The Chair’s Corner: Future SHOCK

In 1970 Alvin Toffler published a book entitled Future Shock. His definition for the term was a personal perception of “too much change in too short a period of time.” I can think of no better way to describe our upcoming year. Even though as emergency practitioners we often thrive on “controlled chaos,” and excel at prioritizing needs, the sheer speed and rapidity of our upcoming changes will challenge us. To begin, we are in the midst of a major renovation that is transforming our practice. The finished areas are stunningly modern and functional, offering privacy and comfort, and making us long for project completion. While previously we were remote from construction with only distant sounds of hammering and drilling, now we are smack in the middle, no denying the constant din, forced to reroute our steps through makeshift hallways in search of supplies, offices, resources and even patients. The new 12-bed Crisis Intervention Unit and 6-bed Chest Pain Center are complete. The old “C” side is closed, and the new area, initially meant for rapid assessment, treatment and urgent care has opened with natural lighting and individual treatment rooms. The “AB” side seems even smaller as we crowd all critically ill and trauma patients into an ever dwindling space. Soon, by the end of December, we will have four state-of-the-art resuscitation rooms and many large, individual treatment rooms. — Continued on page 2

The Program Director’s Corner

The new academic year is off to a terrific start. We have 13 eager, enthusiastic interns from medical schools across the country joining us. Please welcome Jessica Bod (Yale), John Binford (Yale), Nayeli Rodulfo (UT San Antonio), Bruno Fontes (UT San Antonio), Steve van Ootegeem (Mt. Sinai), Anneli von Reinhart (Mt. Sinai), Ryan Coughlin (U. Mass.), Andrea Koploy (Boston University), Chad Sagnella (U. Conn.), Dan Savage (UCLA), Clare Buckingham (U. New Mexico), and Lisa Sander (U. South Florida). — Continued on page 3
New Treatment Rooms in the ED

Future Shock, continued...

This summer our ED will participate in Team STEPPS (Team Strategies & Tools to Enhance Performance & Patient Safety) spearheaded by Dr. Marc Shapiro and our new nursing leadership, Mark Sevilla and John Seward. This evidence-based, teamwork-focused simulation exercise is designed to facilitate an enhanced team approach to patient care and improve patient safety and outcomes. Almost 500 ED staff members including physicians, nurses, technicians and business associates will participate in multidisciplinary groups. More information on this to come...

Down the road

The Hospital of Saint Raphael is merging with Yale-New Haven Hospital effective September 9th. The ED, which sees almost 60,000 patients annually, will be another satellite campus of Yale, joining the York Street-New Haven and the Shoreline Medical Center campuses. Dr. Marc Shapiro will be the new Medical Director working along with a complement of 16 other emergency physicians and 10 midlevels. This acquisition will bring our total ED visits to close to 170,000 annually, and Yale-New Haven Hospital will now be the 4th largest hospital in the United States!

EPIC is coming to YNHH! The date is set for Friday, February 1st at midnight to go live for the entire hospital. We are fortunate that Greenwich Hospital went first as part of the Yale Health System, and we were able to learn from their experience. The Yale, Chapel Street campus (SR) and Bridgeport Hospital are primed to start in June. Training sessions will begin this fall, and all hands will be on deck for the month of February.

Warm Welcomes

We welcome many new physicians this summer. Dr. Rachel Lui who just finished her Ultrasound fellowship is joining our Ultrasound Section along with Dr. Vishal Gupta who will be with us for approximately six months before he returns to his home in Canada. Dr. Alina Tsyrlunik, class of 2012 Chief Resident, is joining the Education Section. Dr. Pooja Agrawal completed the Harvard Affiliated EM Residency program in 2010 and a fellowship in International Emergency Medicine with an MPH from the Harvard School of Public Health. She will join the Section of Global Health and International Medicine. Dr. Ani Aydin completed her residency at Bellevue Hospital/NYU and a Trauma-Surgical Critical Care fellowship at R Adams Cowley Shock Trauma Center in Maryland.

Dr. Mark Massey will be joining the faculty for one year while his wife completes a Visiting Professorship in Yale’s Economics Department across campus. Dr. Mossey completed his residency in 2005 at Metro Health/Cleveland Clinic. He comes with various experiences working in urban and rural areas and will be a valuable resource for the residents who wish to pursue community medicine. Finally I cannot forget to mention Dr. Dave Della-Giustina our new Section Chief of Education and Residency Director. Most of us here at Yale have met him, but for those of you who have not, he will be joining us full time in September as he retires from the military and Chair at Madigan Army Center in Tacoma Washington.

In addition to the faculty, we have several fellows joining our department this summer. Dr. Arjun Venkatesh, who has an MBA from Northwestern University and recently completed the Harvard Affiliated Residency Program, will be a new RWJ scholar, joining Drs Capp, Vashi and Doran for a grand total of 4 RWJ EM fellows!!! It seems Emergency Medicine is taking over this prestigious fellowship at Yale. Dr. Sheeba Thomas, a Yale 2012 graduate will be our Ultrasound Fellow, and lastly Marc Passo MD, NREMT-P and recent graduate of the BU Medical Center residency, will be our EMS fellow.

Goodbyes

Unfortunately we must also say goodbye to some old and new friends. Dr. Michael Rest will be joining the staff at Falmouth Hospital and Dr. Laura Bontempo will be joining the faculty at University Maryland as Assistant Director of EM Resident Education and Faculty Development. We wish them and their families well through this transition and thank them for their efforts in our residency program at Yale. Finally while we have only known Dr. James MacNeal, our EMS fellow for a year, he will be missed. He is joining Mercy Regional Emergency Medical Services in Janesville Wisconsin.

Well, I am sure that you will all agree that we could write a sequel to Future Shock. This unusual accelerated pace of change is daunting, but I am sure as emergency physicians we will rise to the challenge. With great teamwork and respect for each other we will do fine. Remember as I quoted in my graduation speech, “the best way to deal with change is to expect more of it.” I thank you all for your past efforts and the many more to come. Please find some time to relax and enjoy your families and friends this summer. Life is short!

- Gail D’Onofrio, M.D - Chair Yale Emergency Medicine
Welcome!

PD’s Corner, continued...

We also are proud to welcome to our program two new EM residents, replacing Lauren Abbate, who transferred to the Denver EM residency; and Shaun Cole, who is staying here at Yale in the Internal Medicine program. The new faces in the department are Imani Orgill, MD, who attended medical school at Vanderbilt and completed an internship in ObGyn at Cornell Medical Center in New York, and Katherine Shafer, who completed an EM internship at York Medical Center in Pennsylvania, after graduating medical school at Tufts.

Our residents come from schools across the United States to train with us. The map shows the location of the medical schools our residents attended. Our greatest concentration of residents comes from the Northeast, with New York contributing 13 residents, but we show strength throughout the Midwest, South, and West. (For the record, some of the “blue” states in the Great Plains/Rocky Mountain regions do not have a medical school.) Forty-nine of our 51 residents attended 34 schools in 20 states and Washington DC; 2 residents attended medical school in Germany and Japan. Yale, with 5 residents, contributed the greatest number to our program. We believe this geographic diversity adds to the academic and clinical strength of our program, and helps disseminate the Yale Emergency Medicine “brand” nationally and globally. We work hard during interview season to recruit a geographically diverse class; the results speak for themselves.

This will be a watershed year in our program, with the arrival of Dave Della-Giustina in September as our Program Director and Chief of the Section of Education; the completion of the new ED at YNHH; the installation of Epic as our electronic medical record; and the launch of MedHub as the institution-wide residency tracking system. These are all wonderful events that will lead to some changes in our routines. We will learn from each other, and with each other, as we continue to grow our residency.

- Steve Bernstein, MD — Program Director

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Section by Section — Ultrasound

Hello from the Ultrasound Section! Welcome to our new fellow, Dr. Sheeja Thomas, who has stayed with us post-graduation from the Yale EM Residency and even put in her first scanning shift on July 4th (hardcore)! The section has also expanded this academic year with the addition of Drs. Vishal Gupta and Rachel Liu, both last year’s fellows who have stayed on as faculty within the section.

We have been preparing to host the 5th annual New England Emergency and Critical Care Ultrasound Course in Newport, Rhode Island. This has been a highly successful course, bringing together world leaders who have pioneered advances in the use of point-of-care ultrasound to teach in the New England area. It will be held Sept. 20th and 21st, 2012 at the Newport Marriott Hotel, with an optional management pre-course run by Dr. Romolo Gaspari of the University of Massachusetts on Sept. 19th. The course directors are Dr. Chris Moore and Dr. Rachel Liu, with Dr. Vishal Gupta as the “hands-on coordinator” for arranging ultrasound scanning with live models. For more information and to register, please call program coordinator Hilmer Ayuso (203 785 4058, Hilmer.ayuso@yale.edu) and visit the Ultrasound Section website – http://yale-eus.com.

Our residents and faculty have been enjoying the new Philips Sparqs machines in the ED, and we’ve seen the number of ultrasounds performed continuing to grow! We have also recently purchased the Medaphor Scantrainer, a computerized pelvic ultrasound simulator which has a lot of educational potential.

Also at SAEM, Dr. Brock Daniels (current PGY-III) and Dr. Jenny Davis (current PGY-IV) presented their ultrasound projects regarding significant alternate diagnosis on CT scans for renal colic and cardiac ultrasound for pulmonary embolus, respectively. Well—done to you both! Congrats to Dr. Richard Taylor for his article entitled “Point-of-care focused cardiac ultrasound for the assessment of thoracic aortic dimensions, dilation, and aneurysmal disease” published in the February 2012 issue of Academic Emergency Medicine.

And for those anticipating Puerto Rico, yes, we are planning on holding another Yale Emergency and Critical Care Ultrasound in the Caribbean! Course in March 2013 ... stay tuned.

Ultrasound Cases (from page 1)

By Brock Daniels, MD

Diagnosis: Peritonsillar abscess.

Treatment: Needle aspiration.

Evidence Review:

Randomize Trial Comparing Intraoral Ultrasound to Landmark-based Needle Aspiration in Patients with Suspected Peritonsillar Abscess


Objectives: To compare the diagnostic accuracy of US-guided (US) versus traditional landmark (LM) aspiration for peritonsillar absceses (PTA).

Methods: RCT of adult patients using a convenience sample at an urban, academic center randomized to receive intraoral US or to undergo LM drainage.

Results:

<table>
<thead>
<tr>
<th>Metric</th>
<th>US (95%CI)</th>
<th>LM (95%CI)</th>
<th>p-value</th>
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<tbody>
<tr>
<td>Diagnostic Accuracy</td>
<td>100% [75% to 100%]</td>
<td>64% [36% to 84%]</td>
<td>p = 0.04</td>
</tr>
<tr>
<td>Successful Aspiration</td>
<td>100% [63% to 100%]</td>
<td>50% [24% to 76%]</td>
<td>p = 0.04</td>
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<tr>
<td>ENT Consult Rate</td>
<td>7% [0% to 34%]</td>
<td>50% [27% to 73%]</td>
<td>p = 0.03</td>
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<tr>
<td>CT scan</td>
<td>0%</td>
<td>34%</td>
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Conclusions: Intraoral ultrasound in patients with suspected PTA leads to better diagnostic accuracy, higher rates of successful aspiration and fewer subspecialty consults or CT scan (and thus less radiation!).
Since the last newsletter there have been many new exciting developments in Yale EM critical care. First and foremost, we are honored to welcome Dr. Ani Aydin - an EM/critical care faculty member joining the Yale Department of Emergency Medicine this summer. We are also excited to welcome all of our new interns to Yale.

In the academic realm, we look forward to another year of the EM critical care "Area of Concentration" for interested residents and are working to schedule didactic teaching hours with DEM faculty and other Yale and non-Yale faculty. Over the past year, there have been a number of residents involved in EM critical care research projects in stroke, sepsis, aortic dissection, subarachnoid hemorrhage and induced hypothermia. We currently have two Yale data-bases for research projects in stroke and sepsis. Please contact Dr. Wira if interested in learning more.

In the clinical arena, there are numerous updates for protocols. In our stroke protocol we activate stroke alerts within an 8 hour window of symptom onset, check an istat electrolyte panel on all patients, and order a CT angiogram in the stroke order set. Starting this summer there also is a stroke M and M on the third Thursday of every month at 4:30pm in the Greenspan room of Diagnostic Radiology on the 2nd floor. All are welcome to attend.

In the clinical arena, there are numerous updates for protocols. In our stroke protocol we activate stroke alerts within an 8 hour window of symptom onset, check an istat electrolyte panel on all patients, and order a CT angiogram in the stroke order set. Starting this summer there also is a stroke M and M on the third Thursday of every month at 4:30pm in the Greenspan room of Diagnostic Radiology on the 2nd floor. All are welcome to attend.

For cardiac arrest-- we have had a number of "chill alert" activations over the past month with several patients having very good neurological outcomes. Please continue to order a CT of the head to be acquired on the way to the CICU or MICU for non STEMI patients, and utilize the resource attendings listed in the hypothermia protocol if you have questions. For accidental hypothermia, our protocol is now listed online in the trauma protocols.

For sepsis-- our sepsis alert activations have been successful. Please note that there have been subtle changes in our antibiotic order sets.

When screening potential septic patients for organ failure-- please remember to check all of the labs in our critical care orderset (ie- cultures, lactate, LFTs, troponin, etc) because it provides the most accurate risk stratification assessment for non-hypotensive patients with severe sepsis. In the future there will be more discussion regarding our sepsis alert protocol, and quality measures being tracked by the hospital including lactate measurement, time to antibiotics, central line placement and cvp/Scvo2 monitoring in eligible
The Section of EMS wrapped up a productive academic year, with a number of projects reaching completion. Two of our research projects received awards at the National Association of EMS Physicians annual meeting in January: a project on EMS activation of the cath lab for STEMI patients received the overall "Best Research Presentation" award, and a project on "lift assist" patients received the "Best Resident/Fellow/Student Presentation" award for John Ahern, a Boston College undergrad who has been working with us as a research intern for several years.

Our graduating fellow, Jay MacNeal, will be moving to Wisconsin to assume the medical director post at a fire department based system in Janesville, about an hour from Milwaukee and Madison. (Older faculty may remember Rob Whinney, a Yale trauma surgery fellow from the early 2000s, who recently secured Level II trauma center status for the hospital in Janesville.) We wish Jay and his family the best of luck in cheese country.

We welcome our incoming fellow, Marc Passo, who worked for us about ten years ago as a research intern while working as a paramedic for AMR-Bridgeport. Marc then worked as a medic in the Boston area, attended med school at Tufts and completed an EM residency at Boston Medical Center.

As we embark on another academic cycle, the division of global health and international EM looks to increase in size and scope. With the hiring of Dr. Pooja Agrawal, a recent graduate of the Harvard IEM fellowship program and Dr. Sarah Battistich, our own IEM fellowship grad, we are in position to finally have the critical mass of young and energized faculty that we need to move the division forward. In addition to the hiring of Drs. Agrawal and Battistich, the division will also be welcoming our new fellowship candidate, Dr. Brian Rice, who is coming to us from USC to join our current fellow, Dr. Silpa Gadiraju, giving us 5 core members in the division. With all the new growth comes new responsibility and expectations. Once we have all the boots on the ground, the division will begin to have quarterly division meetings tied into a journal club and the obligatory social. Stay tuned for dates and announcements this summer.

We have a diverse set of projects and clinical activities that our residents will be working on, and I am truly excited about the direction our resident field assignments have taken in the past few years.

As for ongoing projects for the forthcoming year, Dr. Battistich is in South Africa finishing her thesis work in HIV. Drs. Battistich and Kotlyar will be working in South Sudan this fall with the International Medical Corps and we have a new non-communicables study being set up in Liberia by Drs. Gadiraju and Kotlyar.

Lastly, we have a new J&J clinical site that is ready for launch in Cali Colombia, for those with Spanish fluency, which should be an absolutely incredible place to work. All of these projects, and the new programs that Dr. Agrawal will bring to Yale this fall, are open to residents. I encourage you all to approach us and join our division meetings to learn more about how to get involved.

With much anticipation,
Simon Kotlyar MD MSc
Section by Section— The Residents Lounge

The New Chiefs

Greetings from the 2012-13 Chiefs! We are all very excited and honored to be your Chief Residents. By “your Chief Residents” we mean that we are there for you all 24 hours, 7 days a week, and 52 weeks a year. Feel free to call us, text us, e-mail us with anything – we want to make your residency experience the best we can make it!

As some of you know the Chief responsibilities are divided, and for this year’s trio we have Tomasz Obrzut taking care of wellness and the intern and off-service schedule, Mark Brady on Didactics, and Rebecca Brucoli taking the upper level schedule. We have some new things planned for this year including purchasing a trial of Shift Admin to improve the scheduling process, Tuesday night social nights, Morning Report two days a week to go over relevant literature and cases, and a Mock Deposition.

We are all open to feedback so if there are changes, thoughts, concerns, etc., please send them our way. Again, we are happy to serve you and looking forward to an awe-some year!

All the Best,
Brady, Rebecca, and Tom

Annual SIM WARS

Sounds fancy right – but would you believe it if I said the advent of this idea came merely when our very own Dr. Melnick and yours truly were idle chatting over a slice of ‘Papa John’s Pizza’ at our last EMIG event?

But beyond the immense cerebral stimulus that ‘Papa Johns’ can be, the notion was brought up – why don’t we have a dedicated event where we showcase some of our most prized skill sets in Emergency Medicine all at the same venue? The focus of the evening being - to give the young, malleable minds of our future physicians in training an apt primer of what a career in ‘Emergency Medicine’ entails.

On two separate nights this past year, the evening was inaugurated by showing the Yale EM residency recruitment video and after faculty introductions, the group of 24 was then split further and rotated through concurrently running simulation, ultrasound and airway stations.

The excitement was palpable. Drs Evans and Bonz were in charge of running a batch of 8 students through a simulated case of a young person brought in with tension pneumothorax requiring needle decompression and V.fib cardiac arrest requiring defibrillation.

Drs. Taylor, Gupta and Liu ran US workshops with succinct presentations of E-FAST exams, ED bedside echo’s and even some esoteric sophistication with ocular ultrasounds that had many dazed. Drs. Carter, Rest, Battistich, Goldflam, Jubanyik and Melnick headed the intubation clinic with groups as personal as 2 medical students to 1 faculty member and practicing everything from basic laryngoscopy to Bougie’s, LMA’s and even glidescope’s. The last event got super lucky with our resident presence with the ever impressive – Dr. Hawk!

It was a great night, a fun night, a night that hopefully marked the start of a new interface between our own medical students and the Department of Emergency Medicine. A special thank you to those who came, to those who participated and everyone who made this event a true depiction of
The Yale Department of Emergency Medicine Newsletter is a publication of the Department of Emergency Medicine at Yale-New Haven Hospital.

The newsletter is published twice-yearly, on a winter and summer schedule. Any comments, suggestions or corrections can be directed to the editor. Newsletter submissions are actively sought and can be emailed to the editor. Alumni updates are always welcome.

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<td>Rob Ehrman</td>
<td>Cookz County Ultrasound Fellowship</td>
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<td>Utpal Inamdar</td>
<td>Kaiser Permanente, Maryland, Washington, DC, Virginia</td>
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<td>Jennifer Jackson</td>
<td>Assistant Professor, University of Miami/University of Miami Hospital,</td>
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<td>Khosha Latifai</td>
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<td>Alina Toynbee</td>
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<tr>
<td>Laura Walker</td>
<td>Mayo Clinic and Mayo Health System</td>
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