Academic emergency physicians are under some pressure as of late. As ED visits rise, we are asked to see sicker, more complex patients. With inadequate community resources and a persistent lack of primary care, we continue to be the safety net for the world of medicine and beyond. Ten years ago there was a sense of appreciation for this safety net role of emergency medicine (EM). How things have changed. Now ED’s are derided by policy makers and the media, and sometimes other academic physicians, as venues of “inappropriate” visits where we test too much and rack up huge health care bills and keep patients from using their primary care doctor. While we know that this is a gross misrepresentation of EM, and must constantly push back with facts and data to correct wrong impressions, there are some things that we must own. I think medicine, including EM, suffers from an accountability gap. Accountability is the willingness to accept (“own”) responsibility for our actions and approaches. As we look at our traditional tripartite academic mission there are significant gaps in accountability in each area.

Clinical Care: While there have been some champions of quality and patient safety for over 20 years, EM, like the rest of medicine has been far too slow to adopt the practices that improve quality and safety (see Research below). We still find reasons NOT to practice evidence-based medicine, and resist standardization of practice. We accept poor communication and teamwork when we know that better communication gets better results. We tolerate long waits, and make excuses for poor service. And rather than taking control of what we can control, we blame others – “the hospital”, “administration”, “the system”. We also account for a substantial amount of health care spending, and could be more involved in controlling excessive health care costs. Until we hold ourselves and each other accountable in the clinical arena, we will not deliver the type of emergency care that we all want to deliver.

Education: Part of the accountability gap in education is our lack of training as medical educators. For too long we have relied on the few “naturals” in our departments who can teach well and connect with trainees without much help. But most of us have deficiencies in our ability to teach – we could be much better. Whether it is giving feedback, presenting a high quality lecture, or assessment and evaluation, specific training can make us better. We won’t all be able to get Masters degrees in medical education, but we can aspire to learn to be better teachers through study, workshops, courses, etc. Another part of the accountability gap in EM education is how we handle burgeoning clinical volume without sacrificing bedside teaching. If we rely too heavily on our residents for service, we are not fulfilling the promise that we made when these residents were applicants. We must preserve teaching moments, rounds, and time for feedback in our busy shifts.

Research: The amazing growth of EM research has produced a wide variety of
Message from the Chair

I will close with a few examples where EM has dealt with an issue of accountability and did the right thing for patients and our field. In the clinical arena we have responded to less than stellar performance with quality improvement changes to improve outcomes in some of our sickest patients – acute MI and stroke – by pushing down the time to diagnosis and treatment. This has required meticulous attention to detail, constant reinforcement, and measurement and reporting – and it is now routine for us to have top decile performance in these areas. In the area of resident education, faculty supervision of residents on a 24 hour a day basis was not routine even in the late 1980’s. Some in EM began to push for 24 hour faculty supervision, but many resisted doing this, with rationalizations and arguments playing out in the editorial pages of our journals. Finally, the RRC-EM mandated 24 hour faculty supervision in 1989 and we were fully accountable in providing resident supervision. It took a long time, but EM eventually led the way among specialties in full-time supervision of residents. In the research realm we have used EM-derived research to change clinical practice with application of the NEXUS cervical spine clearance rules, and the implementation of early goal-directed therapy in sepsis.

Accountability can be elusive and take a while to achieve, but it is clearly possible. It can be the thread that we use to weave our way to future success in academic emergency medicine.

If you have thoughts on this essay, or anything else in this Newsletter, please email me at bzink@lifespan.org Happy 2013. Please enjoy this edition of our Newsletter, and keep in touch.

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

RIH—150 Years Celebration
Rhode Island Hospital has planned various events throughout 2013 commemorating the hospital’s 150 years of providing quality health care to the State of Rhode Island & beyond.

Check out the website: www.rhodeislandhospital.org/150th-Anniversary
The Miriam Hospital Emergency Department

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

If you have been around the exterior of The Miriam Hospital Emergency Department lately, the picture below exemplifies what you and patients may have seen. Inside a construction fence, an excavator digs up the driveway leading into what will soon be the new TMHED walk-in entrance. The dig will enable installation of a new electrical feed for the hospital. This is a valuable infrastructural improvement that was wisely tied into the ED renovation project. This redundant electrical feed will help reduce our chance of sustaining a power outage, and ensure the entire hospital’s viability in a disaster. The walk-in entrance is starting to take shape in the background. Rescues and ambulances are shoe-horned into the driveway. The picture captures the feel of the cramped nature of things at TMH, the disruption entailed by the renovation project, as well as the excitement of what a new ED, better prepared for the future will mean for us.

That new walk-in entrance, waiting room and renovated triage area opened in January. Besides being a beautiful professional space, it provides better patient flow. The next phase of the project will then involve the conversion of the “Annex” into the ED CT suite. This will include installation of a new bariatric 650lb capacity scanner, and a 5 bed observation/holding area. Another important element of this phase will be an upgrade of the ED plain film room to digital equipment. This imaging equipment should help enhance our ED throughput. That phase will be complete around July of 2013.

Patients and rescues have been undeterred by the inconveniences of our renovation and those creat-

Anderson Emergency Center

Frantz Gibbs, MD, Medical Director,
Rhode Island Hospital, Anderson Emergency Center

Our C-Pod has been converted into an urgent area and care for more acute patients. The physician, midlevel and nursing staffing has been increased accordingly to cover these patients. The Pod opens earlier in the day, having all rooms available at 8 am, and remain open until 1 am. This area has helped us increase the throughput of ESI 2 and 3 patients over more of the day.

The E-Pod serves to concentrate patients coming out of the Critical Care area and continue to transition admitted patients. Patients cleared from Critical Care will move to the E-Pod to continue their care. In addition to increased nurse staffing, a midlevel provider was also assigned to this area. This provider works and coordinates with the Critical Care attending and residents, to ensure patients continue to progress through their man-

(continued on page 20)
The Hasbro Children’s Hospital Emergency Department patient volume and acuity has risen sharply this winter season. Significant numbers of influenza and RSV cases are being reported.

As part of our winter plan to address increasing volume and to assist evening staff to meet late evening and overnight patient care demands, we have established a 9pm to 4am clinical attending shift. This will be the staffing configuration through March, 7 days a week. The staff change will be closely monitored to see if desired goals are being achieved.

On the clinical side, the HCHED has rolled out a sepsis triage tool and protocol this past fall. Part of the protocol is a sepsis bundle order including IV and labs.

In academics, The Hasbro ED is enrolling participants in three PECARN studies and three other multicenter studies. Our own PECARN study (Project ASSESS—Age Specific Screen for Ethanol and Substance Status) was initiated in September and we will be conducting formal training with the other 16 participating pediatric emergency departments from the study in Providence in early April.


Jane Preotle, MD, a graduating pediatric EM fellow, will join us as the newest pediatric EM/EM attending, boarded in EM and anticipates Board –eligibility in pediatric EM. Jane will work in the HCHED, Anderson Emergency Center, and The Miriam Hospital Emergency Department.

The pediatric EM fellowship is pleased to welcome two new fellows arriving in July. Mariann Nocera, MD is a graduate of University of Connecticut Medical school and is completing a pediatric residency at Yale University School of Medicine. Robyn Wing, MD graduated from University of Massachusetts Medical School and is currently a pediatric chief resident. Please join us in welcoming our new fellows.

In recapping 2012, HCHED has had many accomplishments. The emergency department had 52,591 patients through the door. This was the 5th consecutive year of caring for over 50,000 patients.

Throughout the year, there have been many clinical ED initiatives developed by collaborating with other clinical providers to meet common goals in patient care and treatment of common illnesses.

HCHED joined with 14 other children’s hospitals in a pediatric sepsis collaborative. This group formed a multidisciplinary sepsis planning team and designed and initiated a sepsis triage tool and management protocol.

The HCH emergency department established best practice initiatives and aligned with PEM/Emergency Medical Services for Children best practices including, minimizing chest x-rays in patients with asthma, decreasing head CTs in patients with minor head injury, expediting the time to antibiotics for neonates with fever, and immune compromised patients with fever.

Pediatric emergency medicine worked with various departments throughout the Lifespan health system on improving patient care. Pediatric EM collaborated with the pediatric trauma service to adopt new level of trauma criteria. Pediatric EM worked with neurosurgery, radiology and pediatric trauma to develop pediatric s-spine guidelines to reduce excessive radiation in children. We also joined together with radiology to reduce excessive radiation by developing a protocol to utilize ultrasound and MRI to evaluate patients with abdominal pain at risk for appendicitis. To improve the evaluation process in the children’s ED for patients with primary mental health complaints, we partnered with child and adolescent psychiatry. This demographic of patients has increased 25% from 2011. This partnership reduced the turnaround time for discharged child psychiatry patients by 2 hours. The RN/MD Collaborative Care Committee has been expanded. This committee worked on shared care initiative, such as team train-
EMERGENCY MEDICINE FACULTY

**Professor**
- Bruce Becker, MD, MPH
- Gregory Jay, MD, PhD
- William Lewander, MD
- James Linakis, MD, PhD
- Selim Suner, MD
- Brian Zink, MD

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

**Associate Professor**
- Adam Chodobski, PhD (Research)
- Thomas Chun, MD, MPH
- Susan Duffy, MD
- 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
- Mihir Kamat, MD
- Matthew Kopp, MD
- James Monti, MD
- Andrew Nathanson, MD
- David Portelli, MD
- Lawrence Proano, MD
- Francis Sullivan, MD

**Assistant Professor**
- Siraj Amanullah, MD, MPH
- Janette Baird, PhD (Research)
- Jay Baruch, MD
- Francesca Beaudoin, MD, MS
- Linda Brown, MD, MSCE
- Joanna Szmydynger-Chodobska, PhD (Research)
- Geoffrey Capraro, MD, MPH
- Esther Choo, MD, MPH
- Brian Clyne, MD
- Jeffrey Feden, MD
- Rachel Fowler, MD, MPH
- Aris Garro, MD, MPH
- Eric Goldlust, MD, PhD
- Nathan Hudepohl, MD, MPH
- Michael Lee, MD
- Adam Levine, MD, MPH

**Assistant Professor cont.**
- Otto Liebmann, MD
- Alyson McGreggor, MD, MA
- Lisa Merck, MD, MPH
- Christopher Merritt, MD, MPH
- Anthony Napoli, MD
- Matthew Ritcey, MD, MPH
- Neha Raukar, MD, MS
- Lisa Schweigler, MD, MPH
- Todd Seigel, MD
- Robert Tubbs, MD

**Clinical Assistant Professor**
- David Bouslough, MD, MPH
- Erica Constantine, MD
- Catherine Cummings, MD
- Thomas Germano, MD
- Kirstin Gregg, MD
- Andrew Griscom, MD
- Thomas Haronian, MD
- Ilse Jenouri, MD, MBA
- David Kaplan, MD
- Matthew Kopp, MD
- John LaFleur, MD
- David Lindquist, MD
- James Monti, MD
- James Rayner, MD
- John Riedel, MD
- Marcia Robitaille, MD
- Dana Sparhawk, MD
- Brian Wiley, DO

**Assistant Professor (Clinical)**
- Deirdre Fearon, MD
- Gregory Lockhart, MD
- Kenneth Williams, MD

**Assistant Professor (Clinical)**
- Adam Amanullah, MD, MPH
- Janette Baird, PhD (Research)
- Jay Baruch, MD
- Francesca Beaudoin, MD, MS
- Linda Brown, MD, MSCE
- Joanna Szmydynger-Chodobska, PhD (Research)
- Geoffrey Capraro, MD, MPH
- Esther Choo, MD, MPH
- Brian Clyne, MD
- Jeffrey Feden, MD
- Rachel Fowler, MD, MPH
- Aris Garro, MD, MPH
- Eric Goldlust, MD, PhD
- Nathan Hudepohl, MD, MPH
- Michael Lee, MD
- Adam Levine, MD, MPH

**Clinical Instructor**
- Amir Bernaba, MD
- Laura Forman, MD
- Katherine Kimbrell, MD
- Megan McNamara, MD

**Teaching Associate**
- Christine Garro, PA
- Allison Jackson, PA
- Lisa Murphy, FNP
- John Pliakas, MSN

**Research Associate**
- Julie Bromberg, MPH

**Teaching Fellows**
- Bryan Choi, MD—Disaster & EMS
- Allysa Guy, MD—Ultrasound
- Tracey Madsen, MD—Women’s Health in Emergency Care
- Stephanie Midgley, MD—Ultrasound
- Catherine Pettit, MD—Medical Simulation
- Allison Riese, MD—Injury Prevention Center

**Upcoming Grand Rounds Speakers**

**Jesse Pines, MD, MBA, MSCE**
Associate Professor of EM & Director of the Center for Health Care Quality
George Washington University Health Policy/ED Overcrowding
March 20, 2013

**Kip Benko, MD**
Clinical Associate Professor of EM
University of Pittsburgh School of Medicine
UPMC—Presbyterian Hospital Dental Emergencies
May 22, 2013

**Gregory Jay, MD, PhD**
Professor of EM & Vice Chair, EM Research
Alpert Medical School, Brown University
Topic to be announced
June 19, 2013
New Program Goals & a New Education Fellowship

The residency program recently affirmed its five year vision and established new goals to define our success. Our vision “to have the most highly-regarded, sought-after, and high quality Emergency Medicine residency program in the nation” will be measured according the following criteria:

- Continuous maximum allowable ACGME accreditation
- Top decile performance for education on the annual ACGME resident survey
- >90% resident compliance with clinical quality measures
- A 5% annual increase in residency applications
- 100% of graduating residents who meet or exceed Level 4 competency on the EM Milestones
- A 100% first-time ABEM pass rate for graduates

Consistently produce >50% of graduates who pursue advanced training or skills to become clinical, academic, and service leaders in emergency medicine.

Some of these goals will be harder to achieve than others, but we believe that pursuing them will continue to set us apart.

I am also pleased to announce the recent approval of an exciting new fellowship sponsored by our department. The Medical Education Research Fellowship in Emergency Medicine is a two year mentored fellowship that provides advanced training in classroom and bedside teaching, curriculum design, and medical education research for a graduate of an accredited Emergency Medicine residency program. It is one of only twelve such programs in the country affiliated with EM residency programs. Fellows will have protected time and structured guidance to develop expertise in an area of medical education research as a means to becoming an independent researcher and educational leader at the local and national level. The strength of the program is its multi-disciplinary approach, offering mentorship from faculty across the medical education spectrum. The program includes a master’s degree in Medical Education Leadership and is designed to provide a strong foundation for a career in academic Emergency Medicine. This new fellowship will expand opportunities for EM residents and fellows to engage in educational research, scholarship, and teaching.

CTake N

Stroke Programs at RIH & TMH

In September 2012, The Joint Commission reviewed and certified Rhode Island Hospital as a Primary Stroke Center again. This certification is good for 2 years. Recently, we standardized the ordersets in our ED documentation system MedHost for stroke (and related problems) at both TMH and RIH.

We have made excellent progress in the treatment of acute stroke at TMH. The data of our progress was presented at the monthly meetings in November and December. We track 4 ED-related stroke metrics. Our performance was commendable on each metric. Next year we have set even higher goals. Our performance in these areas has improved significantly since the prior year.

We are moving forward with the TIA Observation Unit at RIH on March 1, 2013. As of that date, we will be placing patients in this pathway to arrange rapid evaluation and neurology follow-up for patients with suspected TIA. With this Observation Unit, we plan on addressing a number of issues related to TIA, such as eliminate significant physician practice variation; expedite throughput of TIA patients awaiting neurology consultation; decompress inpatient volume; create an excellent opportunity for data collection and participation in clinical trials and potentially decrease the incidence of short-term stroke after TIA by standardizing and front-loading the diagnostic evaluation.

Dr. Bubly Named Public Health Hero

Gary Bubly, MD, Medical Director of TMH ED, was named a “Public Health Hero” by the Association of State & Health Territorial Officials (ASTHO). Dr. Bubly was nominated by the RI Department of Health “for his assistance in writing regulatory language regarding emergency dispensing of medications from emergency rooms. He has also been a driving force in developing Rhode Island’s legislation on the state’s new Prescription Monitoring Program, which allows for daily real time reporting from pharmacies and web access for providers, so ER physicians can make sound decisions when writing prescriptions for controlled substances.” Excerpt from TMH press release. Only 41 physicians/researchers have been recognized as a “Public Health Hero” nationwide.
Re-accreditation of our institution as a Chest Pain Center is a testament to the quality of care we provide our chest pain patients. Our chest pain unit and our advanced treatment of out of hospital cardiac arrest victims with neuroprotective hypothermia are key components of that; they continue to thrive operationally and academically. Identifying acute coronary syndrome amongst low risk chest pain patients can be challenging. Admission to observation units can save hospital admissions and result in protocol-based safe and effective care, but can be at the expense of admitting patients of whom the overwhelming majority have no cardiac disease. Research from our own CPU has effectively demonstrated this. However, as we advance into an era of cost containment and self-examination of the necessity of healthcare utilization in select situations, we must examine our own practice. Research outside and now within our own institution has shown this to be the case. Patients less than 40 years old without a history of coronary artery disease, with a non-ischemic ECG and normal initial troponin are at very low risk of adverse outcomes such that discharge from the Emergency Department has been shown to be safe. In our own cohort, over the last 2.5 years, we have seen over 400 patients in the CPU who met such criteria – none of them had an infarct, none have had a positive stress test, and none had an adverse outcome at 30 day follow-up. As such, we have revised our CPU admission guidelines to recommend discharge of such patients so that we can better utilize the resources we have while safely providing quality care to those in need. We also continue to have great success in our 2 year old program to provide neuroprotective hypothermia for out of hospital cardiac arrest victims with spontaneous return of circulation. Between The Miriam and Rhode Island Hospital we have now treated over 50 patients. Thanks to the hardwork and dedication of our clinical staff in the EDs and ICUs, our outcomes have been excellent. Our neurologically intact survival rate for out of hospital cardiac arrest stands at 41%, nearly double what it was preceding implementation.

Where’s the PIF? - As you may know, EMS became an ACGME-approved subspecialty of emergency medicine in October 2011. The rules for becoming an accredited fellowship and for taking the qualifying examination are now being finalized. The fellowship application process includes a 27-page program information form, or PIF, that was released on November 1. Despite amazing cooperation and effort from everyone at UEMF, particularly, Wendy Wesley, and including a GME consultant to help with curriculum formatting, we will not be able to move our PIF through the Rhode Island hospital GME committee (a process that usually takes 3 to 6 months) in the few weeks remaining before the January 4 submission deadline for this cycle. We will, however, have an excellent PIF to submit early this spring, and hope to have an accredited fellowship within a year. Meanwhile, our GME-approved fellowship continues. Bryan Choi is doing excellent work related to the Providence Fire Department prioritized dispatch change as part of his MPH studies, and continues to work clinically in our emergency departments and on LifePACT.

Since when does LifePACT do scene calls? - Since, well, forever! Rhode Island Hospital provided horse-drawn, and then motorized, ambulance service to the citizens of Providence early in its history. Thanks to Rob Hager, from Decision Support, for the loan of both Rhode Island hospital’s history book and an ambulance hat worn by one of his relatives, a surgical resident who responded as part of the RIH ambulance crew many years ago. As Rhode Island Hospital celebrates its 150th anniversary, notice the many historical pictures that include hospital-based ambulances, and the stable, garage, and pond that served LifePACT’s predecessors. Although Rhode Island Hospital no longer provides primary 911 ambulance service to the Providence community (this is provided by the Providence Fire Department), LifePACT (which celebrates 4 years of 24/7/365 service on January 1) has always been available for mutual aid at incident scenes when indicated. We get about one or two such requests from 911 ambulances a
Injury Prevention Center Completes Study & Presents Findings

As part of the American College of Surgeons verification to be a level 1 trauma center, centers are required to have the capacity to identify trauma patients with risky alcohol use and provide an intervention. With funding provided by CDC’s National Center for Injury Prevention and Control, the Injury Prevention Center at Rhode Island Hospital partnered with seven Injury Free Coalition for Kids sites, a coalition of 42 trauma center based, community oriented injury prevention programs, to translate SBIRT to the adolescent patient. The research study was divided into three phases: adoption, implementation and maintenance, each lasting one year. Sites participated in 24 months of technical assistance activities. Each site conducted a blinded retrospective review using one month of medical records of injured adolescent patients eligible for SBIRT services admitted at baseline before the start of the adoption phase, at the end of the implementation phase and at the end of the maintenance phase.

Dr. Michael Mello, Ms. Julie Bromberg and representatives from the participating sites presented study findings and related recommendations in November at the 2012 Injury Free Coalition for Kids Annual Conference in Kansas City, MO. At the end of the implementation phase, all seven sites had effectively adopted and implemented SBIRT policies for injured adolescent inpatients. According to the medical record review, across sites 11% of eligible patients received alcohol screening at baseline but this increased to 73% of eligible patients received alcohol screening at both the end of the implementation and maintenance phases. The experience and data accumulated was utilized to produce “Implementation of Alcohol Screening, Brief Intervention and Referral to Treatment Policies in Pediatric Trauma Centers”, a manual containing recommendations for the development and implementation of SBIRT programs at pediatric trauma centers. It was distributed at the conference to all attendees as well as will be mailed to all pediatric trauma services nationally.

Injury Prevention Center

Medical Director, Injury Prevention Center

Welcome Back, Dr. Paul Porter

Dr. Porter returns this month from active National Guard duty after being deployed since August 2012. Dr. Porter was stationed at Walter Reed Medical Center in Bethesda, Maryland. This is Dr. Porter’s second tour of active duty. In 2011, he was deployed to Iraq where he cared for injured soldiers. Dr. Porter beamed, “This was an incredibly, emotionally, fulfilling experience. I fell in love with America again. I took care of the most decent, kind, people you would ever want to meet in your life.” At Walter Reed, Dr. Porter treated numerous amputees. They have a large prosthetic department at Walter Reed. He was able to learn more about the complications that some patients have with limb loss. Dr. Porter was featured in the November/December 2012 edition of the Lifespan Diversity Newsletter (pictured below) recognizing Veterans’ Day.

Sports Medicine

The Center for Sports Medicine has seen over 1000 concussion visits in 2012, making us one of the biggest sports concussion programs in the State.

Mark Greve, MD has started to see patients at the Center. Dr. Greve’s specific interest is cycling injuries.

Since being named to the Institute of Medicine’s Committee on Sports-Related Concussions in Youth, I attended the first meeting in Washington, DC. The group is very diverse. It is wonderful to have the opportunity to contribute the EM perspective on the topic.

In November 2012, I gave a lecture entitled “Tackling Concussions: What’s the Hype?” at the Hasbro Children’s Hospital Pediatric Trauma Symposium.

Fall 2012 was busy for the Center. Besides seeing patients at the Center, Dr. Jeff Feden has been the team physician at Roger Williams University and the Physician Medical Director/ Advisor to RWU’s Emergency Medical Technician Program.

Neha Raukar, MD
Director, Division of Sports Medicine

Visit us at http://www.thecenterforsportsmed.org/
This past year, Brandon Maughan was fortunate enough to accompany the LifePACT crew on two mutual aid calls to motor vehicle crashes, and took the pictures that accompany this note. These scene calls provide not only opportunity for resident education and patient care, but they also strengthen our relationship with Rhode Island’s EMS community.

EMS—Ride — We have awarded EMS RIdE certificates for excellent EMS care at the Department of Health Ambulance Service Advisory Board meetings for over a decade now. This month, we presented 17 certificates to deserving EMTs and other first responders who participated in three different EMS events: an asthmatic child whose mother is one of our ED nurses, the tragic crash that took the life of a pregnant woman, and sadly her child, who was delivered by peri-mortem C-section at Kent Hospital and then transferred to Women & Infants Hospital but died a few weeks later, and a serious motorcycle crash that took place in Norton, Massachusetts. If you witness excellent EMS care, please let us know so that we can reward the service provided by the involved EMTs.

Personal Safety — The recent tragedies in Newton Connecticut, Clackamas Oregon, Chenpeng China, the Philippines and across the Middle East remind us that disasters may not happen to us individually every day, but the potential is always there. A few minutes spent planning and preparing with your family may make an important difference.

Consider developing personal plans for:

+ Supplies at home to survive a few days without power, including food, warmth, light, and drinkable water. Consider what would happen if you were stuck at work and your family had to make do without you. How will you communicate? Do they have adequate supplies and plans to weather the storm without you?

+ A plan to evacuate your home if it becomes unsafe due to storm, fire, or a violent home invasion. Is there a safe gathering place that your family all knows and will proceed to if necessary?

+ Safe transportation for yourself and your family during winter storms and other transportation challenges. Is your car battery in good shape? Do you have jumper cables, a blanket, a flashlight, and a pair of work gloves in your car? How about a first aid kit? We developed the “RI Roll” first aid kit for people to carry in their cars – it contains BLS emergency supplies in a convenient visible roll.

Good Luck, Kavita!

November 2012, Kavita Babu, MD, bid farewell to the Brown University Department of Emergency Medicine.

Dr. Babu is an Assistant Professor of Emergency Medicine and Medical Toxicology Fellowship Director at University of Massachusetts Medical School General Hospital. Kavita completed her Toxicology Fellowship at UMass-Memorial Medical Center. For Kavita, this position was a great opportunity closer to home. Dr. Babu will continue to work per diem clinically at Anderson Emergency Center and The Miriam Hospital ED.

University Emergency Medicine Foundation

In 2012, UEMF welcomed several new employees, reorganized and streamlined business operations.

Kirsten Rounds has been named Senior Executive Administrative Director. Kirsten is located at Claverick.

Danielle Renzo has become the Director of Human Resources. Danielle is located at Imperial.

Jodi Remick will continue her role as Director of Revenue Operations. Jodi is located at Whipple Street.

Keith Neal is the Director of Finance and is located at Imperial.

Alison Zangari is now an HR Generalist located at Imperial.

Paul Marino is a new Data Analyst located at Claverick.

Dennis Ferrante is a new Data Manager located at Claverick.

Michelle Lindros is a new Administrative Assistant located at Imperial.

UEMF has expanded its office space at 125 Whipple Street, Providence. The location will have business offices, as well as, physician offices.

Welcome Catherine Cummings & Frank Overly to the UEMF Board of Directors. Welcome back Matt Kopp for his 3rd term on the Board. Special thanks to Drs. Sue Duffy & Dave Portelli for their service on the Board.

(continued from page 7)
EXTRAMURAL FUNDING

James Linakis, MD, PhD was awarded a 5-year, $3,278,096 R01 grant from the National Institute on Alcohol Abuse and Alcoholism at NIH. His project, entitled “Teen Alcohol Screening in the Pediatric Emergency Care Applied Research Network” will utilize 15 sites in the HRSA-funded PECARN network to determine if the NIAAA two-question screen is an efficient and valid alcohol screening instrument among US pediatric emergency department patients. This study has the potential to validate a screen that can then be used in pediatric emergency departments, which in turn will likely result in earlier identification of and intervention with alcohol-using youths.

Adam Levine, MD, MPH was awarded a 5-year, $679,529 K01 grant from the Fogarty International Center at NIH. His project, entitled “Assessment of Dehydration in Children with Diarrhea in Resource-Limited Settings,” will develop new and improved clinical and ultrasound-based methods for diagnosing severe dehydration in children with diarrhea. These new methods will help doctors and nurses in the developing world identify those children at greatest need for emergent intervention, prevent adverse events, and improve health outcomes, all while conserving scarce healthcare resources.

Aris Garro, MD, MPH was awarded a 2-year, $80,000 grant from the American Lung Association. His study, entitled “Optimizing Use of Inhaled Corticosteroids after Emergency Department Visits for Children with Uncontrolled Asthma,” will develop a systematized method to prescribe inhaled corticosteroids (ICS) to children with uncontrolled asthma after an emergency department (ED) visit, and identify factors associated with medication adherence to develop an educational component to accompany prescriptions.

INTRAMURAL FUNDING

Chris Merritt, MD, MPH was awarded a 1-year, $26,759 development grant from Lifespan. His study, entitled “Proinflammatory Biomarkers as Predictors of Delayed Recovery in Pediatric Concussion,” will delineate the role of neuroinflammation in neurocognitive recovery from concussion in adolescents and develop a predictive model to identify adolescents at increased risk for delayed neurocognitive recovery from concussion.

Elizabeth Jacobs, MD was awarded a 1-year $17,893 grant from Lifespan Risk Management. Her study, entitled “Vital Signs: A Quality Improvement Project to Improve Patient Outcomes and Reduce Return Visits in the Pediatric ED,” will study the utility of electronic medical records in decision-making. Timely documentation of vital signs and response to abnormal vital signs, as well as the documentation of normal vital signs before discharge, may reduce the risk of medical error, return visits to the ED, morbidities or even death.
MedHost PhysDoc Roll Out

Late 2011 and all of 2012 saw the Department of Emergency Medicine transition to electronic physician documentation. The EDs working with MedHost, have implemented the change over the past year. Dr. Daniel Savitt, Vice Chair for Emergency Medicine Medical Development, and Rebecca Armitage, EM Informatics Systems Specialist, have blazed the path for ED attending training and education, process implementation, screen modification and improvements, and development throughout all three emergency departments. This project includes work and participation from Lifespan Information Technology Services, and coordinating with University Emergency Medicine Foundation’s Compliance Team; Coding and Billing; as well as Quality and EM Scribes.

As PhysDoc was rolled out in 2012, and a new electronic health record is in the planning stages, EM Medical Development is learning from their experience with the MedHost Phys Doc roll out. The Medical Development team has been compiling data and experiences to utilize when the team is faces with the next transition to electronic medical records. Medical Development is collecting thoughts on ‘What Worked’, some ‘Challenges’, and ‘Actions to take next time’. They are looking to share ideas with other teams in other departments who do not have any experience yet with transitioning departments with various locations to a totally electronic systems.

Some items relayed to the team regarding the Physician Documentation module roll-out included technical issues such as server performance; positive training by maintaining good charting techniques and training a ‘super group’ to train others; more communication with ED staff; 1:1 training & tutorials in a test environment; and more practice time before going live.


EMRA

In October 2012, Dr. Jordan Celeste was named President-elect of the Emergency Medicine Residents Association. Dr. Celeste will spend the coming year preparing an agenda for her Presidency and organizing the EMRA committees. As President, she will be the primary spokesperson for EMRA and represent EM resident interests on several national boards.

Upcoming International Speaker—In June 2013, The Departments of Emergency Medicine and Neurology will be co-sponsoring a Neuroscience lecturer Felix Schlachetzki, MD, PhD is a Professor of Neurology at the University of Regensburg in Germany and internationally recognized as an expert in his field. Dr. Schlachetzki is a well-published researcher and is the Director of the Stroke Unit in the Department of Neurology. He will be giving a lecture “Prehospital Transcranial Ultrasound and Recanalization in large Vessel Occlusions in Ischemic Stroke.” More information to come.

Jessica Smith, MD - Receives the 2012 ACEP National Faculty Teaching Award

Congratulations to Dr. Jessica Smith on her 2012 ACEP National Faculty Teaching Award. She was presented the award at ACEP’s Scientific Assembly in Denver, CO in October. Dr. Smith, an Assistant Professor of EM (Clinical), has been the Associate EM Residency Program Director since 2009. Dr. Smith is well-known as an innovative medical educator and consistently sets a high standard with her peers in bedside and didactic teaching. She is an excellent communicator committed to giving our EM residents the best clinical care experience and feedback. Jessica energizes both residents and faculty, working with both groups to find better teaching methods. Dr. Smith also presented a poster at ACEP’s assembly.
Our Brown EM department had excellent participation at the annual American College of Emergency Physicians (ACEP) Scientific Assembly in October 2012 held in Denver, Colorado. There were posters by Drs. Megan Ranney & Kim Pringle; Drs. Jessica Smith, Brian Clyne, & David MacKenzie; Dr. Michelle Daniel; and 2 posters from Dr. Lisa Merck. Dr. Bob Tubbs presented 2 lectures “Don’t Blink: Plain Film Diagnoses You Cannot Afford to Miss” and “Pitfalls in Pediatric Chest and Abdominal Radiography”. The department hosted a reception at the Hyatt Regency at the Colorado Convention Center and invited all past alumni of our program that was well attended.

Neha Raukar, MD was named to the IOM’s Committee on Sports-Related Concussions in Youth by the Institute’s Board on Children, Youth, and Families. This IOM committee is sponsored by the Centers for Disease Control and Prevention, Department of Defense, Department of Education, Health Resources and Services Administration, National Academies President’s Fund, National Athletic Trainers’ Association, and National Institutes of Health. The group will be studying sports-related concussions in youth using available literature and data on concussions. The group will be looking at causes; effectiveness of protective equipment; screening and diagnosis, treatment and management, and long-term consequences. The group will produce an evidenced based report and make recommendations and identify areas requiring further in depth research to the supporting agencies and some regulating government bodies.

Lifespan’s Medical Simulation Center (LMSC) Receives $24,000 Grant

December 2012, The Edward J. & Virginia M. Routhier Foundation, based in RI, awarded $24K toward upgrading the technology used to train physicians from all over RI. The Lifespan Medical Simulation Center trains physicians on real-life patient care scenarios with the aid of computerized mannequins portraying patients with symptoms. The LMSC records and reviews the training sessions with participating physicians and instructors. The LMSC needs to stay on the cutting edge of technology in order to produce high-quality educational sessions. The AV equipment will be updated to a high-definition digital format as a result of the generous grant from the Routhier Foundation.
November 7th & 8th, 2012, The Department of Emergency Medicine welcomed Dr. James Adams as our Visiting Professor. Dr. Adams is Professor and Chair of the Department of Emergency Medicine at the Feinberg School of Medicine at Northwestern University and Northwestern Memorial Hospital. Dr. Adams is an expert in professionalism, communication, and health care policy.

As our visiting professor, Dr. Adams participated in 2 days of scheduled events. This included a moderated dinner discussion with Brown Emergency Medicine faculty, fellows, and residents on hot topics in academic EM. Dr. Adams presented 2 lectures—one on communication and another on Drug Seeking Patients in the ED. He also participated in bedside teaching rounds at the Rhode Island Hospital Anderson Emergency Center, gave a faculty development workshop, and provided one-on-one mini-mentoring sessions for faculty.

It was an honor and pleasure for us to host one of the premiere leaders in emergency medicine as our visiting professor.

Thank you Dr. Adams.

Dr. Zink presented Dr. Adams with a plaque commemorating his visit at the EM Faculty dinner.

Holiday Party 2012

The Department of EM had its annual holiday party and fund raiser on December 14, 2012 at the Alpine Country Club in Cranston, RI.

The party raised over $2,000 for the Rhode Island Free Clinic surpassing last year’s charitable collection and we had a record number of party goers! Good times!
In July 2012, we were excited to welcome Dr. Catherine Pettit as our simulation fellow for AY 2012-2013; we also have another fellow lined up for AY 2013-2014. The simulation fellowship is growing and developing a reputation as one of the best in the country.

On November 29th, the Medical Simulation Center celebrated 10 years of simulation. It was an opportunity to reflect on the past decade and all of the simulation related accomplishments. Starting with the initial efforts of Dr. Gregory Jay and Dr. Marc Shapiro, the simulation center was born from the MedTeams project. Dr. Ken Williams and the RIDI project served as the next significant stepping stone in the launching of the simulation program.

There have been many projects over the years—during the annual simulation center retreat, we took time to reflect on everything that has come from 10 years of true teamwork and dedication toward high quality simulation-enhanced training courses, innovative research projects and simulation-related quality initiative programs. When we tally the numbers, the center has been busy; the simulation team has worked with over 16,893 participants and run over 5,664 sessions. Academically, the center (and specifically the EM simulation faculty) have also been productive; 67 abstracts, 54 publications (8 more have been submitted) and 96 national and international invited presentations. The simulation faculty has brought in a total of $4,650,000 from externally funded research grants and another $1,330,000 from courses, industry and hospital funded projects.

Dr. Timothy Babineau, President of Lifespan, Rhode Island & The Miriam Hospitals, & Dr. Zink both spoke about what Medical Simulation has meant to the health system in Rhode Island. Dr. Babineau has officially changed the “Sim Center’s” name from the Rhode Island Medical Simulation Center to the Lifespan Medical Simulation Center. The Sim Center has been a great part of the Rhode Island Hospital history providing training to a large number of medical personnel. Peter Snyder, PhD, Vice President of Research for Lifespan, also praised the Sim Center’s strides over the past decade. There were various “stations” that showcased aspects of the Sim Center: History of the Simulation Center; OR based simulation and movie making capabilities; Meet SimMan, “A shocking experience”; Pediatric Simulation, “Somebody help my baby”; High Quality CPR, “Manikins giving us feedback; Task trainers, “Practicing on body parts”; and The CLEAR Initiative.

Finally, the simulation center staff and faculty came away from this 10 yr. anniversary with a refined mission statement, a new 5-year vision statement and increased enthusiasm to continue leading the way in the field of medical simulation.

Lifespan—Medical Simulation Center
Leo Kobayashi, MD & Frank Overly, MD
Co-Directors, RIHMSC

DEPARTMENT OF EMERGENCY MEDICINE

Hasbro ED
ing and addressing pain management and included bimonthly educational sessions for the nursing staff.

In 2012, as all of emergency medicine rolled out the MedHost physician documentation component, pediatric EM worked with EM Medical Development to include developmentally appropriate templates.

The Hasbro Children’s Hospital Emergency Department worked on clinical initiatives throughout 2012. Intranasal medications, such as midazolam and fentanyl, were introduced as needleless ways to reduce pain and anxiety. Resources and programs were implemented for patients with autism and developmental disabilities including access to specialized toys and equipment to minimize the stress of a visit to the ED. Hasbro Artists worked to create an art project cart and developed a volunteer program to bring art projects to children receiving care in the ED.

Zink Appointed to Lifespan Board of Directors
Lifespan reorganized and condensed its various hospital Boards from Newport, Bradley, The Miriam, and Rhode island Hospitals and the Lifespan Board to be form one Lifespan Board of Directors. Dr. Brian Zink was appointed to a 3 year term. The new Board will meet 8 times a year for extended meetings.

Come celebrate with legendary singer and songwriter KENNY LOGGINS!
March 9, 2013 • 5:30 p.m. to Midnight
Rhode Island Convention Center
For more information please contact Kay Abele at 401-444-6412 or cabelson@lifespan.org

Zink Appointed to Lifespan Board of Directors
Lifespan reorganized and condensed its various hospital Boards from Newport, Bradley, The Miriam, and Rhode Island Hospitals and the Lifespan Board to be form one Lifespan Board of Directors. Dr. Brian Zink was appointed to a 3 year term. The new Board will meet 8 times a year for extended meetings.

Hasbro ED (continued from page 4)
RIH Anderson EC

(Continued from page 3)

agement. Admitted patients from all Pods will be moved through this area whenever possible. Overall, utilizing the E-Pod in this manner will expedite the care of patients once they leave the Critical Care rooms, and make more beds available in the A, B and C-Pods for patients from the triage areas.

A new area has been established primarily for the care of low acuity patients, ESI 4-5. The team in this area also assists in expediting waiting patients when possible. The B-Pod Procedure Rooms and surrounding area has been reorganized and equipped to promote the efficient care of these patients. This area is now staffed from 11 am to 11 pm. In addition to nursing and tech staff, an attending and midlevel coordinates patient management. With the Procedure Room area in operation during peak hours, low acuity patients can be largely removed from the other clinical Pods. Moreover, the staffing in this area provides the department with more options when the department experiences surges in patient arrivals.

The preparation and planned adjustments assist us in continuing to deliver our standard of high quality care and service. The support and resources committed by UEMF and our hospital leaders has been implemented to the best advantage of our patients and our teams that care for them. It is our great teamwork and dedication to improvement every day that validates the great confidence our hospital leaders have placed in us, and makes us central to the advancement of Rhode Island Hospital.

International EM

In September 2012, Dr. Dave Bouslough participated in the Clinton Global Initiative reception. The topic was Health Resources for Health. Dave met the Ministers of Health for Liberia & Rwanda & Former President Bill Clinton.

In November 2012, IEM welcomed Joseph Novik, MD as the inaugural Global Emergency Medicine Fellow. Dr. Novik received his MD from the University of Minnesota Medical School. Most recently he was the Associate Director of Emergency Ultrasound and Co-Fellowship Director of EUS at NYU/Bellevue Medical Center. Dr. Novik’s fellowship is in partnership with the Rwandan government. Dr. Novik will be staying in Kigali, Rwanda for approximately 8 months. Brown is one of eleven universities participating with the Clinton Foundation and Rwandan government to organize medical education there. When Dr. Novik returns to the US he will be presenting his experiences and research to our department.

Welcome Back, Dr. Mark Greve

In November 2012, Dr. Mark Greve, Clinical Assistant Professor of Emergency Medicine, rejoined UEMF and the Department of Emergency Medicine as a clinical attending.

“Just when I thought I was out, they pull me back in.” (quote from the Godfather Part III)

Dr. Jay Baruch, Selim Suner, & Leo Kobayashi all participated in Lifespan/ RISD’s Fall Symposium 2012.

Dave Bouslough, MD, Director, International EM
In August 2012, Lifespan’s Lifelines, Online newsletter, featured articles regarding the reaccreditation of the Chest Pain Center at RIH with quotes from Dr. Anthony Napoli. Also featured in online edition an interview with Dr. Dina Morrissey from the Injury Prevention Center.

In the Spotlight—Media

Dr. Douchebag—The Most Read EM Article in 2012

Medscape and WebMD recently carried a list of the top 10 most read articles by emergency medicine physicians. The article that topped the list at number one was Dr. Jay Baruch’s story Dr. Douchebag—A Tale of the Emergency Department which was published in the Hastings Center Report.

On January 3rd, Dr. Brian Zink was interviewed by Kristen Gourlay for WRNI, RI public radio, regarding the usual surge in flu patients in the EDs.

In August 2012, Lifespan’s Lifelines, Online newsletter, featured articles regarding the reaccreditation of the Chest Pain Center at RIH with quotes from Dr. Anthony Napoli. Also featured in online edition an interview with Dr. Dina Morrissey from the Injury Prevention Center.

In August, Dr. Dina Morrissey was featured on the Rhode Show with Cardi’s Furniture discussing car seat safety.

In August 2012, Lifespan’s Lifelines, Online newsletter, featured articles regarding the reaccreditation of the Chest Pain Center at RH with quotes from Dr. Anthony Napoli. Also featured in online edition an interview with Dr. Dina Morrissey from the Injury Prevention Center.

In August, Dr. Dina Morrissey was featured on the Rhode Show with Cardi’s Furniture discussing car seat safety.

September 2012—Adam Levine was featured in the Providence Business News including an interview regarding his International EM work and his award given by the Global EM Academy of SAEM.

On January 3rd, Dr. Brian Zink was interviewed by Kristen Gourlay for WRNI, RI public radio, regarding the usual surge in flu patients in the EDs.

The Injury Prevention Center was all over the news in September 2012. IPC/Kohl’s Cares – Kids on the Go Car Seat Safety Program advertising campaign hit all outlets: WebMD, Yahoo, Facebook, RIPTA buses, radio, & the HCH homepage.

In August 2012, Lifespan’s Lifelines, Online newsletter, featured articles regarding the reaccreditation of the Chest Pain Center at RIH with quotes from Dr. Anthony Napoli. Also featured in online edition an interview with Dr. Dina Morrissey from the Injury Prevention Center.

In August, Dr. Dina Morrissey was featured on the Rhode Show with Cardi’s Furniture discussing car seat safety.

In August, Dr. Dina Morrissey was featured on the Rhode Show with Cardi’s Furniture discussing car seat safety.
EM Toxicology

Dr. Hack was liberally quoted in a front page article on Synthetic Cannabinoids in the Providence Journal on November 18th.

Dr. Hack along with Dr. Jordan Celeste and Dr. Elena Kapilevich gave an invited lecture on “Bath Salts” to Providence Center practitioner in October. They have also been invited to give an additional bath salts lecture to the PC and also to Child Protective Services in the coming month.

Dr. Hack was appointed to the Pharmacy and Therapeutics committee for RIH and TMH.

Libby Nestor, MD—Recipient of the Rhode Island Hospital Hamolsky Award

January 23, 2012. The award is presented by the RIH medical staff to a member who leads by example as a role model and has made exceptional contributions to medicine, medical education and research. Dr. Nestor was given the honor for her outstanding commitment to clinical care, impeccable ethics, and never failing dedication to educating medical students and residents; as well as mentoring junior EM faculty.

Libby’s first career was as an ordained Episcopal minister. She then decided to follow her father’s footsteps and become a doctor. Libby joined our emergency medicine group in 1994. She has been recognized for her commitment to medical education and clinical care with several Department of EM awards including 2006, Teaching Recognition; 2008, Teaching Excellence; 2010 & 2012, Jacek Franaszek Faculty Teaching Award; and 2008, UEMF/DEM Outstanding Physician Award. Libby was also named the Rhode Island Medical Women’s Association “Women Physician of the Year” in 2008. Residents and medical students consistently rank Libby in the top of the group for teaching and mentoring. Dr. Nestor was also elected Employee of the Month during 2012 by the EM Staff in the Anderson Emergency Center. Drs. Zink and Hamolsky both spoke and presented the award.

There was an overwhelming social media response on Facebook when her award win was posted. Libby’s response was “All I can say is, the EM is a big department, and we’re all friends.” Such modesty!

The Women’s Health in Emergency Care Division (WHEC) has been moving forward. On the research front we are working with national collaborations to produce two Peer-Reviewed Lectures (PERLs) for Academic Emergency Medicine in support of the 2014 Consensus Conference on Gender Specific Emergency Medicine Research. They will focus on both the aspects of Gender Specific research methods with showcasing updated articles in emergency medicine while the second one will present clinical knowledge and skills to bring to the bedside of caring for patients in the emergency department. We will be filming in SAEM 2013 so stay tuned!

Our educational program continues to grow. We are actively working on curriculum development in support of our fellowship missions. We also have had national interest in the WHEC elective and enjoy showcasing our wonderful division and department to outside rotators who have expressed an interest in women’s health.

Dr. McGregor was also invited to the offices of National Board of Medical Examiners (NBME) along with other physicians from the Sex and Gender Women’s Health Collaborative (www.sgwhc.org) to review medical school board testing for sensitivity and accuracy in gender-specific medicine. This was a wonderful opportunity to contribute to the advancement of this science into medical school curriculum.

Look for us at SAEM 2013 this year. We will be moderating two Didactics entitled: Mining the Hidden Science in Your Emergency Medicine Research: Gender-Specific Study Design and Analysis with Guest Presenters: Roger Lewis, MD, Deborah Diercks, MD, and David Wright, MD. Followed by Top 5 Plays of the Day: How Gender-Specific Medicine Impacts Men’s Health with Guest Panel Speakers: Basmah Saifdar MD, Neha Raukar MD, Federico E. Vaca MD, Nina Gentile MD and David C. Portelli, MD.

Moving forward for 2013, Alyson will be assuming the role of Division Director of WHEC and Esther Choo will be the Associate Director. This will give Esther some much needed time to focus on her research projects. As always, if you have any interest in examining your area of research with a gender perspective — contact us!

Dr. Fowler shared her research on “Adolescent Sexual Risk Behavior Determinants in Liberia” on 09/11/2012.
Medical humanities was especially busy the latter part of 2012. The 3rd year of The Creative Medicine Series was kicked off by artist and arts educator Alexa Miller, co-creator of Training the Eye program at Harvard Medical School. Her talk was titled “Museum Rounds: What Art Can Teach Future Doctors.” The second event welcomed Brown professors, dancers and choreographers Rachel Balaban and Julie Strandberg, as well as students involved in their grant funded project at Brown examining dance and patients suffering from Parkinson’s Disease. The highlight of this special evening was the presence of several patients with Parkinson’s who drove up from South County in terrible weather.

In September 2012, we had the pleasure of co-hosting an event with the Division of Women’s Health in Emergency Care. We sponsored a delightful evening at the medical school with physician/writer Maggie Kozol. The presentation, “Doctors’ Stories: Shaping the Healthcare Narrative,” lead to a wonderful discussion.

In the fall, the first Bray Visiting Scholar/Artist, Deb Salem Smith, playwright-in-residence at Trinity Rep, taught a playwriting class at Trinity Rep that included Alpert medical students and Brown/Trinity Rep MFA students. They presented their work in a public event on December 13, titled, “Operating Theater: A reading of collaborative works from Brown/Trinity MFA Actors and Alpert Medical Students.”

The second year of Integrated Clinical Arts took place at the medical school on December 7. Medical students spent the afternoon engaging with different modes of creative thinking, and integrated these methods with clinical care. Workshops included music, dance, sculpture, acting, art at the RISD museum, medical illustration, and even acting and horsemanship.

We’ve had a growing collaboration with the RISD Museum, including a fascinating project lead by our own EM resident Bonnie Marr that explores the use of museums to improve our understanding and treatment of pain. We are mentoring several medical students and EM residents, and are receiving inquiries from residents from other Brown programs. We have been excited by the number of medical students who have expressed interest in the medical humanities and bioethics scholarly concentration.

We are looking forward to an exciting spring semester. We will co-sponsor the AMSA Writer’s Institute in Virginia at end of January for medical students from around the country. Locally, Liz Tobin Tyler, JD, MA, our spring Bray Visiting Scholar/Artist, will give a series of three seminars at the medical school: “Patient’s Professionals and Policy: Narratives of Health and Justice. The Creative Medicine Series will continue with two speakers in the spring.

More information can be found on the recently launched Program in Clinical Arts and Humanities website, and the Foundry in Arts and Humanities in Emergency Medicine website. They are both works-in-progress.

The Department of EM held a Know & Grow session at the Alpert Medical School called “The Master EM Clinician Educator – Efficiency, Productivity, & Getting the Most Out of Your Team”. Presenters included Drs. Dan Savitt, Jessica Smith, Frank Overly, Jimmy Monti, and Anthony Napoli. A post lecture reception was held on the Emergency Medicine Terrace at the Alpert Medical School.

The Department of EM will be welcoming David Bachrach in April 25, 2013. Mr. Bachrach, Physician-Executive Coach, will be conducting a faculty development session entitled “How to Effectively Manage People” from 4p-8p.

Dr. Jay Baruch (left) is pictured with guest physician/writer Maggie Kozol and Dr. Alyson McGregor. The Foundry of Arts & Humanities co-sponsored Dr. Kozol’s presentation “Doctors’ Stories” with the division of Women’s Health in Emergency Care.
Save the Date for the Annual Retreat!

Our Department of EM’s Annual Faculty Retreat will be held on Friday, May 31, 2013 at the Squantum Association Club, 947 Veterans Memorial Parkway in East Providence.

The retreat is a full day of faculty development, wellness, and educational sessions that focus the EM faculty on timely EM topics. An agenda will be out in late March/early April. Please email Brenda to attend the program at bbordieri@lifespan.org.

In addition to a new place, we continue to add new staff, new shifts and new toys. Not surprisingly, given the robust selection process, things are going remarkably well with new staff. In January, we expanded the 1-9 shift from Monday through Thursday. We will be getting both the Glidescope and a fluid warmer soon. Having both the McGrath and the Glidescope should provide additional reassurance, particularly with the expansion of bariatric services at TMH.

TMH was recognized for its outstanding work on sepsis. The ED staff will undergo Project Clear Training. The Workload Distribution Task Force re-invigorated “Lightning” team rounds. The Op X Greenbelt projects continue to help benefit the ED, from re-organizing our clean utility room to the system wide status indicator. These projects are the fruits of labor by many passionate, committed individuals and teams.

Overall, I remain impressed with our staff’s ability to deal with the rising volume, construction inconveniences and temporary inefficiencies—and provide outstanding, compassionate care. We have a great team.

The Alpert Medical School of Brown University’s Department of Emergency Medicine is hosting this year’s New England Regional SAEM Meeting. We look forward to having our EM colleagues from all over New England joining us in Providence April 17, 2013.

Significant Donation for Neurotrauma & BBB Research

Drs. Adam & Joanna Chodobski received an Anonymous $250K gift donation to their Neuroscience research. Their laboratory, Neurotrauma and Brain Barriers Research Laboratory in the Department of Emergency Medicine at Rhode Island Hospital and Alpert Medical School, will use the funds to improve understanding of and treatments for traumatic brain injuries and other neurological emergencies.