Message from the Chair

Mindfulness and Full Minds – What to Do?

Mindfulness has officially become main stream. I judge that by what is on the cover of the February 3, 2014 issue of Time magazine, The Art of Being Mindful. (Pickert, K. Time, 0040781X, 2/3/2014, Vol. 183, Issue 4). Google says that mindfulness is: “a mental state achieved by focusing one’s awareness on the present moment, while calmly acknowledging and accepting one’s feelings, thoughts, and bodily sensations, used as a therapeutic technique.” In our Department of Emergency Medicine and at Alpert Medical School and in our residency and fellowship programs, many physicians are using mindfulness approaches in stress reduction, patient care, and education. Laura McPeake, MD, Assistant Professor (Clinical) Emergency Medicine has been working on a number of mindfulness initiatives.

In what could be viewed as a contradistinction to this is a new initiative headed up by Megan Ranney, MD, Assistant Professor, who has founded EDHI, Emergency Digital Health Innovation (see page 10), seeking to develop digital health applications in emergency medicine, and find collaborators around the institution. Megan and several other faculty members are active tweeters, bloggers, and are fully immersed in digital information at a level that I can’t quite fathom. Their minds seem to constantly seek digital information, data, communication snippets, and their ability to multi-task is, well, mind-blowing. As above, I’m still reading Time magazine – the paper version.

If we believe recent reports that find high levels of burnout in physicians, with emergency physicians leading the pack; and if we believe that a mindful approach to life and medicine could reduce stress and leave physicians more fulfilled, where does that leave us in terms of the constant stimuli and information deluge that seems to rob our time and fill our minds? How do we reconcile the imperative to be mindful with the reality that our minds are full?

My younger brother is a mindful guy - yoga instructor, developing Buddhist, and someone who seems to live and appreciate every moment of life. I spent a couple days with him recently, and his tranquility and balance were both admirable, and frustrating for me to observe. He can meditate for hours at a time – I can meditate for 24 seconds on a good day. But Laura tells me that is ok – in a few years I will make a whole minute. This is a process. I suspect many emergency physicians struggle to be mindful, given our erratic schedules, intensity of ED work, interruptions and distractions, and a myriad of other responsibilities that keep us running from one activity to the next. But even the most harried of us have experienced times when we were at our best, and “in the moment” - with a patient or family, teaching a resident or student, or in our research efforts. In those moments we are totally focused, performing at a high level, and feeling the joy and satisfaction that mindfulness brings. How can we string more of those moments together to make this approach the norm rather than the exception?
Could part of the answer, paradoxically, be in the digital world? Information is power, and our traditional master clinicians were fonts of information—every medical fact seemed to be catalogued in their minds. Letting go of that traditional model—as difficult as it may be for some of us—could alleviate stress and improve the way we think and function. Today’s residents and medical students are being taught where to find information, and do not need to have every medical tidbit stored in their minds. In the most progressive programs and schools they are also being taught how to think, and how their minds work—with metacognition, training and an emphasis on high level communication abilities. So, if the mind doesn’t need to be full of medical stuff, maybe there are more moments for reflection and mindfulness. The other aspects of the profession, beyond rote knowledge, could be developed. And we might even have a bit more time and energy for our personal lives.

Another part of the digital revolution is enhanced communication. Those physicians with burnout often feel isolated, estranged from the normal, positive interactions that create satisfaction and connectedness in a community. The opportunity to communicate and connect with others, even if it is to express dissatisfaction, in a tweet, a blog, or list-serve can help to break the isolation, and open up channels for community understanding and empathy. Having the potential solutions and advice for common problems available in the digital world may help a flummoxed emergency physician. There are probably other ways that digital health and new technology, while contributing to the information surge, can enhance mindfulness. I hope that EDHI will be part of that. In the meantime, as I consider whether to finally get on Facebook, or Twitter, or start blogging, I will enjoy watching (most likely on digital platforms, not paper) how this wonderful tension between mindfulness and full minds plays out for all of us.

Brian J. Zink, MD
Frances Weeden Gibson - Edward A. Iannuccilli, MD
Professor & Chair, Physician-in-Chief
Department of Emergency Medicine
Alpert Medical School of Brown University
Rhode Island & The Miriam Hospitals
Assistant Dean, Medical Student Career Development
Recent Changes in the Anderson Emergency Center Leadership

On January 1, 2014, Dr. Frantz Gibbs stepped down as the Medical Director for the Anderson Emergency Center (AEC) at Rhode Island Hospital. Dr. Gibbs served in this role for 7 ½ years during a time of great change; growth in patient visits; the transition to an electronic medical record; and many operational improvements. Dr. Gibbs’ hard work and dedication allowed us to improve both the timeliness and quality of care in the AEC. He leaves a strong legacy of collaborative leadership. Dr. Gibbs has transitioned to a role in our Emergency Ultrasound Division. Special thanks to Dr. Gibbs for his long years of service at the helm of the AEC.

Dr. David Portelli became the Medical Director of the RIH Anderson Emergency Center on January 1, 2014. Dr. Portelli brings to this position a strong track record in quality and safety at the RIH AEC and The Miriam Hospital Emergency Department. He has also played a key role in the hospitals and statewide in the quality realm. Dr. Portelli will work with Associate Director, James Monti, MD; Assistant Director, Eric Goldlust, MD, PhD; and our new nursing leadership at RIH AEC – Laurie Browning, MS-CS, RN, ANP, Director of Adult Emergency Services; and Susan Patterson, MHA, BSN, NEA-BC, Administrative Director of Adult Emergency Services, to build on the strong foundation laid by Dr. Gibbs and colleagues. As always, our goal is to take the Anderson Emergency Center to a new level of clinical care excellence, quality of service, and patient safety. Dr. Portelli says, “It takes a team, not just a coach”, and we look forward to working with Dave in his new role.

On February 1, 2014, Dr. Eric Goldlust became Assistant Medical Director for the AEC. Working in collaboration with Dr. Portelli, Dr. Monti, and ED nursing leadership, Dr. Goldlust is responsible for optimizing emergency care and flow and AEC operations. Dr. Goldlust will continue to Chair the Department of EM S5S Committee as a vehicle for process implementation and sustaining improvements. Dr. Goldlust will also provide oversight for the Department of EM’s midlevel provider group (MLP) who work in the AEC and The Miriam Hospital’s Emergency Department.

The Miriam Hospital Emergency Department

Gary Bubly, MD, Medical Director, The Miriam Hospital, Emergency Department

It’s official! TMHED closed out fiscal year 2013 with more than 60,000 visits. We were almost exactly on budget with continued high acuity and an admission rate near 30%. Managing this volume while simultaneously renovating our existing emergency department has been a challenge, but one that our group collectively tackled. We finished the fiscal year with a 1.5% left without being seen rate. That in and of itself may not seem particularly remarkable, unless you were here to experience the context of the adjustments we’ve made for construction. I think this testifies to the quality and flexibility of our entire team. Finally, we have been extremely successful in avoiding ambulance diversion. The hospital was forced to go on diversion in July for approximately 2 hours due to a major electrical failure that knocked out the main electrical feed to the hospital, marking only the second brief episode of diversion in the last 20 months.

Thankfully our emergency department renovation project is now entering its final phases. The 1A unit opened mid-December. This enabled us to distribute higher acuity patients across more of the physicians on duty. The 1C pod opened in mid-February. As you know, during these final phases there was less clinical space available, pressuring us to enhance throughput to keep up. Meanwhile, having the new CT scanner in the department does seem to have shaved off 8-10 minutes of turnaround time for many of our patients including stroke. In the main emergency department, Teams 1 & 2, the new

(continued on page 20)
Department of EM/UEMF 2014 Outstanding Physician Awards

For UEMF member physicians who are judged by the Evaluation & Awards Committees & the EM Chair to have exceptional achievement are eligible for the Outstanding Physician Award. This includes a plaque & a monetary gift. The 2014 recipients are listed in alphabetical order.

Aris Garro, MD, MPH – 2013 was particularly productive for Dr. Garro in his multi-faceted roles in clinical care, education and research in pediatric EM. His resident, fellow, and medical student evaluations were excellent in clinical teaching, didactics, and formal courses. He is Co-Director for Epidemiology & Biostatistics (Biol 3662 & 3664) at the Alpert Medical School and a mentor in the Doctoring Course. He also serves as a superb research mentor for students, residents, and fellows. In his own research areas, Dr. Garro had a stellar 2013 with his American Lung Association Grant to study pediatric asthma, and an increasing role in the PECARN FLUID Study on diabetic ketoacidosis. He had 5 manuscripts published in 2013. Aris embodies the “triple threat” academic faculty member with continuing outstanding work in research, education and clinical care in PEM.

Thomas Haronian, MD – “Always there when you need him….challenges residents to do their best, but fun to work with” are words from EM residents that describe Dr. Haronian’s approach to clinical teaching. He deftly finds the balance between excellent supervision and allowing residents to grow & develop their own clinical styles. Dr. Haronian had a superior clinical & bedside teaching year – a pattern of excellence established over 2 decades at RIH. He was the leading revenue generator in UEMF for 2013. In this way, his clinical efficiency and staying power helps fuel the academic mission of our Department. Dr. Haronian was promoted to Clinical Associate Professor of EM in Clinical Voluntary Track at Brown in July. Tom is also active in RI ACEP; is a preceptor in the Doctoring Course; & an Oral Examiner for ABEM.

Megan Ranney, MD, MPH - Dr. Ranney’s accomplishments are what might be expected for a senior faculty member, but she is only 3 years out of her injury prevention fellowship. In 2013, Megan was awarded a prestigious 5-year, K23 career development award from the NIH/ National Institute of Mental Health to study text-message-based depression prevention for high-risk youth in the ED. She received an SAEM Research Training Grant in this area of research. She had numerous research publications & national presentations. Dr. Ranney continued her leadership in SAEM by serving on the Annual Meeting Program Committee and was Chair of the Didactic Subcommittee – a time-consuming job. She is the Chair of the ACEP Trauma and Injury Prevention section. In April, Megan Co-Chaired the annual New England Regional SAEM meeting here in Providence. Dr. Ranney is an outstanding clinician & educator, mentor, & role models for residents, fellows, medical students, & undergraduates.

Francis Sullivan, MD – Dr. Sullivan has long been regarded as a master clinician by patients, peers, and trainees, and had a productive and superb year in 2013. Described as a “fantastic clinical role model”, Francis has the ability to simultaneously provide high quality teaching, & to quietly see and disposition every waiting patient in the ED. Francis’ resident evaluations are consistently near the top of the group. Dr. Sullivan has been a key faculty member in EMS education of residents & in LifePACT. He also has a new role with Providence Fire in CQI. Francis has had a huge impact in the community and regionally in training EMS personnel. He volunteers his time in numerous pre-hospital training programs, courses, rounds, and mentors anyone interested in EMS. No one in our group works harder than Dr. Sullivan or seeks less credit for his accomplishments.

Congratulations to Dr. Patrick Sullivan, EM PGY-4 for receiving the EMRA Emergency Department Directors Academy Scholarship at ACEP13 in Seattle. The scholarship is awarded to EM residents interested in pursuing a future administrative or leadership role in EM. The recipients are awarded attendance at the EDDA.

Department of EM Annual Faculty Retreat
May 30, 2014 - all day
Squamut Association Club
947 Veterans Memorial Parkway, E. Providence, RI
Kenneth Williams, MD - Dr. Williams, Associate Professor of EM, has provided exemplary service for the Department of EM and our community for many years. As the Division Director for EMS, Ken has built our expertise and breadth in EMS through medical direction of LifePACT, and his work at the state and national level. He is the Medical Director for the City of Providence EMA & the Office of Homeland Security, and Senior Medical Officer for RI 1 Disaster Medical Assistance Team (RI1 DMAT). He is a member of the RI Department of Health EMS Division, the Hospital Association of RI’s Hospital Planning & Preparedness Committee, NE EMS Council, and the National Council of State EMS Medical Directors. Ken is also a fine teacher and mentor. Residents note that he “genuinely cares about resident education & development, ...enthusiastic & upbeat even during tough shifts” and “offers great insights from his experience & real time feedback, & goes out of his way to teach”. Ken is a key connector of people. Whether it is in monthly Rescue Rounds, Perlman meetings (named after his professor father-in-law to discuss interesting philosophical or ethical issues in medicine and society), or opening his home to lonely residents on Thanksgiving & other holidays, Dr. Williams projects a warmth, humanitarian, and dedication to helping others. Ken exemplifies what serving others is all about, and sets a standard for others to follow.

Medical Development & Informatics

In late 2013 and early 2014, the Epic ASAP team has been focused on assembling the basic Epic package of software to meet the needs of our emergency departments. Epic is scheduled to go live across the Lifespan system on March 27, 2015. While that sounds like a long way from today, the date will be here before you know it. There’s lots to be done!

The ASAP team is busy constructing physical layouts of the departments, consult orders, order sets for patient care, and lots more so that our transition from Medhost is as smooth as possible. As part of the process, no further changes will be made to our current MedHost system. Going forward, the group will concentrate on the Epic system - building, transitioning and training.

In 2014, we began 15 minute Epic training sessions at the monthly Department of EM’s full faculty meetings. These brief sessions will help familiarize the faculty with various aspects of the Epic system and functionalities. These sessions are not meant to replace formal training, but serve as an introduction. Our first session covered the way Epic tracks patients and the available functionality of the visual map in Epic. The second session covered the Epic WebUser access.

Additionally, we have instituted a link to the statewide health information exchange called Current Care and provided training and registration for all providers and scribes. This will allow us to access laboratory and radiology reports from outside the system.

Stroke Center

Recently, the Stroke Centers at Rhode Island and The Miriam Hospitals were both recognized at the International Stroke Conference in San Diego, CA for their outstanding performance on the ‘Get With The Guidelines’ Target: Stroke campaign.

TMH received the Gold Plus Quality Achievement Award (the highest offered), and RIH received the Silver Plus Award and is on track to receive Gold Plus recognition later this year.

Stroke patients are getting CT scans of the brain performed faster than ever before, which has positively impacted our ability to offer time sensitive treatments. At RIH, nearly 16% of ischemic stroke patients received thrombolytics and over 60% of the time this was done within 60 minutes of arrival, both of these statistics representing institutional bests and significantly better than national averages. However, there is still plenty of room to improve, as reports emerge of the world’s top performing stroke centers achieving door-to-needle times of less than 30 min! Although the evidence supporting tPA is complex, there is no denying that the faster we are able to offer treatment, the better patients are likely to do. That is why for 2014 we are setting an institu-
Since our last newsletter, the HCHED has made strides in enhancing clinical processes. The HCHED has expanded midlevel provider coverage to 7:30a-3a. The HCHED Team has increased collaboration with Child Psychiatry and our new Lifespan partner Gateway HealthCare to improve care and consultations in the department. Recently, ED staff have developed and implemented Clinical Guidelines with Pediatrics and Surgery to improve patient flow.

One of the major enhancements to patient flow to help improve the patient discharge process was the addition of the HCHED Discharge/Transition Center in October of 2013. The services of the center include: timely intake of physician/provider referrals; a dedicated line for physician/provider referrals to ensure documentation is in the patient’s medical record prior to arrival; enhanced discharge services safeguarding needs and patient instructions are understood by both staff and family. Nursing reviews discharge instructions with the family and evaluates their understanding of care and follow up treatment. The prescriptions are called into pharmacies or to Lifespan’s onsite pharmacy, which delivers the prescription to the parental guardian in the ED prior to discharge/departure. The staff also determines if there are barriers to a healthy and successful discharge, such as transportation, and addresses these issues in the center. The center also includes a call-back by staff within 48 hours of discharge from the ED.

Based upon the available literature, quality data collection, and preliminary experiences, it has been a great success. But, with the great success, there is continued opportunity to improve clinical outcomes; increase patient/family satisfaction; increase referring provider satisfaction; reduce formal complaints; and further decrease costly and unnecessary readmissions.

Over the past several months, there have been numerous clinical achievements in the HCHED. Dr. Laura Chapman has been working on the expansion of the sepsis collaborative. Dr. Erika Constantine has been working with Dr. Otto Liebmann, EUS Division Director, on expanding pediatric emergency ultrasound training in the ED. The HCHED also has extensive training for providers on identifying and treating sexual assault victims headed by Susan Duffy.

Additionally, the American College of Surgeons recently released a new set of standards that are in line with the HCHED Discharge/Transition Center, and the HCHED Discharge/Transition Center has been incorporated into the American College of Surgeons standards that are in line with the HCHED Discharge/Transition Center.
Emergency Medicine Faculty

**Professor**
Brian Zink, MD - *Frances Weeden Gibson - Edward A. Iannuccilli Professor of Emergency Medicine*

Bruce Becker, MD, MPH
Gregory Jay, MD, PhD
William Lewander, MD
James Linakis, MD, PhD
Selim Suner, MD

**Clinical Professor**
Elizabeth Nestor, MD, M Div.

**Associate Professor**
Jay Baruch, MD
Adam Chodobski, PhD (Research)
Thomas Chun, MD, MPH
Brian Clyne, MD
Susan Duffy, MD, MPH
Jason Hack, MD
Leo Kobayashi, MD
Michael Mello, MD, MPH
R. Clayton Merchant, MD, MPH, ScD
Ted Nirenberg, PhD (Secondary)
Frank Overly, MD
Daniel Savitt, MD
Dale Steele, MD
Jonathan Valente, MD

**Clinical Associate Professor**
Gary Bubly, MD
Catherine Cummings, MD
Thomas Haronian, MD
Ilse Jenouri, MD, MBA
Mihir Kamat, MD
Matthew Kopp, MD
James Monti, MD
Andrew Nathanson, MD
David Portelli, MD
Lawrence Proano, MD
Francis Sullivan, MD

**Clinical Associate Professor (Clinical)**
Deirdre Fearon, MD
John Foggle, MD
Franz Gibs, MD
Gregory Lockhart, MD
Kenneth Williams, MD

**Assistant Professor**
Siraj Amanullah, MD, MPH
Janette Baird, PhD (Research)
Francesca Beaudoin, MD, MS
Linda Brown, MD, MSCE
Joanna Szymdynger-Chodobska, PhD (Research)
Geoffrey Capraro, MD, MPH
Esther Choo, MD, MPH
Jeffrey Feden, MD
Rachel Fowler, MD, MPH
Aris Garro, MD, MPH
Elizabeth Goldberg, MD
Eric Goldlust, MD, PhD
Nathan Hudepohl, MD, MPH
Michael Lee, MD
Sadiqa Kendi, MD
Adam Levine, MD, MPH
Otto Liebmann, MD
Alyson McGregor, MD, MA
Lisa Merck, MD, MPH
Christopher Merritt, MD, MPH
Anthony Napoli, MD
Catherine Pettit, MD
Megan Ranney, MD, MPH
Neha Raukar, MD, MS
Matthew Siket, MD
Robert Tubbs, MD

**Clinical Assistant Professor**
David Bouslough, MD, MPH
Erica Constantine, MD
Thomas Germaro, MD
Kirstin Gregg, MD
Mark Greve, MD
Andrew Griscom, MD
David Kaplan, MD
Matthew Kopp, MD
John LaFleur, MD
David Lindquist, MD
James Rayner, MD
John Riedel, MD
Marcia Robitaille, MD
Dana Sparhawk, MD

**Assistant Professor (Clinical)**
Elizabeth Bird, MD
David Bullard, MD, Med
Charles Callahan, MD, MPH
Sarah Case, MD
Laura Chapman, MD
Lydia Ciariello, MD
Jamieson Cohn, MD
Michelle Daniel, MD
Whitney Fisher, MD
Sarah Gaines, MD
Elizabeth Jacobs, MD
Joseph Lauro, MD
Melanie Lippmann, MD
Laura McPeake, MD
Lynne Palmisciano, MD
Jane Preotle, MD
Paul Porter, MD
Noah Rosenberg, MD
Jessica Smith, MD
Elizabeth Sutton, MD
Lynn Sweeney, MD
Otis Warren, MD

**Teaching Associate**
Karina Bertsch, MSW
Christine Garro, PA
Rebecca Hassel, PA-C
Allison Jackson, PA
Dina Morrissey, MD, MPH
Lisa Murphy, FNP

**Research Associate**
Julie Bromberg, MPH

**Teaching Fellows**
Bryan Choi, MD—Disaster & EMS
Devin Kato, MD—Global EM
Tracey Madsen, MD—Women’s Health in Emergency Care; & SAEM Research Fellow
Allison Riese, MD—Injury Prevention Center
Steven Rougas, MD
Medical Education Research

**Clinical Instructor**
Amir Bernaba, MD
Laura Forman, MD
Nadine Himelfarb, MD
Katherine Kimbrell, MD
Megan McNamara, MD
Matthew Sarasin, MD
Emergency Medicine: A New Olympic Event

This year we saw lots of changes at the Olympics: men & women's combined biathlon relay, snow board slope style, team figure skating, not to mention the out-of-the-box, tropical location of the winter games. Likewise, there have been significant changes in the Anderson Emergency Center at Rhode Island Hospital. After eight years of hard work and forward movement, on behalf of our patients and our department, Frantz Gibbs passed the torch to me. I rang in the new year on the A side and feel like I have been going down a fast moving luge track (head first) ever since.

There are lots of new names and familiar folk with new roles in the AEC. I am privileged to have Dr. Jimmy Montelagro remain as the Associate Director and Dr. Eric Goldlust as a new Assistant Director. Susan Patterson, MHA, BSN is the new administrative director of nursing and Laurie Browning, RN, ANP will be directing clinical operations. Susan is from Maryland and has significant experience in operational improvement in large emergency departments. Together, with Laurie’s depth of knowledge of the functioning of RI Hospital, they are a force! They have created a nursing management structure that consists of one Clinical Manager and six Assistant Clinical Managers (ACMs). The ACM structure will allow a managerial/operational “presence” 24 hours a day to mentor staff, facilitate flow, interface with the inpatient units, and trouble shoot problems.

The midlevel team is also in a period of transition. Allison Jackson has been engaged with Johnson and Wales University as they prepare to admit their inaugural class of their new Center for Physician Assistant Studies. She will serve as the Clinical Site Coordinator and Director of the Emergency Medicine Module. As a result, Rebecca Hassel will be assisting her with directorial duties in her new role as Associate Director of Midlevel Affairs.

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Division of EMS - LifePACT

The MedCom Center, located at the Anderson ED ambulance entrance, opened in August 2013. Staffed by newly-hired LifePACT MedCom Paramedics, the MedCom Center is designed to improve our EMS communications and interface. Congratulations to Nelson Pedro and Patricia Carreiro, who worked tirelessly with the ED leadership team and many others to bring this new and unique capability to our emergency department.

In its first month, the MedCom received over 1000 phone reports from EMS. There were also many more than 1000 EMS inbound notifications via the PTS system, numerous helicopter and Massachusetts EMS reports by radio (Mass does not have the PTS system), and has been improving the exchange of EMS-related communication and thus improving patient care.

One essential EMS communication function is linking EMS providers with physicians for medical control. In September 2013, we changed our process. Requests for medical control are conferenced with the Critical Care Resident. If the resident is unavailable, the Critical Care attending manages these calls. These physicians carry department phones, are likely to receive patients in need of medical control consultation, and are physically adjacent to the MedCom Center (in case there is a need to speak on the radio, for example). The MedCom Medic stays on the line to assure that the EMT is able to communicate with the physician. This allows EM attendings to manage their patients better.

The Division of EMS published five articles in the December issue of Rhode Island Medical Journal (see page 15 for a list of articles), including an overview of EMS, review of physician involvement in EMS, EMS training, critical care transport, and a life-saving definition.

The EMS Fellowship ACGME application, at over 600 pages and the result of massive effort by Wendy Wesley and the entire EMS Division, was submitted to the ACGME in early December and approved for 2 1-year fellowship positions.

International EM

In December 2013, the IEM Division held an educational meeting entitled "Celebrating Rwanda: Developing Trauma Education Internationally". Dr. Devin Kato spoke about trauma management in the developing world, with an update on the trauma training in Rwanda that several of our faculty and residents organized.

Drs. John Foggle & Peter Chai (EM-PGY4) visited Taiwan in January 2014 to visit Departments of Emergency Medicine at National Taiwan University (NTU) in Taipei; National Cheng Kung University (NCKU) in Tainan City; and Pintung Christian Hospital (PTCH) in Pintung. Emergency medicine has been recognized as a specialty in Taiwan since 1997. The first EM Residency programs have started graduating students.

More in EMS –

Included in the December 2013 issue of Rhode Island Medical Journal was a special section on Emergency Medical Services with Guest Editors Drs. Kenneth Williams & Francis Sullivan. The issue included the following articles and authors:

An Overview of Prehospital Emergency Medical Services – F. Sullivan, K Williams, J. Rhodes

Physician Medical Direction of Emergency Medical Services – F Sullivan, K Williams

Emergency Medical Technician Education and Training – J Lauro, F. Sullivan, K Williams

The Rhode Island Life Saving Score (RILSS) – A Proposed Life-Saving Definition for EMS and Emergency Medicine – K. Williams & F. Sullivan

Critical Care Transport – K. Williams & F. Sullivan

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Injury Prevention Center

A highlight of our fall community events this autumn was at Roger Williams Park Zoo as we educated families on how to properly install car and booster seats. The free event was part of National Seat Check Saturday, held on Saturday, September 21 and sponsored by The Kohl’s Cares – Kids on the Go Program. During the event, a representative from Kohl’s also presented a check for $138,800 to the Injury Prevention Center to support continuation of the car seat check program for the next year.

This fall Dina Morrissey was appointed to The National Child Passenger Safety Board. The Board works collaboratively with the National Highway Traffic Safety Administration (NHTSA), and Safe Kids Worldwide to provide guidance for the safe transportation of children and ensuring the integrity of the child passenger safety training and certification program.

The IPC had several presentations at the recent national meeting of Injury Free Coalition for Kids November 9-11. The IPC research fellow, Alison Riese MD, presented her research on physicians’ knowledge and attitudes on screening for violence. Dina Morrissey, the IPC Community Coordinator, gave a presentation on the Hasbro Children Hospital program for screening inpatients for correct child passenger safety use. She also gave a presentation on research she has done with Dr. Raukar and others on Rhode Island schools compliance with Rhode Island laws related to youth sports concussions. Valerie Streszak, research program coordinator at the IPC, had a presentation at the American Public Health Association Meeting - Predictors of impaired driving among injured ED patients who report risky drinking.

In the fall semester at Brown, Dr. Ranney and I again taught our graduate course at the School of Public Health, Injury as a Public Health. The mission of the course is for students to understand the magnitude of the injury and violence problem and discuss strategies to improve public health through injury prevention. It includes several guest speakers with unique perspectives and interests in injury and violence prevention.

Sports Medicine

Our activity level has been on an Olympic scale! Members of our division have given lectures and presentations - regionally, nationally, and internationally.


The Institute of Medicine Sports-Related Concussions in Youth Task Force’s report was released in Fall 2013. Dr. Raukar was a member of the task force. There was extensive media coverage surrounding the findings.

In Spring 2014, Dr. Feden will be giving an oral presentation at AMSSM, in New Orleans in April. He will also be presenting “Sideline Emergencies” in an instructional course lecture. Dr. Feden will be didactic moderator and presenter for Bringing Sports Medicine to the Emergency Physician session at the SAEM Annual Meeting in Dallas in May.

At the Center for Sports Medicine, we welcomed a new midlevel provider to our team, Sharon Bonn. Sharon has extensive experience with diagnosing and treating concussive patients.

Dr. Mark Greve providing sideline care at bike race in the fall of 2013.
American College of Emergency Physicians (ACEP) 13, October - Seattle

ACEP Oral Presentations:
Geoffrey Capraro: Invited Speaker - New Speaker Forum
Esther Choo: Moderator, AAWEP Section Meeting

Dr. Feden featured at the Ignites Virtual Mentorship at ACEP 13

Association of American Medical Colleges (AAMC) Annual Meeting Learn | Service | Lead - November 2013
Dr. Brian Zink co-moderated the AACEM session called Re-thinking Academic Emergency Medicine in a Time of Disruptive Change on November 1, 2013 in Philadelphia.
Dr. Michael Lee was a presenter & guest panelist during this session.

ACEP Poster Presentations:
- Prescription Opioid Misuse Is Common among ED Patients Discharged with Opioids – Straube, Lopez, Baird, Mello, Beaudoin
- Physician Attitudes & Perceived Barriers to Prescribing Nasal Naloxone Rescue Kits in the ED – Samuels, et al
- Pain, Expectations of Pain Relief & Opioid Misuse Among ED Patients – Lopez, Straube, Baird, Mello, Beaudoin
- A Short Trauma Course for Physicians in a Resource-Limited Setting: Is Low Cost Simulation Effective – Pringle, Mackey, Ruskis, Modl, Foggie, Levine
- Evaluating the Relationship Between Opioid Analgesics & Pt Satisfaction among ED Patients – Schwartz, Tai, Babu, Merchant
- Potential Gender-Specific Barriers to Tx of Acute Stroke: Do Gender Differences in Stroke Knowledge Vary by Age? - Madsen
- Clinical & Demographic Characteristics Associated with Opioid Overdose Visits to the US EDs - Green

Kirsten Rounds - On the National Scene - AAAEM

Kirsten Rounds, Senior Executive Administrator for the Department of Emergency Medicine, is playing an important role in the Academy of Administrators in Academic Emergency Medicine. Kirsten was one of the founding members of this academy when it was formed 5 years ago. The membership now includes over 60 administrators from across the country, all involved in academic emergency medicine. The academy is a networking group for its members providing an opportunity for them to share ideas, best practices and learn from the experience of others.

This year, for the second time, Kirsten is chairing the planning committee for the annual retreat in conjunction with the Association of Academic Chairs in Emergency Medicine. Last year she organized this event with Dr. Zink. This year she is working with Dr. Ron Walls the chair of Brigham and Women’s Hospital in Boston and Alan Lines from Oregon Health Sciences University. The retreat will be held in San Diego, CA over 4 days in April. The theme of this years meeting is ‘Co-Mentoring’ and the slate includes over 40 speakers.

In addition, this year Kirsten has been the Secretary for the Academy and as of the April meeting she advances to President-Elect. She is also an active member of the Strategic Planning committee and in the past was Membership chair. She has also represented the academy by speaking at the SAEM annual meetings in Chicago and Atlanta and will do so again this year in Dallas.

Kirsten is also one of the representatives of the Alpert Medical School to the Group on Faculty Practice (GFP) of the Association of American Medical Colleges.
EM on the Cutting Edge

March 2014 - In partnership with the Department of Dermatology, with cooperation & support of Lifespan & the IT Department, Google Glass will be available in the Anderson Emergency Center at RIH for Emergency Dermatology Consults. Google Glass will supplement the standard phone call Dermatology for consults at RIH. The process involves paging or sending by Outlook use. There are physicians trained in using the glasses; assisting in obtaining consent; and the telemedicine portion of the consult. The technology is still new & the process in beta phase. Dr. Paul Porter is pictured on the right sporting the “Google Glasses”. Pictures (above) were enlarged to show the detail of the glasses.

Emergency Digital Health Innovation (EDHI)

Megan Ranney, MD, MPH has announced the launch of EDHI, a new program on emergency digital health innovation. Our vision is for digital health to be an evidence-based, effective, and well-integrated tool for creating health.

Our focus is on the emergency care setting – before, during, and after an emergency department visit.

1. To conduct high-quality, rigorous research on innovative digital health solutions for emergency care populations;
2. To develop, implement, and disseminate clinically relevant, easily usable digital health solutions for emergency department clinicians and patients;
3. To use digital health solutions to improve acute care and long-term health, on the level of both individual patients and the population; and
4. To facilitate partnerships between clinicians, researchers, and industry, in order to create a cost-effective, 24 x 7 x 365 source of health.

Resident Scholarly Development Fund

The Resident Scholarly Development Fund provides scholarships for Brown emergency medicine residents to carry out projects or training in the research or education realms. The fund was created in 2009 with an initial $5,000 donation from University Emergency Medicine Foundation.

The fund has received great support from past graduates and current faculty. And we are again asking our Brown EM faculty members and alumni to help build the Resident Scholarly Development Fund through donations. The strength of any fund raising effort is not just in the amount of contributions, but also in the level of participation of those who care about the cause. Many of you have invested a great deal of time and effort in making the Brown Emergency Medicine residency one of the premier EM residencies in the nation. Now you can make a financial investment into an EM resident’s future.

Your contribution is tax deductible.
Please consider sending a check as follows:
UEMF, Resident Scholarly Development Fund,
Attn: Michelle Costa
Department of Emergency Medicine
593 Eddy Street, Claverick 2, Providence, RI 02903

Thank you for your support!
**Media coverage surrounding the Lifespan Emergency Medicine Departments adopting Guidelines for Opioid Pain Medication in the EDs for Use & Prescribing for Chronic & Chronic-Intermittent Non-Cancer Related Pain**

December 2013 - The Rhode Island Public Radio story, which includes an interview with Brian Zink, M.D., chief of Emergency Medicine at Rhode Island and The Miriam hospitals, ran during All Things Considered (4 to 6:30 p.m.) on 88.1 and 102.7.

WPRI-TV (Ch. 12) aired its story, which included an interview with Dr. Neha Raukar.

Dr. Zink gave an in-studio interview on WJAR-TV (Ch. 10) during the 5:30p news.

Drs. Glenn Hebel and Brian Zink were interviewed for an article for the Providence Journal by Felice Freyer entitled “In ER, New Guidelines for Painkillers”.

January 2013 - Jason Hack, MD gave an interview with Kristen Gourlay on RIPR regarding the new ED guidelines. 

http://www.turnto10.com/video?clipid=9648277&amp;autostart=true

9/4/13 www.lifespan.org featured Jason Hack, MD answering common questions regarding the recreational/social drug nicknamed “Molly”.

Dr. Hack has been interview multiple times on the topic.

2/5/14- Dr. Hack was also interviewed on WPRO (630AM & 99.7 FM) regarding heroin addiction & overdoses.

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**News in Concussion & Sports Medicine**

8/30/13 - Dr. Neha Raukar, from Emergency Medicine, and Dr. Michelle Mellion, from Neurology, co-wrote an article on www.brown.edu entitled “NFL Deal: Concussion Concerns Remain”. This timely article was a precursor to the Norman Prince Neurosciences Institute (NPNI) sponsored Brainpower series lecture and panel discussion on concussions at the Alpert Medical School of Brown University on October 23, 2013.

The Brown Daily Herald published a related article on October 25, 2013 entitled “Speakers Warn of Concussion Dangers”. As part of the NPNI Brain Power lecture series, various speakers, including people who suffered mild traumatic brain injury (TBI) or concussions and other Brown/Lifespan affiliated specialists participated in a public forum to increase awareness about concussive/TBI injuries, diagnosis, and treatment. Dr. Neha Raukar was one of the panelists.

Dr. Raukar gave an interview on the CBS national news on the Institute of Medicine’s report by the Sports-Related Concussions in Youth Task Force. Dr. Raukar was on the task force. It was also on the CBS website.

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**September 2013 - Dr. Brian Clyne gave an interview on Channel 10 NBC on “Molly” the illegal recreational-amphetamine. www.turnto10.com**

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**News in Concussion & Sports Medicine**

12/16/13 - Adam Levine, MD, MPH - Was featured in an article in Providence Business News (www.pbn.com) on his efforts in Rwanda to improve the health care system & the Global EM Fellowship, entitled Levine Joins Effort to Boost Training in Rwanda. Dr. Levine was featured in the February Lifespan electronic newsletter Lifelines on his experiences in creating an EM program in Rwanda.

Dr. Joseph Novik, Global Health Fellow, spoke at the 12/4 resident conference regarding his time in Rwanda.

UEMF was listed as a humanitarian resource in an article Human Resources for Health Program in Rwanda in New England Journal of Medicine Nov 2013
EM Education

Getting the right experience at the right time in your career can accelerate your development as a medical educator. November 2013’s AAMC annual meeting was a reminder of the rich opportunities available in academic medicine to learn, teach, and grow. In this column, you will find a compilation of faculty development and teaching resources organized by level of experience. Make a resolution to pursue a course, workshop, or conference that will help you to become a better teacher. Or, just spend time learning form these informative websites. I think you will find that there is something here for everyone.

Residents:
- The Residents’ Teaching Skills resource site at USC
- SAEM Resident Resource Collection: resources for developing as a teacher, along with loads of sound career advice
- University of Virginia Residents as Teachers site
- Residents as Teachers Curriculum Modules from the Alliance for Academic Internal Medicine
- The Resident Teaching Development Program—Handout for Residents & Teacher’s Guide—Resident Teaching Development Program both from Mount Sinai School of Medicine.
- Education modules on Giving feedback, Micro-skills, & Small group teaching from NYU.

Junior faculty:
- AAMC Faculty Vitae site: includes a range of academic career development topics
- Council of Emergency Medicine Residency Directors (CORD) Annual Academic Assembly’s Navigating the Academic Waters faculty development track.
- Faculty Affairs: Academic Medicine articles devoted to faculty development, mentoring, leadership, career tracks, and more.
- The ACEP Teaching Fellowship: a highly rated, foundational experience for EM educators
- The Medical Student Educator’s Handbook from the SAEM Clerkship Directors in Emergency Medicine (CDEM) group: up-to-date, practical information. More education resources from CDEM.
- The Clinician-Educators Handbook
- Mind Tools: not exactly an educational website, but includes a wide wealth of practical skills needed to excel in your career.

(continued on next page)

EM Residency

We have another interview season under our belt. We met about 130 applicants, after reviewing over 700 applications, the result will be to match 12 new interns. Each year the program leadership presents an overview of the Residency Program and talks about our philosophy with medical students on interview days, there is one thing we consistently highlight year after year - the people. Yes, we are proud to highlight the statistics that make the program an outstanding training ground: the high volume, the abundant resources, the funding support and research opportunities, the varied curriculum, and the large and diverse faculty. But, when we get right down to it, what makes the program special and uniquely Brown, is the people. Residents, faculty, and staff alike. It takes a team to pick the best and the brightest - making the perfect fit for both the program & pre-PGY-1.

As Program Director, I’d like to highlight the residents, of course! Currently, we have an amazing group of trainees who have been working independently and together to make their EM residency experience and the program itself special. Their dedication to each other, and to this program is spectacular. This interview season, the EM residents were an integral part in recruiting. The residents showed up in droves at the pre-interview dinners, and consistently made the best impression to attract another round of talent to our Department. Never in the history of interview season, have we heard such positive feedback from applicants about the participation of residents in the process. They have set the bar for the student experience. They have quietly done this, even in the face of a number of unexpected stressors on their time and schedules, and didn’t miss a beat.

Our 48 residents make up a wonderful mix of talents and curiosity. They come here to learn, grow, and develop into well-rounded physicians. They look to us to figure out how to do it. With every conversation, patient encounter, and face-to-face moment we share with our residents, we influence what kind of physician and person they will be for the rest of their careers. It is a powerful effect we have on them as teachers and mentors. It is easy to lose sight of this in the sea of other expectations we have during the hectic pace of a typical shift.

I ask you to think about how you can continue to positively influence these young

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## EM Education

### All faculty levels:

- **AAMC Leadership and Educational Development (LEAD) Certificate Program**: an intensive, two-year, leadership development program that provides the knowledge, skills, values, & practical experience educational professionals in academic medicine need to be successful leaders.

- **ACEP: Professional Development & Educational Skills resources**

- **The Alpert Medical School Educational Faculty Development Program**

- **Stanford Faculty Development Center for Medical Teachers**

- **Harvard Macy Institute Program for Educators in Health Professions**

- **AAMC Medical Education Research Certificate Program (MERC)**

- **Teaching and Learning Resources & Online Resources for Medical Educators**

- **Vanderbilt University Center for Teaching**

- **AMEE Essential Skills in Medical Education Online Courses**

- **Canadian Conference on Medical Education**

- **The International Conference on Resident Education**

### Online Educational Resources

- **MedEdPORTAL** is a free, cross-indexed suite of services provided by the AAMC. Through Publications, iCollaborative, & the CE Directory, MedEdPORTAL aims to equip healthcare professionals across the continuum with effective & efficient educational tools to improve patient care.

- **Multimedia Educational Resource for Learning and Online Teaching (MERLOT)** is a free resource for faculty and students of higher education covering all disciplines of teaching and learning. Links to online learning materials are collected here along with annotations such as peer reviews and assignments.

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### Department of EM Faculty Development - Know & Grow Programs

**January 15, 2014 - Zachary Meisel, MD, Assistant Professor at the Perelman School of Medicine at UPenn.** He lectured on PCORI Narratives – Explaining Patient Centered Outcomes Research and gave an in-depth look at how and why to create a patient-centered project.

*Dr. Rachel Stanley*

**January 29-30, 2014 - Rachel Stanley, MD, MHS**: Assistant Professor Emergency Medicine and Pediatrics, University of Michigan School of Medicine; Chair, Steering Committee of the Pediatric Emergency Care Applied Research Network (PECARN); PI Great Lakes EMSC Research Node of PECARN. Dr. Stanley gave grand rounds and conducted a faculty development session entitled “Multicenter Network Research (as it pertains to Pediatric EM)-Why do we do it?” This talk highlighted multicenter research that has been transforming clinical practice in PEM. Dr. Stanley’s Grand Rounds was entitled “Pediatric Traumatic Brain Injury: A Case-Based Discussion.” This lecture used an audience response system to engage participants in cases of pediatric TBI.

**March 5, 2014 - Kevin Grigsby, MSW, DSW, Senior Director, Leadership & Talent Development from the Association of American Medical Colleges** was our guest speaker as part of our Know and Grow Faculty Development Workshops. Mr. Grigsby gave a lecture entitled “The Next Step in Your Career: Don’t Let your Past Success Prevent you from Taking it to the Next Level.” This presentation and interactive workshop discussed “What’s next?” in your career in academic medicine and plan to strategically develop where to take your career. The lecture introduced the audience to new ways of planning their career steps than what they previously used in the past. This workshop helped participants to look forward at their career aspirations "through the windshield" rather than backwards at their accomplishments.
minds, who want nothing more than to take good care of patients, and model the knowledge, skills, and attitudes of the phenomenal faculty mentors who work with them side by side in the ED every day. Your gift to them, 365 days a year, is your time, dedication, and mentorship. Thank you for that.

Special thanks to those physicians who participate in interview season: Drs. Dave Bouslough, Linda Brown, Dave Bullard, Brian Clyne, Jamie Cohn, John Fogg, Sarah Gaines, Jason Hack, Mihir Kamat, Greg Lockhart, Libby Nestor, Bob Tubbs, and Brian Zink.

Congratulations to faculty with the top 10 resident evaluation teaching scores: Drs. Jay Baruch, Francesca Beaudoin, Esther Choo, Rachel Fowler, Tom Germano, Jason Hack, Laura McPeake, Libby Nestor, Megan Ranney, and Francis Sullivan. Recent changes that were made in the resident teaching evaluation process has made the information more meaningful. The Clinical Competency Committee reviewed milestone data. The
geon’s conducted a trauma level evaluation site visit in January 2014 to assess the HCHED becoming a PEDiATRIC Level 1 Trauma Center (This is in addition to Rhode Island Hospital’s Level 1 Trauma Center status.). This was a very favorable visit and we look forward to getting the results soon.

On the faculty development and educational side of pediatric emergency medicine, there has been a lot of recent activity. Drs. Frank Overly and Linda Brown have expanded pediatric simulation training programs. Chris Merritt, MD, MPH has been integral in a new rotation in the HCHED for 2nd Year EM Residents. Nicole Abrunzo, MD is working with the Hasbro ED Midlevel Clinicians in providing EMPAD Pediatric Education. Our PEM fellowship hosted the regional PEM Fellowship conference, which was organized by Dr. Liz Jacobs.

As part of the PECARN network, HCHED Pediatric EM research has intensified. The PECARN Biosignatures (host leukocyte RNA transcripts in febrile neonates) study has 87% eligible patients approached, 79% enrolled. Dr. Tom Chun is the Site PI and we are one of the TOP enrolling sites in the network. Dr. Aris Garro is the PI on a study on fluids in DKA, which has 100% eligible patients approached, 100% enrolled. Dr. James Linakis is the PI on ASSESS (Teen Alcohol Screening), which is a NIAAA funded study. Dr. Chris Merritt is the PI on a Hu-
man Pro-inflammatory Mediators in Mild to Moderate Brain Injury study. Dr. Geoff Capraro is conducting a study on Electromagnetic Radiation as a Screen for Life Threatening Infection. Dr. Greg Lockhart is the PI on 2 studies: one on corticosteroids for children with febrile UTIs and the other on biomarkers for acute pyelonephritis in children. Dr. Frank Overly is working on a project entitled Small Victims, Big Challenges, Refining Pediatric Disaster Triage Education. Dr. Linda Brown is working on a project called Improving Pediatric Resuscitation: A Simulation Program For Community EDs. These are just some of the exciting research and programs our HCHED faculty have on the fire. There are also other ongoing studies on probiotics, suicide screening, concussion rest, to name just a few.

A very exciting project that numerous PEM physicians worked on was the special section on pediatric EM in the January 2014 issue of the Rhode Island Medical Journal (pictured on the right). Dr. Susan Duffy was a guest editor. The edition featured many of our outstanding PEM faculty. Check out the link: http://www.rimed.org/rimedjournal-2014-01.asp

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Recent EM Research Funding

EXTRAMURAL FUNDING

Francesca Beaudoin, MD was awarded a 1-year, $19,936 grant from the Emergency Medicine Foundation for her project entitled, “Prescription Opioid Use and Misuse in Older Adult Emergency Department Patients.” This study is directed at the rising concern of prescription opioid use and misuse among older adults and aims to address two key questions that remain unanswered: (1) Can we accurately identify which older adults are using prescription opioids? And, (2) Among those who use prescription opioids, is there an effective means to identify those with misuse?

James Linakis, PhD, MD was awarded a $100,000 Administrative Supplement from NIH / NIAAA for his R01 grant, “Administrative Supplement: Teen Alcohol Screening in the Pediatric Emergency Care Applied Research Network.” The administrative supplement will be used to cover cost increases that are associated with recruiting a larger sample of participants (1600 total, 600 additional subjects) during the two-year follow-up period of the parent grant.

Lynn Sweeney, MD was awarded a Routhier Foundation grant for Rhode Island Hospital and Project CLEAR! For $30,000. The funding will create a “digital teaching library” using re-enacted Simulation Center scenarios.

INTRAMURAL FUNDING

Michelle Daniel, MD was awarded a 2-year, $80,000 Mid-Career Academic Development Award from UEMF for her project “Why Co-Teaching? Evaluating Interprofessional Education in Clinical Skills Courses.” The research project will begin with an environmental scan of co-teaching nationally, and use focus group and narrative work locally and regionally at Brown and the University of Connecticut to explore the benefits, challenges, and outcomes of co-teaching in clinical skills courses.

Sue Duffy, MD, MPH was awarded funding for her project entitled “Improving Patient Safety through SAFETYCARE Training in the Hasbro Emergency Department,” has been approved for full funding in the amount of $48,125 by the Risk Management Grant Advisory Committee.

John LaFleur, MD was awarded a 1-year, $38,723 Junior Faculty Research Development Grant from UEMF for his project “Quorum Quenching Enzymes in Catheter-Associated UTI and Inhibition of Biofilm Formation in Clinical UTI Strains of Pseudomonas Aeruginosa.” This study will examine a class of enzymes, found in all kingdoms of life – including humans – which could be useful in preventing catheter associated urinary tract infection caused by Pseudomonas aeruginosa.

Anthony Napoli, MD was awarded a 2-year, $80,000 Mid-Career Academic Development Award from UEMF for his project, “Emergency Department Observation Medicine and its impact on Emergency Department Care.” This project will concurrently design an expanded observation unit for the Emergency Department and simulate models of efficiency of observation care. The researchers also intend to examine the association observation units may have on ED crowding, specifically ED length of stay.

Education and Service Grant Resident Review Committee

Congratulations to Dr. Payal Modi on being the 2014 UEMF Education and Service Resident Grant recipient. Dr. Modi will be working together with Dr. Adam Levine on the "Assessment of Dehydration in Malnourished Children with Diarrhea in Bangladesh." This grant awards up to $2500 for projects that relate to enhancing educational curricula for residents or medical students; improving community health through education; directing services or preventative programs in the community; and advocacy at the level of local and state medical societies, or local and state government. Thanks to the members of the Education & Service Grant Committee: Drs. Nestor, Fowler, Tubbs, & Brown for their time in reviewing the grant applications. Thank you to all that have contributed to the Resident Scholarly Development Fund to make these grants available to fund resident research in our department.

Evolving HealthCare - January 2014

Dr. Anthony Napoli coordinated a unique 2-hour talk & panel discussion involving local healthcare reform leaders. As reforms take shape, it is important for emergency physicians to better understand the effects of the Affordable Care Act & the ramifications of healthcare reform on EM.

Angela Sherwin, Program Director of the Executive Master of Healthcare Leadership at Brown University & Meryl Moss, COO of Coastal Medical Group of Rhode Island were guest speakers.

The panel HealthCare reform from the Affordable Care Act; how implementation of the ACA may affect the future of EM practice; and characteristics of a successful ACO, the role of Accountable Care Organizations, their impact on patient care, and their relation to acute care.
Dr. David Sklar - Visiting Professor April 2014

Dr. David Sklar, Professor Emeritus of EM at the University of New Mexico is our next Visiting Professor. Dr. Sklar will give a faculty development session on scholarly writing; participate in moderated dinner discussion on timely topics in EM and health care reform and will give 2 grand rounds lectures Humanities and Creative Writing and Addressing the Health Reform Imperative: What Can Academic Medical Centers Do.

Visitng Professor - Carey Chisholm, MD - October 29-30-2013

In October 2013, our Visiting Professor series hosted Carey Chisholm, MD; Professor of EM at Indiana University School of Medicine; Senior Clinical Educator, Department of Emergency Medicine.

Dr. Chisholm was appointed the Residency Director at Methodist/Indiana University and served as the longest serving EM program director in the nation (1985-2013). Dr. Chisholm's national activities include multiple Council of Emergency Medicine Residency Directors (CORD) and the Society for Academic Emergency Medicine (SAEM) Committees/Task Forces. In 1995, he served a term as the President of CORD, and received their Impact Award in 1998. In 2004, he served a term as the President of SAEM and completed 8 years of service on their Board. Dr. Chisholm chaired the SAEM Institute of Medicine (IOM) Task Force, charged with addressing issues raised in the IOM report "The Future of Emergency Care in the United States Health System".

During Dr. Chisholm's visit he gave 2 faculty development lectures, “Bedside Teaching Tips for Busy Clinical Educators” & “Writing your Personal Mission Statement”. He participated in a moderated dinner discussion with the faculty and residents. Dr. Chisholm also gave 2 Grand Rounds lectures entitled “The Anatomy of an M&M Case” and “The Clinical Practice of EM—Reflections and Projections”. Dr. Chisholm wrapped up his visit with individual mini-mentoring sessions with faculty on career development.

Welcome! New EM Faculty

Whit Fisher, MD
Assistant Professor (Clinical) in EM

Dr. Fisher joins us from Westerly Hospital & St.Luke's/Roosevelt Center in New York. Whit received his MD from Georgetown University School of Medicine in 2003. He completed his EM residency at Bellevue/New York University Medical Center & was a chief resident in 2007. Whit has a strong interest in procedural medicine and video editing. He maintains the procedurettes.com website, as well as writing the "Tricks of the Trade" column for ACEP news. Whit is an Attending at TMH & the AEC at RIH.

Melanie Lippmann, MD
Assistant Professor (Clinical) in EM

Dr. Lippmann graduated from The Royal College of Surgeons in Ireland. She completed her EM residency at Yale University, where she was a Chief Resident. While on the EM faculty at University of Texas Southwestern Medical Center in Dallas/Parkland Memorial Hospital, Dr. Lippmann served as the Medical Director of Dallas' Serial Inebriate Rehabilitation Program. In this role she coordinated the development of a comprehensive and self-sustaining rehabilitation program for homeless serial inebriates in Dallas. Her research interests include substance abuse and mental health in the ED setting.

Noah Rosenberg, MD
Assistant Professor (Clinical) in EM

Dr. Rosenberg graduated from the Alpert Medical School of Brown University, Emergency Medicine residency program, in 2012. He now returns to Brown after practicing at Sturdy Memorial Hospital. Noah earned his MD at Oregon Health & Science University. While at Brown he co-founded and taught a wilderness medicine course for medical students. In the last year he led a medical student trip to the Himalayas. Dr. Rosenberg's continuing interests include early medical student education, wilderness medicine, medical humanities, creative writing and biking.
In order to better define its purpose and evolving roles, the Lifespan Medical Simulation Center (LMSC) recently revised its mission statement to read as follows: “To promote excellence in clinical care, patient safety, multi-disciplinary team performance and research through the application of simulation and innovative technologies for education.” The revised mission statement better captures some of the recent educational programs and research projects which are focusing on educational videos and innovative technology.

Dr. Linda Brown is in the final year of her PRECISE study where she is taking pediatric simulators into all of the RI community EDs to assess systems and team preparedness to resuscitate pediatric patients. This project has led to a multicenter study covering much of the Northeast.

Dr. Brown and Dr. Frank Overly are involved in a multicenter study assessing a CPR feedback device. The multi-arm study is looking at educational interventions with and without an on-patient visual feedback device and how these affect providers’ ability to perform high quality CPR on pediatric patients.

The LMSC was also excited to complete enrollment in the three-year PRIDE study that is assessing pediatric disaster triage protocols. Much effort went into simulating 10 victims from three disasters: a school bus rollover, house fire and school shooting.

Dr. Leo Kobayashi’s “STORM” study is ongoing with successful recruitment and study of regional EMS providers with traditional and experimental (automated) resuscitation protocols and equipment. Preliminary results on resuscitation quality and provider workload are very promising - the study is expected to continue over the course of a year, with an interim analysis scheduled for spring 2014.

Dr. John Fogle continues to travel the globe. In late 2013, he visited France as part of an expert panel reviewing several topics related to simulation. In January 2014, Dr. Foggle also traveled to Taiwan with Dr. Peter Chai, an EM Resident. Dr. David Lindquist was an invited speaker in a simulation debriefing workshop in Orlando, FL at the American Academy of Pediatrics Annual Meeting. He also continues to travel around the region assisting other institutions in developing and running simulation programs.

The simulation faculty was excited to graduate Dr. Catherine Pettit from her simulation fellowship and welcome her as a new faculty member in the Department of Emergency Medicine. She wasted no time taking on leadership roles for the simulated in-hospital adult mock code program (RIH and TMH SimCodes) and the Brown EM residency simulation conference. We are equally excited to welcome our new simulation fellow, Dr. Yasser Alaska. He is working on a project assessing the process of inserting arterial catheters and looking for practice variation between disciplines and providers.

We are sad to say goodbye to Sarah Freelove RN MPH, who was with us for the past year as our Simulation Research Administrator. During her year, she helped develop a data collection system using an iPad to record simulated code team performance data. She also was instrumental in developing a Simulation Seed Grant Program which will roll out in 2014.

Finally, the simulation faculty and the sim center staff are excited to be working with the Department of Anesthesia to start an anesthesia simulation program, including a system-wide procedural sedation credentialing program for hospital providers (not including EM, CC, anesthesia).

As always, we appreciate our simulation educators, researchers and the entire simulation center staff. Please feel free to drop by the center to view and experience our new areas, technologies and capabilities.
RIH Anderson EC

(Continued from page 8)

There are also changes taking place “behind the scenes” amongst the support staff in Davol 141. After sixteen years of dedicated service, Carolyn Bowles, former Assistant to the Medical Director, has moved on to a new position as Executive Assistant to the Administrative Director of UEMF, Kirsten Rounds. Though these are big shoes to fill, we welcome Kristi Mangiocco to the challenge. Kristi will assist myself and Dr. Jimmy Monti. Additionally, we congratulate Gina Marchetti as she moves on to her role as Secretary to the Director of Lifespan Diagnostic Imaging. Carolyn and Gina will be sincerely missed, but we wish them the best of luck in their exciting new endeavors.

The quality of care we provide is high and, CLEARLY, we are all aware of the importance of communication and service. Our greatest challenge is to better align our “capacity” with our patients’ “demand” (volume) and “level-load” departmental resources. In this regard, we will try to remove barriers for our patients and our providers to be able to compete on a level playing field. Medicine is a team sport and you are all on the team. Let’s go for the GOLD!

Note: I am still accepting design submissions for our team uniform. --DP☺️

TMH ED

(continued from page 3)

workstations have proven to be comfortable, efficient & conducive to teaching, as pictured. The renovations to the rooms in the main ED have definitely increased patient privacy. Although we are still debugging the space, it is hard to imagine going back to what we had. Attendings and staff remained flexible through the entire renovation process. Attendings had been excellent at managing their clinical space, helping to keep ‘left without being seen’ low. New faculty - Whit Fisher, Noah Rosenberg, and Melanie Lippmann joined us at TMHED as attendings. We have been rolling out a trial of nitrous oxide This is a work in progress and there are still have things to iron out there, but this should be an excellent adjunct to our practice. And we will soon be empowered to activate the cardiac cath lab. The interventional cardiologists have agreed to enable us to do this for obvious STEMI’s. This should help shave some time off our institution’s door to balloon time. Otoscopes and ophthalmoscopes have been installed in all 4 of the endoscopy suite rooms.

Finally, we hosted our first ED Team Task Force meeting—an “all hands” group that included a few EDMD’s, EDRN’s, and representatives from ED x-ray, interpreter services, and ED registration. There was no formal OpX framework, but instead, just an informal attempt to build bridges. I have been very impressed with this small work group. The discussion exemplified the kind of collaborative exchange of ideas that can be generated by listening to the thoughts of everyone that touches our patients and impacts our environment. “Coordinated care” is a term creating a lot of buzz these days, typically referring to transitions between providers, entities and locations. Although that is extremely important, we need to optimize our own care coordination internally as well!☺️

International Emergency Medicine

(continued from page 9)

the first classes of EM trained residents. As a medical student, Dr. Chai attended NCKU and took EM as an elective. He used his elective month as a PGY4 to visit the medical school. Drs. Foggle and Chai were invited to speak at both NTU and NCKU- two of the largest teaching hospitals in Taiwan on crew resource management, disaster training and the use of simulation in EM education. Peter also visited PTCH, a rural community emergency department learning about aboriginal medicine and traveling to mountain communities to provide emergency and primary care. Their trip to NCKU was the first time Brown/Lifespan EM faculty were present as part of the Brown University-NCKU exchange program. There is opportunity for residents and faculty to visit Taiwan and experience the beginnings of emergency medicine there. Dr. Foggle and Chai’s 3 day trip included lecturing on medical simulation and the challenges of navigating the healthcare system in the United States.

Dr. Dave Bouslough will be presenting at the at the Global Health & Innovation Conference, at Yale University, New Haven, CT Saturday, April 12 - Sunday, April 13, 2014 entitled "Instituting Thrombolitics for STEMI in Low Income Settings: Lessons Learned from American Samoa" ☝️
In the Spotlight—Media

IPC in the News
Here are some highlights from the Rhode Island Hospital Injury Prevention Center’s public service and media relations.

September 2013
Traci Green, PhD, had live interview on WPRO (630 AM and 99.7 FM) regarding her recent paper on the laws, policy and attitudes governing law enforcement officers and their response to drug overdose.
Dr. Green was also featured on www.lifespan.org: RIH: Study: Changing Laws, Policy, Attitudes Regarding Law Enforcement Officer Response to Drug Overdose May Lead to Improved Outcomes regarding her article in the journal Drug and Alcohol Dependence.
On Lifespan’s website, IPC was featured on the launch of their HCH inpatient car seat program.

October 2013 - On MedPage Today · Featured an article entitled “After-school Activities May Curb Bullying” with an interview with Alison Riese, MD, Injury Prevention Fellow, on her study & findings Sports Participation and Social Skills: Do Children Get Along More and Bully Less” published online on American Academy of Pediatrics website.

December 2013
On Lifespan’s website, Dina Morrissey, MD, MPH gave tips for staying safe while decorating.
Also featured that issue was the IPC & Kohl’s partnership as part of the National Seat Check Saturday.

January 2014 - HCH National Study Finds High Number of Pediatric Injuries Caused by Violence at School · This article on www.lifespan.org featured the recent study conducted by Siraj Amanullah, MD, MPH regarding children ages 5-19 that still experience a substantial number of intentional injuries while at school. The findings were published online ahead of print “ED Visits Resulting from Intentional Injury In & Out of School” Journal of Pediatrics.

February 2014
Dina Morrissey gave tips for preventing scalding injuries on www.lifespan.org.
Dina Morrissey appeared on WPRI Channel 12 on safety tips to avoid injury to children from furniture.

Fall 2013 - Brown Medicine Magazine
This publication was bursting at the bindings with articles featuring the Brown EM. Including the following highlights:
- Dr. Michael Lee was featured in The Beat section of the issue in an article entitled Necessary Spending: Researchers Put a Price on Emergency Care. Dr. Lee was interviewed regarding the paper published in the April 2013 edition of Annals of Emergency Medicine, Owning the Cost of Emergency Medicine: Beyond 2%, authored by Dr. Lee, Dr. Jeremiah Schuur, and Dr. Brian Zink.
- The article Ahead of the Game featured interviews by Dr. Lisa Merck, Dr. Elizabeth Jacobs and Dr. Neha Raukar on concussion research, policies, and treatment.
- Dr. Megan Ranney wrote the Opinion section of the issue: A Call to Action: A Physician Speaks on Gun Violence, Public Health & Medicine.
- Dr. Selim Suner was photographed for the Alumni Album section of the publication.

Winter 2014 - Women’s Health in Emergency Care (WHEC) Brown Medicine Magazine
The founding members of the WHEC, Dr. Alyson McGregor, Director and Dr. Esther Choo, were featured in a Q&A article on the division blazing the trail in gender-focused EM care.

Speakers offer solutions to solving problem of youth gun violence in R.I.
November 2013 - Dr. Megan Ranney was an expert panelist for the public forum “Young Men & Guns: How Do We Stop the Violence?” held at Rhode Island College. Dr. Ranney along with other community leaders discussed the topic at length with an audience of over 300 attendees. This was sponsored by the Providence Journal and was featured in both the print edition as well as the online www.projo.com with an enhanced slide show of the forum (left - pictured from the ProJo website Providence Commissioner Steven Pare & Dr. Ranney discussing the topic.)

1/14 - Matt Siket, MD & Gino Paolucci, NP were interviewed on WJAR Channel 10 regarding the TIA Unit in the Stroke Center at Rhode Island Hospital’s Anderson Emergency Center.

2/9/14 - Noah Rosenberg, MD wrote an article for the commentary section of the Providence Journal entitled “Let Patients Decide if They Need ER Care”.

DEPARTMENT OF EMERGENCY MEDICINE
The Division of Medical Toxicology has been cruising along at warp speed! Our research initiatives resulted in Dr. Stephanie Carreiro and Jared Blum receiving departmental research awards and resulted in 3 published papers – Intralipid’s Interaction with dabigatran (Acad EM, Oct, 2013), Atropine in a Rat Model (Clin Tox, Sept, 2013) and Intralipid as a potential antidote for cocaine overdose (Ann EM, in press). Dr. Jordan Celeste & I published a case report and discussion of Antabuse in a Trauma patient that was the cover article in EM magazine (Sept, 2013).

The Division’s current research endeavors include—Dr. Peter Chai and I are investigating: can intralipid resuscitate cocaine caused cardiac arrested rats. To facilitate this research, I invented a small animal CPR device that is hand powered and delivers consistent, high frequency (>200 bpm) chest compressions for extended periods without operator fatigue. The device is being submitted as an “Innovation” abstract to SAEM. Dr. Naomi George is taking the reins and helping me with a study detecting carbon monoxide levels in average cigarette smokers—approaching smokers on the streets and attaching a CO detector to them before, during and after they smoke. Hopefully she can open people’s eyes about the risks of their habit and get data at the same time.

Our H-Intoxication Index (HII) research is in full swing. The HII score is a novel standardized quantitative nursing assessment of alcohol-induced impairment in intoxicated ED patients. When ordered in Medhost on alcohol intoxicated D-Pod patients, nursing will perform it every 2 hours as part their assessment. It involves serially assessing and documenting the presence or absence of nystagmus, finger to nose accuracy, speech clarity and content, fine motor and coordination skills of tracing a curved line with a pen, and graduated gross motor skills (e.g. ability to sit up, stand and walk), and scored from 20-0 (most to least impaired). The HII scores can be compared through time to determine progress of improvement—or unexpected persistence of abnormalities (perhaps indicating an occult illness or injury previously obscured by intoxication). Our pilot data (Amer J of Drug and Alc Abuse, in press) indicate that there is a gradual consistent resolution from high to lower numbers, and scores of 0-1 represent very low levels of impairment. HII scores also correlate well with the bedside examiner’s assessments of the degree of impairment.

Regionally, I continue to serve as an alternate-councilor for RIACEP and am working on developing their first Toxicology Section.

My Snake Bite Device patent was finally approved in November by the PTO—a really long road but finally done! I had a Reflection piece Telling Loved Ones in Academic EM. And finally, I had a photograph selected & shown at the ‘Natures Gifts’ juried art show in December at the Warwick Museum of Art. I also had an exhibit of my photographs of “Toxic & Medicinal Plants” at the East Greenwich Library in January 2014.

WHEC has been gearing up for the 2014 Academic Emergency Medicine (AEM) Consensus Conference Gender-Specific Research in Emergency Care held on Tuesday, May 13th 2014, the first day of the SAEM Annual Meeting in Dallas. While gender-specific medicine incorporates advances in reproductive health issues, the AEM Consensus Conference will focus on broad disease-specific EM issues that are relevant to both women & men. The key domains of the conference are cardiovascular/resuscitation; cerebrovascular; pain; trauma/injury/violence; diagnostic imaging; mental health & substance abuse. Mark your calendar as this is a great way to get involved and expand the knowledge of sex and gender research in your subspecialty area. Here is the link for details = http://www.saem.org/meetings/future-dates/2014.

WHEC has established a Public Campaign “Your Emergency is as Unique as You Are. We Know The Difference” to inform our emergency department patients that we understand how sex and gender can affect the emergency care that they receive. In an effort to prepare our providers and staff at RIH and TMH, we have created WHEC educational videos on various topics common to emergency department presentations including cardiology, neurology, pain, substance abuse, trauma etc. The posters are displayed in designated areas including ambulance and public triage, urgent areas A & B, & within the treatment rooms of CPU & C-pod.

We would also like to welcome partnership with Women’s Medicine Collaborative, a Lifespan Partner, as we continue to define ways to collaborate and define what it means to provide the ultimate care of women in a medical emergency and beyond.

Foundry of Arts & Humanities in Emergency Medicine (FAHEM)

Presentations last semester included a plenary talk for the Association for the Behavioral Sciences in Medical Education national meeting, two talks at the American Society for Bioethics and Humanities national meeting, and various talks in smaller venues. The Alpert Medical School Gold Humanism Induction Ceremony, "In defense of cheaper stethoscopes."

The past semester, medical humanities has sought to expand its collaborative partners and its reach on College Hill. Through our growing role in the Creative Scholars Project at Brown (which includes RISD), the notion of creativity and creative thinking in medicine is being explored through the larger lens of creativity, innovation and the arts in science, technology and design. The new pre-clinical elective, BIOL 6518: Design & Health, a course developed by medical students and students and faculty from RISD has been a wonderful success. We will be hosting a public presentation of projects in the new year. The Medical Humanities and Bioethics scholarly concentration rallied and we're proud to have six new students.

Our own Dr. Steve Rougas launched The Creative Medicine Series this academic year with "Medicine through a new lens: Revolutionary lessons from the works of Frederic Chopin," a talk/performance that roused the crowd of over a hundred people to their feet. The first Creative Medicine Series in four years to receive a standing ovation. The esteemed medical humanities scholar Catherine Belling, PhD, was our second speaker, and gave a powerful talk titled, "Plotless stories and poor historians: Hypochondria's challenge to illness narrative."

In Fall 2013, Dr. Jay Baruch became the Medical Humanities section chair for ACEP.

Dr. Baruch had a recent article entitled Creativity as Medical Instrument published in the Journal of Medical Humanities in late 2013. ☺

Stroke Center (continued from page 5)

The national goal of average door-to-needle time of less than 45 minutes, which will continue our trajectory of improving on years past and staying ahead of the curve nationally.

More great news to report, after 1 year of operations, the TIA observation unit has treated over 160 patients, diagnosing stroke in approximately 20% of patients with resolved symptoms! About half of these strokes were able to be discharged directly from the OU after secondary prevention optimization, reducing hospitalization for TIA to ~18%, which is far less than our historical standard. Our unit was featured on the local NBC affiliate and is already drawing attention as a model for other centers to emulate.

2014 will bring visits by the Joint Commission to both hospitals sometime between May and August. TMH is scheduled for recertification as a primary stroke and RIH will be submitting a request to become a certified comprehensive stroke center in March, a designation awarded to only 61 other US hospitals presently. We will be educating our providers on the new STROKE TEN process for VIR activation.

2013 was a benchmark year for the Department of Emergency Medicine in delivering the best possible care to patients with acute cerebrovascular emergencies. The reasons for our success are numerous, but among them is our ability to recognize and respond to stroke quickly and consistently with a capable multidisciplinary team of skilled and passionate providers stands out most. ☺

Roundtable Discussion Group

The inaugural meeting of the Department's Business of EM roundtable discussion forum took place on February 27th. Organized and moderated by Michael Lee, the topic of discussion was the future of low-acuity care in the ED. The goal of the forum is to discuss academic work, market trends, and business strategy relating to the economics and business of emergency medicine. Future topics will include bundled payments and shared-savings contracting, the rise of urgent care and free-standing EDs, ED-based observation units, and the effect of exchange-based plans on the business of EM, among other topics. Meetings are open to all. ☺
Brown EM Research Symposium

Dr. Clay Merchant has organized a Brown EM Research Symposium. It will be held on Wednesday, April 9, 2014, Alpert Medical School. The symposium will:

1. Highlight the research our department members conduct;
2. Be an opportunity to present research results, especially for new researchers;
3. Offer a forum for presenters to receive peer review, feedback & suggestions;
4. Enable collaborations among our researchers and our research colleagues
5. Encourage high-quality research & progression to publication of findings;
6. Facilitate a process for assessment of departmental investments in research;
7. Provide an opportunity to learn from experienced researchers, particularly pertaining to research methodology in emergency medicine.

The Keynote Speaker is Carlos Camargo, MD, MPH, DrPH; Professor of Medicine & Epidemiology, Department of Epidemiology Harvard Medical School; Emergency Medicine Massachusetts General Hospital. Dr. Camargo began his research career while in college at Stanford University. His long time focus has been respiratory/allergy emergencies Dr. Camargo’s work has been funded by NIH, AHRQ, CDC, foundation and industry grants. He has served on national committees and panels including NIH, and IOM. He is past Chair of the ACEP Research Section and past President of the American College of Epidemiology.

UEMF welcomes Carolyn Bowles as Executive Assistant, she will support Kirsten Rounds, Senior Executive Administrator. Special thanks to Carolyn for all her years of service at Rhode Island Hospital and the Anderson Emergency Center. Carolyn was AEC employee of the month for December 2013.

Congratulations to Dennis Ferrante who has been promoted to Manager of Business Intelligence. In this new role, Dennis will be responsible for integrating our Data Reporting and Analysis functions with our Information Technology functions. Reporting to Dennis will be Paul Marino, Data Analyst; and Dan DaSilva, Lead IT Specialist.

UEMF was named Volunteer of the Month for January 2014 at the Rhode Island Free Clinic. Besides providing outstanding uncompensated clinical coverage UEMF provides to the clinic, the Department of EM/UEMF Annual Holiday Party in December raised $2,719 that was donated to the RIFC to continue their greatly needed services to the community & the State of RI.

The Annual Department of EM/UEMF Holiday Party

The yearly celebration was held in December 2013 at the Alpine Country Club, Cranston, RI. The holiday party featured the band “Car-Tunes” (pictured below). Chris Ferreira, a midlevel provider in the Anderson Emergency Center, plays in the band. The evening included cocktails, dinner, dancing & employee raffle. Over 40 gift cards were donated & raffled off to raise money for the Rhode Island Free Clinic. A fun time was had by all who attended.

24|7|365 - The Evolution of Emergency Medicine

Dr. Brian Zink served as historical consultant & was interviewed as part of the Emergency Medicine Resident Association (EMRA) Legacy Initiative which resulted in the documentary 24|7|365: The Evolution of Emergency Medicine. The documentary tells the story of the meager beginnings of the need of emergency medicine & how it became a specialty including the trials & tribulations of the EM trail-blazers during the early periods in its development. Dr. Zink was interviewed along with noteworthy EM figures such as Drs. Peter Rosen, Ron Krome, & George Podgorny to name a few.

The film premiered at ACEP13 in Seattle. The Department of EM had a showing at the Alpert Medical School of Brown University on November 18, 2013. The event was open to faculty, residents, medical students & staff (see ad below).