The Chair’s Corner: Future SHOCK

Progress REPORT

Dr. Gail D’Onofrio

This year has been a whirlwind of activity and milestones. We completed the long awaited construction of our ED that started on September 1, 2010 and finished January 31, 2013. We now have 72 individual treatment spaces, increasing from 53 (most of which were hallway designations). We also increased our square footage from 30,000 to 48,000. I am sure I speak for all when I say how amazing it is to offer our patients privacy and state of the art services.

Our next big accomplishment, the implementation of EPIC, our electronic record, occurred exactly the same week. Thanks to all of your efforts we managed to accomplish successfully both of these equally challenging tasks simultaneously. While we are continuing to work on our flow and role responsibilities in this transition phase, the worst is behind us. We could not have timed the Team-STEPPS initiative better than during this stressful period. It takes all of the ED staff working as a team to meet our goals of providing quality, efficient care compassionately while maintaining patient, staff and referral provider satisfaction. We may never be perfect, but we are working hard to

Continued on page 2

The Program Director’s Corner

By Dr. Della-Guistina

The new academic year is about to start and we have a great group of new residents who will be joining us. They are Cristiana Baloescu (Dartmouth), Andrew Chou (Tufts), Matt Dolan (UMDNJ), Erik Fisher (Cornell), Malcolm Johnson (Cornell), Bethann Mohamed (Florida State), Frank Moore (SUNY Upstate), Justine Nagurney (McGill), Warren Perry (Yale), Jennifer Roh (Texas Tech), Brian Steiner (Stony Brook), Ogonna Umeh (Meharry) and Jessica Walrath (Penn State). The 2013 graduating class has done an outstanding job and will be missed. Fortunately, Doug Bernstein and Anne Merrit will be working in our system as part of the Chapel Street ED of the Yale-New Haven Hospital. Additionally, we will be keeping Ashley Crimmins as our new Simulation Fellow. She will make a great addition and will help us to further our already superb simulation program.

Continued on page 3
The Chair’s Corner—By Dr. D’Onofrio—Continued

I am also very excited to report the merger with the Saint Raphael’s Hospital has been moving along successfully. Most of our ED services have been integrated and we will be all one faculty this July under the umbrella of Yale Medical Group. This brings many advantages as we strive to improve the health of the New Haven community. Combined operations such as expanding ED admissions to either campus, coordinating emergency services and communicating well with one New Haven Sponsor Hospital entity and one electronic health record, makes us the envy of most emergency systems throughout the United States. In addition, Shoreline Medical Center under the direction of Dr. Moscovitz continues to grow and excel in delivering emergency care. Four new treatment spaces have been constructed and we are preparing for another summer that brings increases in volume and acuity.

Typically this time of year I announce endings and new beginnings. We say goodbye to our EMS and Global Health fellows, Drs. Passo and Gadiraju along with our graduating class of 2013. Although Dr. Ian Schwartz is still with Yale-New Haven Hospital we are sad to see him relinquish the position of Medical Director at our York Street Campus. He has been enormously successful in leading our operations and we wish him well in his new endeavors in hospital administration. We also must say goodbye to Dr. Simon Kotlyar, our inaugural Director of Global Health and International Medicine. In collaboration with the London School of Hygiene and Tropical Medicine, Dr. Kotlyar started our thriving Global Health Fellowship. We wish him well as he escapes to the majestic countryside of Telluride, Colorado and focuses on High Altitude Medicine. Moving along, we welcome new faculty members, our own Dr Roland Jermyan, back from Bridgeport Hospital and Alison Hayward who completed her residency and fellowship in Disaster Medicine at the University of Massachusetts. I am also thrilled to welcome Dr. Hani Mowafi from Boston University as our new leader of Global Health and International Medicine. Dr. David Hile will be joining our Education Faculty as Associate Residency Director. He has held the position of Associate Residency Director and most recently the Chief of Emergency Medicine at the Madigan Army Medical Center in Tacoma Washington. In addition we welcome another previous graduate, Dr. Tyese Gaines who will be working per diem helping with our night coverage. We also welcome two Ultrasound Fellows, Dr. Drake Coffey from Penn State, Dr. James Wagner from Erlanger Hospital in Chattanooga TN, and another, Dr. Michael Hall from University of California - San Francisco will be completing our Research Fellowship with context expertise in Ultrasound. Dr. Ian Madoro from University of Connecticut is our incoming EMS Fellow, Dr. Christine Nguriya is our new Global Health Fellow from University of North Carolina and our own Dr. Ashley Crimmons will be our first Education Fellow.

I also am pleased to present our Chapel Street faculty under the direction of Dr. Marc Shapiro. Dr. David Harriman, the Associate Medical Director and Drs. Robert Bayer, John Boras, Jean Chrisnel, Jeffrey Kovar, Jose Mejia, Vinu Verghese, Daniel Vining, and Adam Waltman have all signed on with the Yale Department of Emergency Medicine and the Yale Medical Group.

We are pleased to announce new faculty to the Chapel Street Campus. Dr. Sheeja Thomas will be the inaugural Ultrasound Director and our graduating residents, Drs. Doug Bernstein and Ann Merritt will be joining the faculty. In addition, Dr. Sashani Baldeo, who trained at Jacoby Medical Center and most recently from Saint Peter’s University Hospital in New Jersey, will join later on this summer. An added benefit to our department is the fact that Dr. Baldeo’s husband, Dr. John James, an emergency physician with fellowship training in Sports Medicine, has joined Yale as the Athletic Medicine Team Physician. He is very interested in collaborating with our faculty and residents.

In closing, I want to thank everyone again for pitching in to make sure we not only survived our “future shock” but received an A+ on our progress report. No doubt there are plenty of challenges ahead but our team is strong and I’m confident having gone through what we just did, we will survive further shocks.

Dr. Gail D’Onofrio

The Admin Corner

By Dr. Ludi Jagminas

2013, what a busy year for all. We saw tremendous changes and embraced new surroundings and technologies. January 2013 saw the completion and opening of our newly designed and enlarged Emergency Department with 3 major treatment pods, 4 dedicated resuscitation rooms, a 12 bed CIU, 6 bed Chest Pain Center, 4 negative pressure rooms, and separate Fast Track unit. Over the past 5 years our ED volume has grown by 10.2% and our patient acuity and admission rates have seen a steady increase as well, and this new department was designed to address those needs.

Two hundred and fifty million dollars, nine thousand people, one system. Yale-New Haven Hospital (YNHH) just got wired. On February 1, 2013 at 3:18 am Epic was switched on and came to life in our Emergency Department. Paper charts were no more as staff began to use Epic for clinical documentation, order entry, results retrieval, patient registration, and prescription writing.

In June 2013 we launched Mobile Heartbeat, a communications system using an iPhone 5, which enables healthcare team members to be informed about, and connected to their patients and each other. Physicians and nurses can send and receive HIPAA compliant text messages, receive push lab results, and send pages.

By the end of 2013, we will go live with Awarepoint, which is a real-time patient location/tracking system. Patients will be tagged at triage and using IR & RF technology. The system constantly updates an ED room map as patients move throughout the emergency department.
Welcome!

The EM Residency has undergone some changes over the year with the primary focus on the didactic curriculum. These changes are directed towards making the educational curriculum more adult-learner focused. For the upcoming year, there will be more small group didactic sessions with an average of two whole conference days per month. Additionally, we now have two full conference days dedicated solely to the Areas of Concentration in addition to the 2-hour sessions during the other three quarters. We had our first 3-day Advanced Wilderness Life Support (AWLS) course this May and will continue to integrate wilderness medical education into the residency curriculum. This was a very successful course and we are excited to hold another course sometime in the fall. Le-Grand Rogers did a great job with helping to organize and run this course.

Something new for the upcoming academic year is that the residents have developed resident-only committees to work on issues that they feel are important. The leadership and direction for their work will be provided primarily by the residents. The three current committees will focus on education, social and community service respectively. While this will be a work in progress, it will allow the residents to develop leadership skills and to allow more of the residents to directly participate in the residency process.

I have to give my unlimited thanks to Mark Brady, Rebecca Bruccoleri and Tom Obrzut for all of their hard work as Chief Residents. It is a difficult and often thankless position that meets so many needs for the department and the residency. Were it not for their guidance and focus on the residency, I would have had a difficult time navigating this complex system. The torch for the Chief Residents has been passed to Harman Gill, Kate Hawk and Kito Lord. They have already stepped up to lead and are working hard to represent the residency and Yale in an outstanding fashion.

Dr. Della-Guistina
Section by Section—Education

In the area of simulation, we have lots of exciting news to report about the upcoming academic year!

First, we are beginning a Medical Simulation and Education fellowship. Our very own Ashley Crimmins will be the first fellow. Dr. Crimmins will be participating in all aspects of simulation from medical student education, procedural simulation, resident and faculty simulation course. Her particular area of interest is in developing a pediatric emergency medicine resuscitation curriculum. She will be continuing to collect data for an ongoing research project and be starting multiple new projects as well. We are pleased that both Virginia Burke (PGY4) and Dan Hart (PGY3) are participating in educational research and have chosen to do their academic projects with us. Any current EM resident interested in educational research should contact Ashley or me about getting started on a research project over the summer. In the fall, we will begin recruitment for our new fellow for the 2014-15 academic year.

Second, we will be moving into new space. Dr. D’Onofrio has approved the development of a new Yale Emergency Medicine Simulation Center that will be accessed through 464 Congress. Our new space will include two adult resuscitation rooms, a control room, a pediatric resuscitation room (to house our new SimBaby), a procedural simulation room, a debriefing area and office space. We are hoping to move into our new space in the fall or early winter of 2013!

Third, we will be expanding our existing resident curriculum. Jay Bonz will be leading the efforts with regards to procedural simulation. He has organized a cadaver lab for July during which residents will be trained in invasive procedures including ED thoracotomy, chest tube placement and cricothyrotomy. We purchased two simulators for training in pericardiocentesis. Dr. Bonz will be organizing training to competency in ultrasound guided central venous catheter insertion for our new interns over the course of the summer. Kelly Dodge organizes the resident simulation program. Each of you will participate in Wednesday afternoon simulations based on your level of training. In addition, we intend to expand our Wednesday morning small group simulations and begin a pediatric resuscitation course. Drs. Dodge and Crimmins will be leading this effort. Alina Tysrulnik will be participating in all aspects of simulation with a specific focus on developing assessment tools for resident evaluation.

We are excited about all of the new developments in our section for the upcoming year and look forward to training our residents with the newest methods and technologies available!!!

Leigh V. Evans MD
Director of Healthcare Simulation
Yale Emergency Medicine

Ultrasound Tips & Tricks

By Brock Daniels MD, MPH

Ultrasound-guided “Peripheral IJ”: Is it a central line or not? You decide.

Crashing patient? No IV access? EZ I-O missing again? No good EJ? Voltaire isn’t working? Consider placement of a peripheral internal jugular line using a standard catheter-over-needle peripheral venous access set-up. A recent paper in the Journal of Emergency Medicine by Teismann et al. from Highland Hospital describes this technique and their results in nine critically ill patients after other attempts at vascular access had failed. “Peripheral IJs” were placed using 14-18G, 2-2.5 in. catheters with only chloro-prep, sterile ultrasound gel and probe cover and secured with a bio-occlusive dressing.—continued page 8

Figure 1. Sonogram of catheter tip in vein lumen from Teismann et al.
Happy Summer from the Ultrasound Section!

We have a lot to celebrate along with our graduating seniors. July will bring the arrival of 3 new ultrasound fellows (yes, we’re expanding): Michael Kennedy-Hall from UCSF, James Wagener from Penn State, and Drake Coffey from the University of Tennessee, and Sheeja Thomas is stepping into the role of Ultrasound Director at the newly acquired Hospital St. Raphael campus of YNHH. She has already worked tirelessly to acquire equipment and establish the framework for a program there. This means that 3 more Philips Sparqs machines will be added towards the YNHH Dept. of EM fleet of Sparqs!

The recent SAEM was a great success for section chief Dr. Chris Moore, whose abstract on the “Accuracy of an Ultra-Low Dose CT Protocol for ED Patients with Suspected Kidney Stone” was selected from over 1000 abstracts to be presented at the SAEM plenary session. In addition, his very polished presentation won the “Best Presentation Award” of SAEM!

We are also very proud of our SAEM Sonogame team - Faizan Arshad, Brock Daniels and Jessica Schmidt – who placed 2nd out of 39 teams in the academic question round of this competitive, but very fun educational event. Drs. Chris Moore and Rachel Liu got to serve as judges in the hands-on round. Both Brock and Faizan presented ultrasound abstracts, as did EUS faculty member Dr. Richard Andrew Taylor. Be on the lookout for Chris and Brock’s manuscript in the May volume of Academic Emergency Medicine, as well as Andrew and Jenny Davis’s paper in an upcoming Journal of Emergency Medicine.

Also, congratulations to Faizan who will be the first of our residents graduating with RDMS certification!

We had a lovely chance to reconnect with some of our Yale EM alumni during our 2nd Caribbean Island Point-of-care Ultrasound Course in Puerto Rico. With fantastic food, weather and fun, it’s always great to have a Yale contingent at our courses. Plus, it’s a fantastic way to keep up your skills! Save the dates for our upcoming courses:

The New England Point-of-Care Ultrasound Course in Newport, RI – September 12th (Thurs) and 13th (Fri) 2013

The Caribbean Island Point-of-Care Ultrasound Course in Puerto Rico – March 12th – 14th, 2014.

And lastly, some congratulations!

Meghan Kelly Herbst (Yale EUS fellow 2010-2011) on the arrival of her first baby boy in May

Hector Rivera (Yale EM graduate 2011) on becoming the Ultrasound Director at Upper Chesapeake (Univ. of Maryland affiliate)

Kristin Carmody (Yale EUS fellow 2007-2008) on her success as the Boston Medical Center’s Ultrasound Director and the BMC team’s retention of the Sonogames Championship title for the second year in a row, her upcoming move to NYU Bellevue, and her role as the 2013-2014 SAEM Academy of Emergency Ultrasound Chair

Please visit our website at www.yale-eus.com frequently for updates, like us on facebook, and keep in touch with us at yale.eus@gmail.com.
Section by Section— Critical Care

Since the last newsletter there have been many new and exciting developments in EM critical care. First, we are excited to welcome all of our new interns to Yale. Also, we want to extend our thanks, gratitude, and best wishes to the departing class of 2013 who will indeed be missed.

In the academic realm, we look forward to another year of the EM critical care "Area of Concentration" for interested residents, and we are working with faculty in the Education Section to coordinate external speakers for DEM conferences on critical care topics. In research we have several student or resident projects in the areas of ischemic stroke, subarachnoid hemorrhage, sepsis, and induced hypothermia in cardiac arrest. Yale has become a spoke site for the Neurological Emergencies Treatment Trials Network (NETT) and is attempting to initiate trials in ischemic stroke patients and traumatic cerebral hemorrhage patients.

Yale also just became a participating site in the "International Hypothermia Registry" for patients suffering cardiac arrests in the setting of accidental hypothermia. We are also applying to be a site for the NINDS/NIH funded Stroke Clinical Trials Network. Faculty in the Yale DEM are also participating, or aspiring to participate in clinical research utilizing the American Heart Associations "Get with the Guidelines" (GWTG) data from the GWTG-stroke and GWTG-resuscitation/cardiac arrest databases.

In the clinical realm there are numerous updates for our institution and for protocols—including our new critical care clinical arena with 4 resuscitation rooms for medical or trauma patients. In stroke, YNHH recently received a GWTG-stroke Gold award. Thank you all on the nursing, tech, and physician side for identifying and intervening in these patients as quickly as possible.

There are multiple acute stroke trials occurring at this time (ie: GAMES, ICTUS, DIAS-4, POINT). Please continue to call stroke alerts for all patients within an 8 hour window of last being normal to ensure rapid identification/screening by the stroke team-- but, educationally we want our residents to independently decide whether they would lyse a particular patient because you may be the responsible physician making this decision in your time after Yale.

For the management of cardiac arrest survivors the time window to initiate the arctic sun is now 60 minutes rather than 90 minutes as existing evidence suggests time to induction of hypothermia is critical. For sepsis, we currently have a project evaluating the utility of our "Sepsis Alert" process and encourage you to identify these patients as quickly as possible. In talking with national figures who have worked with CMS, time to antibiotics will likely become an outcome measure evaluating the quality of care for these patients, in addition to appropriate initiation of pressors, and cvo2 monitoring/lactate clearance. Please continue the good work that you’re all doing, and remember to do "time-outs" and chart/log all of your procedures.

Chas, Evie, John, and Ani
Summer means a new academic year, and for the Section of EMS, a new fellow. We warmly welcome Dr. Ian Medoro, who graduated from the emergency medicine residency program at UConn in June. Ian worked for a number of years as a firefighter/paramedic and a flight paramedic in the Albuquerque area before attending medical school at the University of New Mexico. Ian’s wife, a med school classmate, is a PGY-2 EM resident at UConn, having completed two years of the UConn surgery residency before coming to her senses. We proudly graduated Dr. Marc Passo, our eleventh EMS fellow, at the end of June. Marc and his family are moving to Colorado, where Marc will be working for a large multi-hospital group that provides EMS medical direction for much of the western suburbs of Denver. We wish Marc and his growing family the best of luck.

Dr. David Cone

Dr. Pooja Agrawal

The next year promises more exciting new changes in the division of global health. As we take on new faculty and say goodbye to others who have helped create and shape our division, we are excited to reassess the mission of our work and craft programs that will benefit residents and fellows alike.

We are thrilled to welcome Dr. Hani Mowafi as our new Division Head. Dr. Mowafi joins us from Boston Medical Center where he has most recently been studying trauma and accident prevention in Zambia. In addition to the hiring of Dr. Mowafi, the division will also be welcoming our new fellow, Dr. Christine Ngaruiya, who is coming to us from the University of North Carolina. She joins our current fellow, Dr. Brian Rice, giving us four core members in the division. Our new division members come with a breadth of experiences which will offer an expanded focus in Global Health and exciting opportunities for further and more diversified research.

We wish a fond farewell to three members of our Global Health team. Dr. Simon Kotlyar will be leaving Yale for Telluride Medical Center in Colorado. With Telluride sitting at an elevation of 9,000 feet, Dr. Kotlyar will refocus some of his work on High Altitude Medicine while also continuing to work internationally in the field. We also offer a hearty congratulations and best wishes to our departing graduated fellows, Dr. Sarah Battistitch and Dr. Silpa Gadiraju. Dr. Battistitch will be working clinically in Boston as she continues her international work. Dr. Gadiraju has accepted a position at Baylor College of Medicine to create a program in Global Health in the Section of Emergency Medicine there.

As for ongoing projects for the upcoming year, Dr. Gadiraju will be at the Centers for Disease Control and Prevention in Atlanta finishing her thesis work.

Dr. Agrawal is finishing up her work with disease outbreak surveillance at mass gatherings and also setting up a new refugee health study.

Our residents continue to seek out and participate in a diverse set of projects, teaching, and clinical activities around the world. As the J&J site in Liberia is being wound down, we have rolled out a fantastic new clinical site in Cali, Colombia for those with Spanish fluency. Other J&J sites remain open for EM resident rotations and new ones are being assessed for potential placements. All of these projects, and the new programs that Dr. Mowafi will bring to Yale this fall, are open to residents. I encourage you all to approach us to learn more about how to get involved with our work.

Pooja Agrawal, MD, MPH

Dr. Vaca is well known to the residents of Yale’s Emergency Department as an amazing teacher and clinician. Now the rest of the country knows as well. Dr. Vaca was awarded the ACEP Teacher of the Year for his commitment to mentoring and teaching.

Dr. Pooja Agrawal

In between dealing with hospital mergers and her role at the Yale School of Medicine Dr. D’Onofrio is also an avid researcher. Internationally known with her work in addiction and Women and Heart disease, Dr. D’Onofrio was awarded the prestigious SAEM “Excellence in Research Award.” Continuing to be a pioneer, she is the first women to receive this award.

Society of Academic Emergency Medicine

Excellence in Research Award

American College of Emergency Physicians

Teacher of the Year
Interview with Mr. Mark Sevilla, Yale EM Nursing Director —by Kito Lord, M.D.

What’s new in nursing in the Yale emergency department?
The most recent major change is the manner in which nurses are assigned in the department. A team of staff nurses reviewed the current practices and developed a new approach that places more direct care hours back at the bedside. This was done by not only eliminating the team leader role as well as creating the role of Expeditor. The goal of this effort was to provide more nursing staff at the bedside as well as promote ownership, accountability, and teamwork within the nursing staff.

Who comprises the nursing leadership and what are their roles?
With the acquisition of the Saint Raphael Campus, the leadership has undergone some changes to support the integration of the campuses. Currently the Yale-New Haven Emergency Department is comprised of the York St, Saint Raphael, and Shoreline Medical center sites with a combined annual volume of @ 170,000 visits (excluding York St. pediatric ED patients). The leadership structure is:

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<thead>
<tr>
<th>Name</th>
<th>Role</th>
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<tbody>
<tr>
<td>Mark Sevilla</td>
<td>Nursing Director with oversight for all three locations and Sponsor Hospital</td>
</tr>
<tr>
<td>Dave Hajdasz</td>
<td>Finance, Technology, and Data Manager for all three locations and Sponsor Hospital</td>
</tr>
<tr>
<td>Jeanie Haggan</td>
<td>Pt. Safety Nurse for all three locations</td>
</tr>
<tr>
<td>Robyn Hewitt, Chris Chmura,</td>
<td>Educator Team for all three sites</td>
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<tr>
<td>Martha Smith</td>
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<tr>
<td>Meghan Weaver</td>
<td>Executive Assistant</td>
</tr>
<tr>
<td>Theresa Cohen</td>
<td>Lead PA for York St. and SMC</td>
</tr>
<tr>
<td>Tom Balga</td>
<td>Lead PA for SRC</td>
</tr>
<tr>
<td>John Sward</td>
<td>Patient Services Manager for York St. and SMC</td>
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<tr>
<td>Sara Newman</td>
<td>– Patient Services Manager for SRC</td>
</tr>
<tr>
<td></td>
<td>There are also 5 Assistant Patient Service Managers (APSM’s) on York St, six at SRC and one at SMC</td>
</tr>
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</table>

How has nursing staff made the adjust to epic?
Generally the transition has gone well aside from initial issues with hardware and software glitches. We are currently beginning to optimize as the physicians have been doing.

Any new initiatives on the horizon for nursing?
We have a number of initiatives on several fronts that range from employee satisfaction to patient flow. We are engaging staff to be more active in unit governance as the hospital supports the concept of nursing shared governance. We are also encouraging and supporting more nurses and techs to pursue advanced education, and for nurses specifically, to engage in the Clinical Ladder program. This program is designed to promote engagement in the profession. We also have a number of activities designed to promote positive morale such as our “Pat on the Back” and themed potluck days that are coordinated by staff each month.

With respect to patient flow we have implemented the “pull-to-full” concept which has resulted in decreasing the waiting room LOS from 1 hour, 39 minutes to a running average of 22 minutes. This was assisted by the addition of an additional Attending at 10AM and the expansion of C-Section hours to 2AM.

Ultrasound Tips & Tricks—Continued

Pro’s: Not a central line (less infection risk), rapid (range 2.5-7 min), familiar (same US technique as placing CVC), less supplies, safer for you (using retractable safety needle) and the patient (no dysrhythmias from guidewire placement), and no serious complications noted during placement or follow-up.

Con’s: Not a central line (no pressors), still carries risk of arterial puncture and pneumothorax, not meant to be permanent line (like an I-O), takes up a CVC site and small sample size.

Bottom line: Consider this line in a crashing patient when you can’t get any other access, make it as sterile as the situation allows and remove it as soon as other access is obtained.

By Brock Daniels MD, MPH

Reference:
Section by Section— The Resident’s Lounge

From the New Chiefs:

What an awesome 3 years it has been thus far! Our residency has seen so many amazing changes over the past year. During this time, we have all come to know and love our new program director, Dr. David Della-Guistina. We are even happy that even with his military background, push-ups and jogging have not become commonplace in the ED. Instead, he has brought a new focus surrounding education, resident wellness and new fresh ideas. He along with assistant program director, Dr. Katja Goldflam have shown a commitment and dedication to residency education and wellness, which serves as a model to others.

During this time, we have also adjusted to our new home at the Yale ED. Gone are the days of intubating in what seemed like medium sized closets. The new emergency department is state of the art and we have quickly adjusted to the new floor structure. We have moved from Spectralink phones to Iphone 5s, allowing us to now check labs, communicate with nurses and even receive calls at the touch of a button. At the same time as this move, we also transitioned into electronic charting through EPIC. With a few bumps and bruises along the way, we have developed familiarity where we are even faster and more accurate with our documentation than ever before.

Together, we have seen how well we deal with change and how much stronger it has made us as residents and a residency. As the new Chief Residents, we realize the residency is and will only be as strong as its residents. Understanding this key point, the residency has now developed new channels of communication and teaching.

In addition to our lectures from leaders in emergency medicine and state-of-the-art ultrasound teaching, we will now look to improve bedside teaching. We have reconstructed morning report, created a resident run academic committee and are developing a brand new lecture series focused on bread and butter emergency medicine topics. Bedside teaching will be improved with the implementation of “Golden Nuggets”, clinical pearls that will be passed on by senior residents and attendings to junior residents for each shift. We have also created “Power Hour” provides a focused period of education that is specifically tailored to a resident’s PGY level across juniors and seniors and will have distinct sessions in small groups covering EKG’s, physical exam skills and core evidence review. We would be remiss if we didn’t mention a beloved friend and new Director of Scheduling, Virginia Burke class of 2014. Virginia has plugged into the scheduling “matrix” and created a new template for scheduled shifts that has allowed more independence from off-service rotators and more weekends.

Her cunning shift innovations have now allowed us to send out shift schedules months in advance. Overall, the year looks exciting and ever so promising. The enthusiasm in the residency for the upcoming year is palpable (at least 3+).

As your Chiefs, your friends and colleagues, we are looking forward to making this an amazing year. We are honored and humbled to serve as your residency leaders.

Thank you!

Kate, Harman and Kito
Congratulations Class of 2012

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<thead>
<tr>
<th>Name</th>
<th>Destination</th>
<th>Type</th>
</tr>
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<tbody>
<tr>
<td>Faizan Arshad, MD</td>
<td>EMS Fellowship, Fire Department New York City, New York, NY</td>
<td>Fellowship</td>
</tr>
<tr>
<td>Douglas Bernstein, MD</td>
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</tr>
<tr>
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<td>University of Tennessee Memphis Health Science Center, Memphis, TN</td>
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</tr>
<tr>
<td>Rebecca Brucoleri, MD</td>
<td>Toxicology Fellowship, Boston Children's Hospital/Beth Israel Deaconess Medical Center, Boston, MA</td>
<td>Fellowship</td>
</tr>
<tr>
<td>Ashley Crimmins, MD</td>
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<td>Fellowship</td>
</tr>
<tr>
<td>Jennifer Davis, MD</td>
<td>Lynchburg General Hospital, Lynchburg, VA</td>
<td>Clinical</td>
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<tr>
<td>Anne Merritt, MD</td>
<td>Yale University School of Medicine, Department of Emergency Medicine, HSR campus, New Haven, CT</td>
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</tr>
<tr>
<td>Mary O, MD</td>
<td>Robert Wood Johnson Emergency Department, New Brunswick, NJ</td>
<td>Clinical</td>
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<tr>
<td>Tomasz Obrzut, MD</td>
<td>Prince George's Hospital Center, Cheverly, MD</td>
<td>Clinical</td>
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<tr>
<td>Mitesh Rao, MD</td>
<td>Director, Section of Health Services Evaluation &amp; Policy Research, Northwestern University, Chicago, IL</td>
<td>Academic</td>
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<td>Thomas Robey, MD</td>
<td>Waterbury Hospital/EmCare, Waterbury, CT</td>
<td>Clinical</td>
</tr>
<tr>
<td>Christopher Szlezak, MD</td>
<td>Washington Adventist Hospital/Emergency Medicine Associates, Takoma Park, MD</td>
<td>Clinical</td>
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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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A special thank you to Linda Shields for all her help in making this publication.

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Josh and Kate Hawk welcomed Rowan Augustus Hawk at 7:01 pm on New Years Eve 2012.