 Designs Urban Clinical First Encounter Videos for Incoming Freshmen, First Aid Training for Community

Medical students of the Wayne State University School of Medicine's Class of 2020 have developed a training program and produced a series of original videos to introduce the incoming Class of 2021 to a component of Service Learning in the school's Year One Population, Patient, and Physician clinical course.

The Urban Clinical First Encounter training occurred on July 27th at the School of Medicine during freshman orientation. The training was supervised by the WSU Department of Emergency Medicine residents and physicians. "The aim of our training is to provide a Detroit-centric exposure to first aid to both the incoming Wayne State University School of Medicine Class of 2021, as well as to the community as a whole," said the Class of 2020's John Condello. "We want to ensure that all medical students have both the confidence and training necessary to respond to basic emergencies from the very beginning of medical school, and that training will provide a foundation for understanding emergency response in an urban environment. These students will then build on this foundation during their time at the School of Medicine."



The project aligns with the school's Service Learning requirements for clinical service, with the students earning three of their required 10 clinical hours, said Co-Curricular Programs Director Jennifer Mendez, Ph.D. The video will demonstrate what to do and when regarding topics such as seizures, cuts and burns, hypothermia, broken bones, heart attack, diabetic issues and more.

"Basic first aid is one of the foundations of medicine, along with hygiene and public health. Our goal with this program is to prepare students with the basics of caring for others, right from the beginning of medical school," said Assistant Professor of Emergency

Medicine, Kristiana Kaufmann, M.D., the lead faculty physician assisting with the student project.

The training, spread over six classrooms, includes videos and presentations, and hands-on preparation in which students will try some of the techniques on each other.



"The current second year students have really taken a real interest and ownership of this material by spending hours scripting, filming and editing these new videos. We hope that this program is the first step toward a more impactful program where these same students are teaching first aid skills out in the communities of Detroit. The students will not only become competent in first aid, but also learn how to teach members of this community how to care for themselves and others. This will truly put our Wayne State students on the path to becoming the caring and skilled physicians of tomorrow," Dr. Kaufmann added.

The class plans to develop the community arm of the project during the 2017-2018 academic year. The community training component supports the school of medicine and Department of Emergency Medicine faculty's sustained effort to increase the emergency preparedness of the community.

"We are working on setting up free first aid training for the public at locations such as community centers, churches and more. Detroit has historically had an extremely low level of bystander-initiated CPR and first aid. We will work on refining and improving

this training across time in order to bring high-quality first aid education to every Detroiters that is interested," Condello added.

The training will teach improvised techniques to applying personal protective equipment, splints, tourniquets and more in the case that standard medical equipment is not readily available. For example, a folded magazine and a scarf or belt can be used as a makeshift splint and arm sling.

"We also address several aspects related to Detroit's unique urban setting, as well as diversity and inclusion," said David Gelovani, Class of 2020 vice president and medical clinic coordinator for the Community Homeless Inter-professional Program Clinic at the Cathedral Church of St. Paul in Detroit. "Our videos feature emergency scenarios with diverse medical students in iconic Detroit urban areas, such as a student with a blue 'L' painted on his chest at a tailgate barbecue at Eastern Market in our hypothermia scenario. Our aim is to improve emergency preparedness and response in Detroit's unique urban environment by training incoming medical students during their orientation, before they begin classes. This way they have confidence in basic emergency clinical skills from the beginning of their medical education. Furthermore, we intend to recruit these medical student to facilitate this seminar within the community."





# Crain's Detroit Business—Health Care Hero 2017



Winner: Heart and Vascular Research

Robert Dunne, M.D., 51, is dedicated to saving lives, and has some results to prove it. His leadership has helped to improve the cardiac arrest survival rate in the city of Detroit where he is vice chair of the east side's St. John Hospital & Medical Center Emergency Department and EMS Fellowship Director at Wayne State University.

Detroit's EMS was devastated during the 2013 bankruptcy. Emerging from bankruptcy, the city made EMS a high priority, Dunne said. Meanwhile, Detroiters had the worst chance of surviving a cardiac arrest out of any other city in the country.

"You can't fix what you can't measure," Dunne said, which is why Wayne State and the city partnered on creating a cardiac arrest registry. With the system, Dunne said researchers could compare the quality of EMS response in Detroit to other parts of the country. Cardiac arrest victims in Detroit had less than a 1 percent chance of surviving, compared to Michigan's 8.8 percent rate.

"We know that there is a lot of differ-

ent factors that affect survival," he said. "The first part is somebody recognizing that someone is in cardiac arrest—so the citizens must be educated in some way."

Dunne said it starts with someone calling 911 and administering CPR, followed by EMS response time and care in the initial response, then hospital care. Each of these steps can determine the patient's outcome, which the registry measures.

Part of Dunne's strategy to improving the survival rate is educating the community on CPR and providing 911 call-taker coaching. He secured grants to create a program to give residents CPR training in areas with frequent rates of cardiac arrest.



"We taught people at various events and then they go home and teach other people," Dunne said. "We know if someone doesn't get CPR by the person who they are with when it happens, they have a low chance for survival."

Furthermore, Detroit adopted 911 call-taker assistance, which is modeled after departments across the country.

"Some people may know CPR and be scared to do it, so the call-taker coaches them through the way," he said. "Many

communities in Michigan do not provide call-taker CPR instruction. That's one of the most important things you can do."

Today, Detroit's survival rate is up from less than 1 percent to more than 6 percent, a rate Dunne hopes the city can double over the next three years. He said it took the reorganization and enthusiasm of coming out of the 2013 bankruptcy to get the ball rolling.

"Detroit has the most cardiac arrests in Michigan," Dunne said. "There are roughly 4,000 arrests in the data from around the state and almost a thousand are from Detroit. Improving Detroit improves the state."

A Rochester, N.Y. native, Dunne arrived in Michigan in 1984 to study at the University of Michigan where he earned his bachelor's degree and M.D. in 1992.

*Original article was published on Crain's Detroit Business Website on July 14, 2017, written by Tyler Clifford.*





# Movement at a Standstill



“Oh. My. God. This year’s Movement Festival was off the hook, brah.”

Detroit was inundated with a torrent of privileged children from across the country to attend the electronic music festival where they gyrated, flagellated, agitated, and danced—as well as stoned people can. Their corporeal tattoo count increased while their brain cells apopstosed—high on the newest designer drugs from China and Tennessee.

Reverberations were felt around the world. The miasma emanating from Hart Plaza—a combination of chlorofluorocarbons, cannabis smoke, teenage hormones, and Axe body spray—bore a hole in the ozone and culminated in the calving of a massive iceberg the size of Manhattan from Antarctica.

Locally, throngs of these perspiring toddlers sought medical attention at Detroit Receiving Hospital, fascinating all the subspecialties of medicine. The infectious disease gurus mar-

veled at the novel sexually transmitted infections that grew from their Petri dishes; the traumatologists had not seen scalped “man buns” since Dr. Lucas and Ledgerwood were interns; the cardiologists saw electrocardiograms where lead III spelled “love” in cursive; the psychiatrists added an extra Axis I to encapsulate the entractogens; the blood dimmed tides were loosed; and the radiologists were so perplexed they couldn’t recommend clinical correlation.

There was only one specialty who had the brainpower to stem this tide of tomfoolery. Medical Toxicology. Yes, only their tangled and tumescent gray matter could make sense

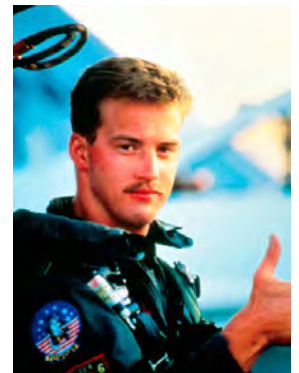
of clinical effects instigated by these instruments of bedlam.

Like moths to a flame, the Medical Toxicology service stallion sprinted towards the burning emergency department, and quelled the bellicose miscreants with generous and benevolent jets of intravenous benzodiazepine.

The squally of sedatives was steady and righteous. No hesitancy. No dribble. When the dust settled, the stench of moral decay filled the air. Strewn throughout the ED were the clammy and pierced bodies of movement-goers. None moved. Only shallow respirations pierced the silence. Then... slowly... the applause of the hospital staff grew and grew. “You’re welcome”, we said. We turned, We left.

Actually, none of this happened. All weekend, the medical toxicology service sat on their hands and fantasized the above. Our azure gonads patiently wait...

Seriously. Nothing happened and it was disappointing and I’m still upset.



Dr. Andy King  
Assistant Professor  
Medical Toxicology Fellowship  
Director

**“Strewn  
throughout the  
ED were the  
clammy and  
pierced bodies of  
movement  
goers.”**



# Second Annual Edward S. Thomas Memorial Golf Outing



May 15th turned out to be not only a beautiful day for golfers, but also a great day to support the Edward S. Thomas Section of Community and Public Health and Endowed Professorship. The 18-hole scramble started at 11:30 a.m. and 72 golfers enjoyed the Detroit Golf Club's North Course.

The golf tournament was followed by dinner and presentation hosted by Dr. Brian O'Neil, Chair of the Department of Emergency Medicine. Dr. Phillip Levy, the Edward S. Thomas Endowed Professor, began the evening's presentation with an overview of the past years' successes. Bethany Foster, the Section Manager, shared stories of individuals who have benefited from the

current programs in the emergency departments and community and the goals for the upcoming year.

Overall, more than \$20,000 was raised to support the Edward S. Thomas Section of Community and Public Health. A special thanks to our co-presenting sponsors, Medical Center Emergency Services (MCES) and the Wayne State University School of Medicine Department of Emergency Medicine. The planning committee would also like to thank all the individual donors. We truly appreciate the support and allows for further community health efforts.

The Third Annual Edward S. Thomas Memorial Golf outing will be held on May 14, 2018 at the Detroit Golf Club. If you are interested in attending, sponsoring or joining the planning committee, please contact Bethany Foster, [bfoste@med.wayne.edu](mailto:bfoste@med.wayne.edu). Hope to see you there!



From left to right:  
Allison Martin, Harold Martin and Rebecca Thomas



Henry Ford Department of Emergency Medicine Team  
Winners of the Scramble  
From left to right:  
Drs. John Deleda, Justin Bright, Jason Folt and Julian Suszanski



Rebecca Thomas and Dr. Roy Elrod



# Global Health: Guatemala



As part of the Global Health mission of Wayne State University, Medical Center Emergency Services and the Detroit Medical Center, and through the International Emergency Medicine Fellowship Program currently led by Dr. Kristiana Kaufmann, I have been involved since 2016 in the development and implementation of Emergency Medicine as a specialty in Guatemala, where I'm originally from.

Currently, Guatemala has no Emergency Medicine specialty and no Emergency Departments as known in the U.S. Emergency care is usually provided by recent medical graduates with no postgraduate training, or in the case of a few reference hospitals (mostly in Guatemala City), by specialists who cover the Emergency Departments of their respective fields (Medicine, Surgery, OB/GYN, etc.). Looking to improve the quality of care provided to patients as well as the efficiency of an impoverished public health sector, we have worked intensely to "export" the specialty of

## Emergency Medicine.

Our partners in this project include local institutions (Universidad de San Carlos, USAC, Universidad Marroquín, Universidad Landívar, Colegio de Médicos y Cirujanos, Instituto Guatemalteco del Seguro Social IGSS, Hospital General San Juan de Dios, Hospital de Antigua, among others) as well as American ones (University of Pennsylvania, University of New York, International Federation of Emergency Medicine, International Section of the American College of Emergency Physicians).

In particular, our work has been facilitated by Dr. Anthony Dean, professor of EM at UPenn and director and founder of their Emergency Ultrasound Fellowship Program. Dr. Dean is currently living in Guatemala under a Fulbright scholarship while taking a sabbatical year. He has been instrumental in kick starting interest in EM and ultrasound and gathering support for our cause among hospital administrators, medical school deans and local physician leadership. When I write "we" and "us", I mean for the most part the part-

## Dr. Dean.

Our main goals include the creation of residency programs in Emergency Medicine, the organization of a specialty association, the hosting of dedicated conferences, the integration of EM into the pregraduate medical curriculum, the integration of Emergency Departments into single functioning units, the lobbying for EM among other specialties, the advancement of pre-hospital medical care and coordination, and the initiation of EM-specific research. Each of these involve intense collaboration with local institutions and individuals, and to some extent mentorship and advising, as most people in Guatemala are unaware of the existence of a specialty dedicated to the acute care of medical and traumatic emergencies.

Since 2016, I have been traveling on a regular basis to Guatemala (in a couple of occasions accompanied by Dr. Kaufmann). These trips have been either in coordination with Dr. Dean's or, since January of 2017, scheduled with him. Travel expenses have been very reasonable as I have been staying (at no cost) at his apartment in Guatemala City. Transportation spending is low too as taxi (and now Uber) fees are relatively cheap in the country, as are meals.

Each of these trips has been packed with meetings that have allowed us to make significant strides over the short period of time that we've been involved. Among others, we have met with the Deans of all four medical schools, the president of the Emergency Committee of the Col-

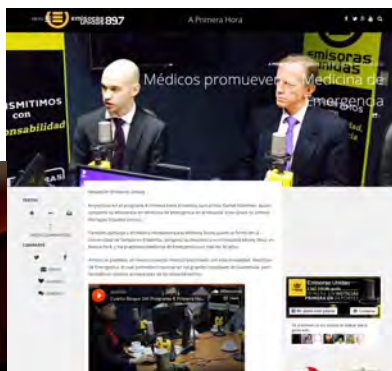


**Dr. Daniel Ridelman**  
Global Health  
Assistant Program Director

**"Currently,  
Guatemala has  
no Emergency  
Medicine  
Specialty..."**



**Dr. Daniel Ridelman** presenting "The life and career as an emergency physician" as the First Emergency Medicine Conference in Guatemala



**Dr. Daniel Ridelman & Dr. Anthony Dean** (UPenn) at a radio interview promoting the First Emergency Medicine Conference in Guatemala

nership that we have forged with



# Global Health Update: Guatemala

lege of Physicians, the Directors of all major hospitals, the president and general manager of the Social Security system, and the Health Minister. Additionally, we organized the first Emergency Medicine Conference in Guatemala, held April 26th–28th, 2017 in the auditoriums of USAC. 18 visiting faculty from Canada, USA, El Salvador, Costa Rica, Chile and Argentina were present, and the conference sold out in a matter of days and was given to full auditoriums. This resounding success allowed us to prove to the authorities that EM can generate a lot of interest among students and professionals and helped us delineate the breadth of the specialty. In regard to the residency program, we developed a Master's program (on paper) in collaboration with USAC. Our initial goal of starting the first EM program at the General Hospital this year has been so far delayed by the Ministry of Health, whose main (read:only) priorities at this time are primary and preventative care,



primarily maternal and childhood mortality and morbidity—not unreasonable given that Guatemala has some of the worst health indicators of the Western hemisphere. As a Plan B, we are now working with IGSS authorities and physicians to start the first EM program in 2018 (always with the academic support of USAC).

As part of our efforts to disseminate

the news about the new specialty and to promote its above-mentioned goals, we have given numerous newspaper, radio and TV interviews, and we have created a website ([www.agme.org.gt](http://www.agme.org.gt)) and Twitter feed ([www.twitter.com/A\\_G\\_M\\_E](https://twitter.com/A_G_M_E)) for the future Guatemalan Association of Emergency Medicine. I personally built and manage both of these social media tools and we have them to describe the specialty and spark interest in the upcoming residency program by recruiting future members and candidates. We anticipate that by the next EM Conference, we will have enough reach to formally create the association, write and approve the bylaws and constitution and create goal-oriented sections, led by the many outstanding Guatemalan physicians that we have encountered and recruited in our journey.

Because I am convinced of the enormous benefit that our work will bring to the most vulnerable populations in the country, and because I remain optimistic that despite the numerous challenges, we will be able to develop EM in Guatemala. I have invested significant time and effort into this project. My most sincere thanks to Dr. O'Neil and the EM leadership for their support and encouragement and to Wayne State University for

**KUDOS to Dr. Ridelman!**

***Dr. Ridelman secured an agreement with EMRA to translate and publish articles of EM Resident, their official publication, on our AGME website and blog!***

***“...I remain optimistic that despite the numerous challenges, we will be able to develop EM in Guatemala.”***



# Lao PDR



Lao Peoples Democratic Republic (Lao PDR) is a beautiful country located between China, Thailand, Myanmar, Cambodia and Vietnam. It hosts a population of 6 million and remains largely rural; however, has been experiencing rapid growth over the last ten years. The capital city of Vientiane hosts four main teaching hospitals and the central University of Health Sciences.

Health Frontiers is a small NGO in Lao that, in partnership with the University of Health Sciences, helped start and support the first Pediatrics residency training program in Laos back in 1996. Since then, the country went from having four trained pediatricians to over 100. They similarly started and supported the first Internal Medicine training program in 2002 and have had nearly 80 trained physicians. As these programs became self-sustained, they grew to support fellowship sub-specialty training through partnerships in

Thailand.

I started volunteering with Health Frontiers in 2009 as an International EM fellow at the University of Illinois at Chicago. This decision was largely based on the fact that my brother moved to Laos and started his family with my Lao sister, Noat. Since then, I have returned one to two times yearly and spent one year during 2011-2012 in Laos teaching in the emergency medicine departments in the capital, as well as training programs in several provincial and district hospitals. After returning to Detroit and joining the WSU

Department of EM in 2013, I have continued my bi-annual trainings and continued to support EM development with several of our residents and attendings; Ryan Doss, Deepa Jarpa, Jake Jenson, Lauren Kroll, Kerin Jones, Ryan Ernest, Lindsay Taylor, John Gallien, and Jeremy Welwarth. Our trainings have included general trauma care, EMS development, and POCUS training.



**Dr. Kristiana Kaufmann**  
Co-Director, Section of Global Health

The importance of emergency care, through the efforts of such volunteers, has been noticed by the Lao Ministry of Health. Last year, the Ministry and University of Health Sciences, in partnership with Health Frontiers, started planning for the first Emergency Medicine Residency training program. This will be the first EM residency in the country.

Through Health Frontiers, we are also actively recruiting other EM residencies and International EM programs across the country and world to help partner with the University of Health Sciences and Health Frontiers. We have had a great

***“The importance of emergency care, through the efforts of such volunteers, have been noticed by the Lao Ministry of Health.”***





## Laos PDR (continued)

interest from Steven Morris at the University of Washington, Sean Kihlav at the Brigham's Global EM program, and many other individuals and programs. Due to my position within Health Frontiers and therefore, Lao education system, I have recently been appointed as the ACEP Ambassador to Lao PDR. I will again strongly advertise our new program at this year's ACEP Scientific Assembly.

This September, we will return again to host a "Lao EM Bootcamp". This will be a series of didactic and case based sessions focusing on "how to think like an EM doc". Topics will include: chest pain, dyspnea, altered mental status, trauma, OB/GYN emergencies, etc. The days will consist of bedside teaching with the EM residents and then class sessions in the afternoons. The team will rotate between the four main hospitals and will work side by side with the residents. The team will stay in the quaint downtown Vientiane and enjoy the local Buddhist temples and Lao fair.

Our next scheduled trip will be in January 2018. We will be partnering with several EM docs from Melbourne who will help lead a Primary Trauma Care (PTC) course. Primary Trauma Care is similar to the primary survey in ATLS, but is designed for low resource settings. The course will include a three-day training followed by a two-day instructors course. We hope by training the EM docs to be PTC instructors, it will reinforce their learning and also prepare them to be leaders in emergency medicine in Laos. The second week will be focused on nurse-nurse training as we are also hoping to bring a team of EM nurses with us. Dates are scheduled for January 27—February 11, 2018. Please email me if you are interested. I will work on CME credits so that it will be more official for Lao staff.

~Dr. Kristiana Kaufmann  
Kristiana.kaufmann@gmail.com



# Trip Sitters

I realize I have a disorder and I blame you for the following. Screw it. Here it is.

What is round, black, and grabs your attention? Fathers want you to look at these exclusively on their daughters. It is socially acceptable and even encouraged to stare directly at these when speaking to someone, at least in the Western world. Yes, my friends, we are talking about the pupils.

As background, "Can we PLEASE get off of the pupils?" is something I frequently grumble to myself quite often when being presented an overdose situation by a clinician at 3AM. Also, this is something that should have been said to Matthew Broderick's character in the movie *Election*... or Mrs. Robinson... or... the Catho... I'll stop there.

These 3AM interactions make me want to poke **my** eyes out. Thus, some insight into the pupillary response to drugs may avoid unnecessary wake ups and gastrointestinal pyrotechnics. (Look, these puns are intended and not an oversight... you see what I did there? And there!! I can't SEEm to stop! Phil should have had more foresight before putting me up to this. Let this be an eye-opener for him.)

For the next few paragraphs, you shall be a pupil pupil and consequently, NOT wake me up late at night with pupillary pontification. Also, in contrast to the subject matter, as more light is shown onto this topic, I hope you don't constrict, and instead, go to Marcus-Gunn.

The pupil is a hole in the surrounding iris. This iris consists of mainly smooth muscle that regulates the amount of

light entering the eye. It is composed of the sphincter pupillae (parasympathetic) and the dilator pupillae (sympathetic via norepinephrine on alpha1 receptors). They have opposing actions. One opens (sympathetic), one closes (parasympathetic).

So here are a few thoughts that you may want to incorporate into your clinical practice to help you make sense of those windows into the soul.

If you are suspecting an opioid overdose, I don't care what his/her pupils are doing. I care about the respiratory status. Ventilation. Oxygenation. Tidal volumes. Let me ask you this: Do you breathe through your pupils?! No. No, you don't. So please don't titrate Naloxone for pupils or you will end up with vomit in *your* eye, you bozo. Titrate for breathing. Not emesis. Not airways full of Wendy's Value meal #2. Breathing. Say it with me "BAH-REETHING."

Some opioids do not necessarily cause miosis in overdose but can cause respiratory depression. Meperidine (Demerol) and Tramadol are the most common. The algorithm should not be the following. "Not breathing: check. Small pupils: no. WHAT?! NURSE! QUICK! HOLD Naloxone! This man's pupils are too big to receive Naloxone! Hand me the eye drops! What's that? I don't know what I'm doing?! Oh. OH. I'm sorry! What medical school did you go to?! Huh?! Let me ask you this: did I give you a suggestion?! NO, I GAVE YOU AN ORDER!! I'M A DOCTOR, DAMMIT! I GIVE ORDERS NOT PASSIVE-AGGRESSIVE WISHES!"

Don't do that.

Some pupils are small due to sympatholysis or alpha2 agonism. That's just a fancy way of saying that they are no fun at parties. Very different from that time I ate a whole Pixie stick that turned out to be cocaine. Some examples of sympatholytics include Clonidine, Tizanidine, Oxymetazoline, and Brimonidine. (Yes, Trifun: addition of Imidazoline-containing eye drops to a person's drink won't give them diarrhea, but may

render them unconscious and miotic. We know you like both and that's gross). They will have small pupils. And be sleepy. And maybe even have respiratory embarrassment. Hmm... smells like opioids, right? On a side note: "smelling opioids" is easily mistaken for "snorting heroin." Just ask my parole officer... err...

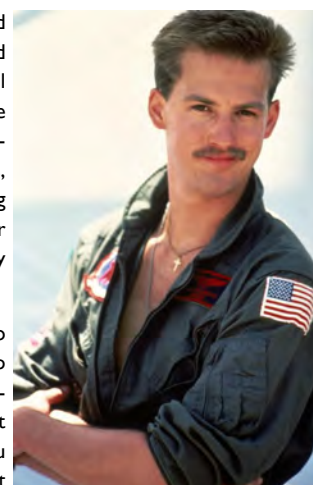
Some small pupils are due to waaaaay too much acetylcholine up in there. Organophosphates, carbamates, and nerve agents are what you should be thinking of. I bet you Kim Jong-nam had small pupils just before his demise. Oh, I bet they were **so** small. Another way to tell it is an acetylcholinesterase inhibitor is by noting that you are COVERED in your patient's secretions.

ALL of his/her secretions. Everything he/she can excrete at once. On you. Hopefully not in your mouth. I hope you are wearing a face mask. Ew. OR you will look down and see the syringe labeled "physostigmine" in your hand. "How many milligrams was that? Was I supposed to give the whole syringe?"

Some pupils are small because alpha1 receptors have been blocked leading to unopposed parasympathetic tone. These patients may also be experiencing orthostasis, hypotension, and uncomfortable and inappropriate erections, just like a 7th grader in trigonometry class. Many typical and atypical antipsychotics will cause small pupils in overdose. They will be somnolent, miotic, and tachycardic... the aptly named "sleepy-tachy" (also a distant cousin of a well-known dwarf from Snow White). That being said, antipsychotics are also anti-muscarinic which can cause large pupils. "WHAT?! It could be either?" Yes. Simmer down. Just deal with it.

Some pupils are small because they are old. But never too old to be full code. No never too old to be full code.

So next time you look at the pupils, take a look at the chest (rise), will ya?... Just make sure her father's not in the room.



**Dr. Andy King**  
Assistant Professor  
Medical Toxicology Fellowship  
Director





# May Measurement Month



In partnership with the International Society of Hypertension, Wayne State University Department of Emergency Medicine measured 1,765 blood pressures (BP's) at Detroit Receiving, Sinai-Grace and Harper University Hospitals during the inaugural May Measurement Month (MMM). Over 100 countries participated in MMM and our department was the leading United States partner.

Blood pressure and demographic information were taken in the emergency departments and during three community health events. The average blood pressure was 133.7/82.2 mm Hg and the average

age pulse was 82.8 bpm. Of the 1,765 individuals screened, 81.6% identified as African American and 58.5% were female. The average age was 44.3 years old. About 20% remembered the last time they had their BP checked and 32.5% stated they were currently taking antihypertensive medication. Of the 584 individuals with a systolic BP



greater than or equal to 140, 58% were currently on antihypertensive therapy. Of those individuals with a high systolic BP, 3.9% reported having had a heart attack in the past and 5.1% reported a history of stroke. The department distributed 85 BP cuffs to those with high blood pressure

readings so that they could track their future readings at home. Those without a primary care physician were referred to Gateway Health Centers.

MMM was established to improve awareness regarding BP globally. Individuals worldwide promoted the importance of screening and health education. The data collected throughout this initiative have provided insight of the global burden of hypertension and what practices can address it in difference communities.

If you are interested in learning more about MMM or how to get involved in the current hypertension initiatives, please contact Katee Dawood at [kdawood@wayne.edu](mailto:kdawood@wayne.edu).



**Bethany Foster, MPH**  
Section Manager  
Edward S. Thomas Section of  
Community and Public Health

# SonoCup 2017



Another SonoCup is in the books, and it was a battle for the ages. It was hard fought, and St. John took the 3rd Annual SonoCup. The Cup took place at the Museum of Contemporary Art and Design (MOCAD) in Midtown, Detroit, for a second year, and the 2017 SonoCup welcomed five new teams, including Beaumont, WSU SOM, University of Michigan, Lakeland and St. John Macomb. Congratulations to Detroit Receiving Hospital, Lakeland, St. John Macomb and St. John

Main for making it to the second round, and for St. John Main for managing to keep the cup in Detroit for another year.

This year's SonoCup was larger and better than before, with several new events this year; including SonoPuttPutt, Expanded Rapid Fires, and a very popular Four Letter Word Game. This year's SonoCup blended entertainment and educational quality better than any previous SonoCup.

Also, a special thank you to Ashley Sullivan and the rest of her team for creating another wildly successful SonoCup. Goals for future SonoCups will be to expand to sites across the State of Michigan and the Midwest and to continue to nurture the acquisition of knowledge related to Point of Care Ultrasound.



**Dr. John Gallien**  
Assistant Professor  
Director of EM Ultrasound  
Education

## WSU EM Study a Finalist in \$150,000 FE Healthcare Contest



A study being conducted by the Wayne State University School of Medicine's Department of Emergency Medicine is one of four finalists vying for a \$150,000 prize from GE Healthcare.

"The Impact of Noninvasive Positive Pressure Ventilation on Left Ventricular Strain in Acute HF" is one of four studies named finalists in the 2017 GE/EMF Point of Care Challenge. The four were selected from submissions worldwide by the American College of Emergency Physicians Scientific Research Committee. Now, members of the ACEP community can vote for "the most innovative" research proposal. The proposal receiving the most votes will secure an additional \$150,000 in research funding from GE Healthcare and the Emergency Medicine Foundation.

Only votes from ACEP community members will be counted toward the final award. You can vote for the WSU study at [gex.brightidea.com/EmergencyServicesChallenge](http://gex.brightidea.com/EmergencyServicesChallenge). Voting concludes on November 3.

The challenge, when concluded, will have provided \$500,000 in cash and equipment in a global competition to develop breakthrough applications of ultrasound at the point of care in the care of patients in shock or trauma, or to improve the use of

ventilator technology.

Each of the four finalist studies have already received \$50,000 from GE Healthcare.

Acute heart failure is a leading cause of hospitalization worldwide, yet despite a significant commitment from the research community, post-discharge outcomes have remained largely unchanged during the past 20 years, said Mark Favot, MD, clinical assistant professor of Emergency Medicine and principal investigator for the WSU study. Rates of admission and mortality after hospitalization are still unacceptably high, raising question of whether the homogenous approach to inpatient treatment is completely effective.

Non-invasive positive pressure ventilation, or NIPPV, has been used for treatment of respiratory failure and impending respiratory failure in acute heart failure for approximately 20 years. Despite substantial evidence that the use of NIPPV reduces the rate of intubation and the length of stay in intensive care units, there is very little in scientific literature regarding the effects of NIPPV on the failing left ventricle, said Dr. Favot, who also serves as director of Emergency Medicine Ultrasound Education at Sinai-Grace Hospital.

Left ventricular strain, measured via echocardiography, has proven a more comprehensive method to describe the cardiac mechanics. Strain can be accurately measured using semi-automated speckle-tracking software on standard two-dimensional grayscale images. Dr. Favot said that to his knowledge, his team is the first to study left ventricular strain in the setting of acute heart failure. Based on "very promising" preliminary data in this first-of-its-kind patient population, he hypothesizes that strain echocardiography will serve as a viable indicator of acute left ventricular dysfunction that undergoes real-time changes with therapy, including NIPPV.

"This project will serve as the seminal work on strain echocardiography in the setting of moderate to severe acute heart failure, and will provide clinicians who are looking to treat patients with acute heart failure in a more individualized fashion with the answers on the impacts of NIPPV on the heart that they are seeking," he said.

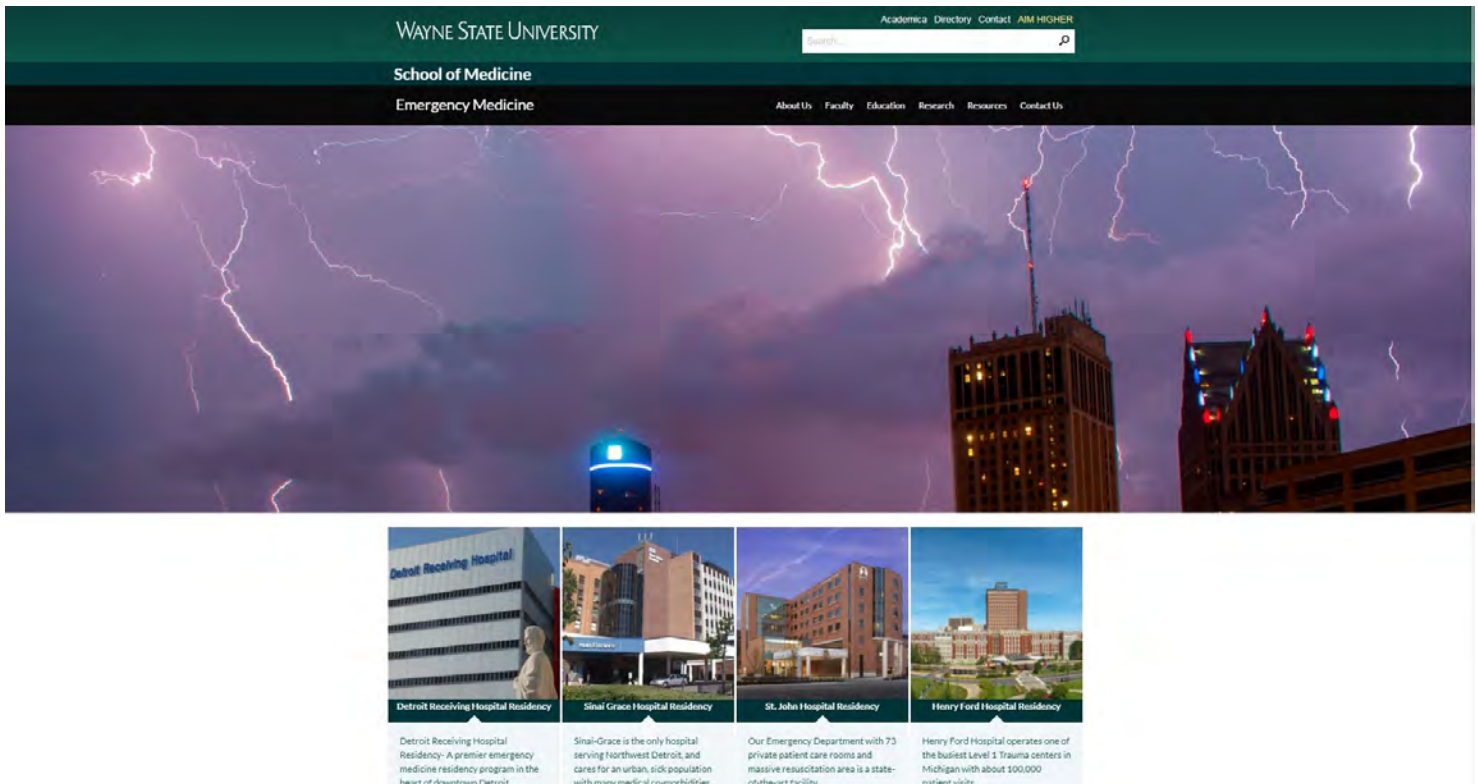


**Mark Favot, MD**  
Director of Ultrasound Education  
Sinai-Grace Hospital

*"Acute heart failure is a leading cause of hospitalization worldwide..."*

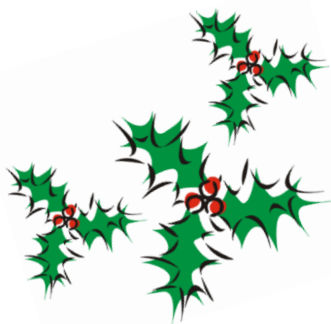






## CHECK US OUT ON THE WEB!!

The **NEW** Wayne State Department of Emergency Medicine website is up and running!  
[www.em.med.wayne.edu](http://www.em.med.wayne.edu)





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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 Cari Williamson 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.



# Save the Date

*Edward S. Thomas*

— EDWARD S. THOMAS —

Memorial Golf Outing

**Monday, May 14, 2018**

**Detroit Golf Club**

*Golf at Noon*

*Dinner and cocktails at 4:30pm*