



ED Update

Wright State Emergency Medicine Residency
Department of Emergency Medicine

Volume 32, Issue 1 January 2010

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Editor:
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Co-editor & Design:
Cassie Browning

BEHOLD 2010

I join many members of the department and the university in welcoming the new year. We look forward to much that will come into our world and the universe of our friends and relations. At the same time the past few months have been a period of reflection. This issue of our quarterly publication explores the transition from fall to winter.

H1N1 HIT DAYTON

In early September our emergency department staff identified the earliest envoys of influenza. In adjacent communities about the state the tragic deaths of a few made news and anxiety levels increased. When Dayton school contacts lead to adversity in the non pregnant, immunologically intact, no underlying diseased population, even the most stoic became concerned. Volumes at CMC doubled and the “lets screen for influenza” mode became useless. If you hadn’t fractured or lacerated some body part this autumn you had H1N1 that brought you to the ED. Because of the prolongation of the wait to be seen time, those who presented for injury incubated within a mist of lobby laden burden of sickness and ultimately developed flu as a result of the ED visit. Most affected folks had mild to moderate illness. Admissions were rare. The few very sick went to the ICU. We lost a little one unexpectedly and tragically in what appeared to be a state of recovery. Flu declined around the community to greet the new year and we await the seasonal brand which will arrive shortly.

OTHER VISITORS TO OUR AREA

Wright State students interested in emergency medicine were our inaugural body in early November. Several dozen followed before the holiday break. By the end in mid January we will have seen close to ninety individuals. As in years past, the number of folks who applied has remained high. The “quality” as measured by objective measures has also remained high.

We’ve maintained the same framework over the decades. We’ve opened our door with an explanation of our unique residency and we’ve had up to 5 candidates maximally per session sequentially meet faculty member and residents. In the formal inoffice exchanges and the informal luncheon tour we’ve been able to judge “fit.” They have likewise analyzed us. We’ll look forward shortly to finding out our new civilian additions to the residency.

FAMILY ADDITIONS

The Singers were fortunate to have the fifth grandchild join our ranks. Keegan Matthew Walton entered the world of Hoosierdom in the wee hours of a late September day. Michael was in a more secure role as “about to be new father” and Liz timed the event so that Ruth and I could make it up the road after a work day was completed to hear the little guys first breath.

*Reminder: You can view the color version of our ED Updates on our website at:
<http://www.med.wright.edu/em/res/multimedia.html>*

And now a word from the rest of the gang...

Cassie's Bulletin

- Cassie Browning



CONGRATULATIONS

We are pleased to announce that Dr. **Gus Garmel**, a 1991 graduate, was awarded the 2010 AAEM's Peter Rosen Award. The award recognizes members with 10 or more years experience in an Emergency Medicine academic leadership position who have made outstanding contributions to AAEM in the area of academic leadership.

Courtney and Leo Florenzano welcomed Tommaso Gabriele Florenzano on October 19, 2009. He weighed in at 7 lbs. and 12oz. and was 19 3/4 inches long.



PHOTOS FROM ACEP



PHOTOS FROM ALUMNI



WEB STATISTICS

Emergency Medicine:



Most Popular Pages:

Webpage
▼ 44 Curriculum for the Emergency Medicine Residency Program
▼ 44 Department of Emergency Medicine at Boonshoft School of Medicine
▼ 41 Division of Tactical Emergency Medicine, Boonshoft School of Medicine, Wright State University, Dayton, Ohio
▼ 31 Emergency Medicine Residency Program
▼ 27 Information for Residents in the Emergency Medicine Residency Program
▼ 21 Salary and Benefits - Emergency Medicine Residency Program
▼ 20 Current Residents in the Emergency Medicine Residency Program
▼ 19 How to Apply -- Emergency Medicine Residency Program
▼ 16 Tactical Resident Interest Group, Emergency Medicine Residency Program, Boonshoft School of Medicine, Wright State
▼ 16 Alumni by State of Residence - Emergency Medicine Residency Program

Mid-January 2010 Stats:

	Page Loads	Unique Visitors	First Time Visitors	Returning Visitors
Total	1,444	698	621	77
Average	1,444	698	621	77
Month	Page Loads	Unique Visitors	First Time Visitors	Returning Visitors
Jan 2010	1,444	698	621	77

Countries with the most visitors:

Num	Perc.	Country Name
▼ 348	91.34%	United States
▼ 11	2.89%	Unknown
▼ 2	0.52%	Turkey
▼ 2	0.52%	Germany
▼ 2	0.52%	Canada
▼ 2	0.52%	Malaysia
▼ 2	0.52%	Saudi Arabia
▼ 1	0.26%	Spain
▼ 1	0.26%	France
▼ 1	0.26%	Philippines
▼ 1	0.26%	Tajikistan
▼ 1	0.26%	Netherlands Antilles
▼ 1	0.26%	Czech Republic
▼ 1	0.26%	Jordan
▼ 1	0.26%	Korea, Republic Of
▼ 1	0.26%	United Arab Emirates
▼ 1	0.26%	Finland
▼ 1	0.26%	India
▼ 1	0.26%	Japan

NCMR:



Mid-January 2010 Stats:

	Page Loads	Unique Visitors	First Time Visitors	Returning Visitors
Total	851	413	374	39
Average	851	413	374	39
Month	Page Loads	Unique Visitors	First Time Visitors	Returning Visitors
Jan 2010	851	413	374	39

Countries with the most visitors:

Num	Perc.	Country Name
▼ 391	87.87%	United States
▼ 34	7.64%	Unknown
▼ 6	1.35%	Canada
▼ 3	0.67%	Marshall Islands
▼ 2	0.45%	Qatar
▼ 2	0.45%	India
▼ 2	0.45%	United Kingdom
▼ 1	0.22%	Italy
▼ 1	0.22%	Guam
▼ 1	0.22%	Thailand
▼ 1	0.22%	Ethiopia
▼ 1	0.22%	Malaysia

Most Popular Pages:

Webpage
▼ 152 www.medicalreadiness.org/calamityville/
▼ 54 www.medicalreadiness.org/
▼ 50 www.medicalreadiness.org/ems/
▼ 39 www.medicalreadiness.org/courses.html
▼ 38 www.medicalreadiness.org/aha/
▼ 34 www.medicalreadiness.org/adls/adls_information.html
▼ 22 www.medicalreadiness.org/bdls_information.html
▼ 21 www.medicalreadiness.org/staff.html
▼ 17 www.medicalreadiness.org/index.html
▼ 16 www.medicalreadiness.org/mems/

2009 Year End Statistics

Emergency Medicine:

- ◆ 37,654 page loads
- ◆ 16,654 unique visitors
- ◆ 14,674 first time visitors

NCMR:

- ◆ 28,230 page loads
- ◆ 11,660 unique visitors
- ◆ 10,276 first time visitors

New Heitz

- Corey Heitz, M.D.



THE CLERKSHIP GOES ON...

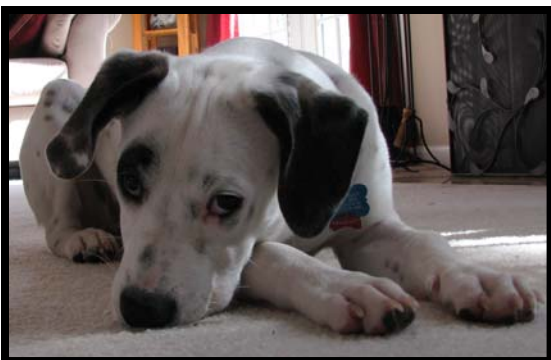
Four months have come and gone, and the fourth year ED clerkship continues! Major changes this year seem to have been for the better, with simulation taking a larger role given the updated CIMER facilities. Student responses have been generally positive, and some are even asking for more! Most of the EM-bound students have taken it for the year, but that doesn't mean that our role in educating the students changes! In fact, having a group of students that aren't going into EM allows us to take the focus off of "how to perform like and ER doc" and work on teaching the general physician and specialist how to evaluate the undifferentiated patient when on call, or in their office. In addition, we are able to help the students learn how to initiate a resuscitation while awaiting the calvary.

The teaching faculty I'm sure are thanking Ray for helping them have less time commitment during the month (or at least they should be!) I have to give a hand to the teaching residents, however, who have been excellent in giving feedback and evaluating the students honestly and appropriately.

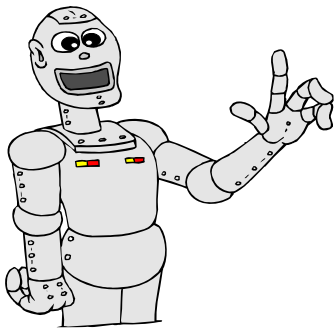
Other changes in the clerkship include the formal addition of a procedure day for the students...one of their sim days involves rotating stations of chest tube placement, lumbar puncture, and central venous access. Feedback has been excellent from the students.

IN PERSONAL NEWS...

The most recent addition to our family continues to grow. He went from 13 pounds when we got him to about 38 pounds as of this week. The week marked another milestone for little Charlie Brown...as of Dec. 3rd, there will be no Charlie Jr's running around any time in the future! Poor guy...not only does he live with boring people, indoors (no other dogs or leaves and sticks to chew on), but now he's emasculated as well!



I'll be MIA from the office, and the country, from January 15-31 while my wife and I take a much-delayed honeymoon trip to South America. We fly from Miami to Buenos Aires, then visit the Iguazu Falls, proceeding from there to Santiago, Chile. In Chile, we will spend two days at a beautiful village called Villarica on a secluded lake, and then head to Peru to check out Macchu Picchu! Pictures will be posted upon our return...



Update from the Center for Immersive Medical Education and Research (CIMER)

- Ray Ten Eyck, M.D.

LOCAL ADDITION

Building on the foundation of the established curricula for our emergency medicine residents, the MS-4 EM clerkship, and the KMC internal medicine residents, we have continued to expand the simulation lab and our programs. The biggest addition over the last quarter was the mobile simulation facility which played a key role in supporting some of our other recent activities. Thanks to the efforts of Dave Cherolis and Jeff Adams, the mobile facility was created inside the National Center for Medical Readiness van and consists of two simulation treatment spaces with a central control room. The larger of the two rooms is a mock-up of an emergency department treatment space and the smaller area is designed to recreate the back of an ambulance. We have featured this facility in a number of simulation demonstrations for student and hospital groups. In addition, we employed it for both individual and simultaneous dual simulation sessions in support of special programs including introductory labs for the Boonshoft SOM Student National Medical Association and the Emergency Medicine Interest Group. Both programs were a great success thanks to the support the simulation faculty and staff received from Dr. Heitz, and a number of residents including Dr. Morgan, Dr. Hamilton, Dr. Barnes, Dr. Dorsch, Dr. Fontenette, Dr. Kohls, Dr. Darnsteadt, Dr. Rubin, and Dr. Mack. Our initial off-site deployment of the mobile simulation facility occurred in October as a platform for the simulation portion of the Advanced Disaster Life Support (ADLS) course at MACIE.

ROADSHOW

We also completed our first long distance road show in support of a NCMR ADLS course in Meeker, Colorado. We decided against a 1400 mile trip through the Rockies in November with the mobile facility. Consequently, Jeff and Dave went to work to produce two portable simulation operation centers for the course. The center worked well, but I am concerned that this set-up will prove to be the first step in the creation of the terminator SKYNET system.

KMC NURSING & CAP LAB

December was marked by two key events in the development of simulation-based training in our department. The month started with 3 days of multidisciplinary labs during which we had an opportunity to work with the members of our R-3 class who partnered with the senior class from the Kettering College of Medical Arts School of Nursing. On December 9 & 10 we put the mobile simulation center through its paces by conducting 20 dual simulation sessions over two days of cold and wind in support of this year's CAP lab.

PUBLICATIONS

On the simulation research front, the first of two articles from our medical student research was published in the *Annals of Emergency Medicine* in November and the second article was accepted by *Simulation in Healthcare*. In addition, the abstract from our work with the second-year medical students was published in *Simulation in Healthcare* in November.

DAGMEC

The implementation of simulation throughout DAGMEC has continued to move forward. We have worked closely with the Dayton VA Medical Center to create a series of simulation cases for a program aimed at training and sustaining emergency airway control skills in settings outside the operating room. In addition, we have hosted and presented to groups from the national VA office in support of selecting the Dayton VAMC as the site for a national simulation training center.

Know-Nothing

John Wightman, Education Director

EXPLANATION (ALMOST)

Education and learning go hand in hand. *Xué* means to learn.

学

According to Wikipedia: “education in its broadest sense is any act or experience that has a formative effect on the mind, character, or physical ability of an individual;” and “learning is the process of acquiring new knowledge, behaviors, skills, values, preferences, or understanding.”

Learning often involves synthesizing different types of information from diverse sources. The academic and clinical faculty seek to facilitate learning through education, which is the process by which they “deliberately transmit [their] accumulated knowledge, skills, and values from one generation to another.”

When I was recently asked by one of the residents why this column is called “Know-Nothing,” I realized that none of the current group was in the program in 2006 when I was hired as the Education Director. I don’t want to reiterate everything I wrote in that first column, but a recent lecture by **Jim Brown** made me think about linking the two.

From www.learner.org, “metacognition is the awareness individuals have of their own mental processes and the subsequent ability to monitor, regulate, and direct themselves to a desired end.” JB presented an excellent overview of how we make critical decisions in a chaotic environment. After reviewing the pros & cons of several approaches [*e.g.*, worst-case rule-outs, shotgunning, script running, problem framing, *etc.*], he led a discussion on error types and their prevention/mitigation.

I couldn’t find the Chinese character(s) for “metacognition,” but I did remember the following *Dé Dào Jīng* passage that relates to the emergency physician (EP):

To know you don’t know is best.
Not to know you don’t know is a flaw.
Therefore, the [EP’s] not being flawed
Stems from recognizing a flaw as a flaw.
Therefore, the [EP] is flawless.

Lao-tzu

Another definition of metacognition is “knowing about knowing.”

无
知

The term *wúzhī* or “know-nothing” comes from *wúzhī*, which means the absence of a specific knowledge that assumes an unchanging reality. Every “thing” that is perceived with the senses is just a snapshot of an ongoing process. There is no such thing as a “fact,” because everything changes all the time. This is why life-long learning is so important.

VISITING PROFESSORS

Other curriculum news includes our list of recent visiting professors. As part of our series on geriatric emergency medicine, Dave Manthey from Wake Forest University discussed “Dangerous Medication Interactions in the Elderly” in September. Linda Lawrence, a past President of ACEP, presented “The State of Emergency Medicine” in mid-October. **Gregg Pane**, WSU Class of 1984, rounded out this quarter by providing an overview of programs he administers as the Director of National Health Care Preparedness Programs for the US Department of Health and Human Services.

LOOKING BACK

One last curriculum note. When I was in high school, my friends and I used to try to choose the worst day of the year to go play football. We called it the Adverse Condition Bowl. December marked the addition of the Adverse Condition Journal Club to the curriculum. It was held on a covered party deck at City Barbeque. Four tiny space heaters suspended from the roof attempted to overcome the temperature of 35 °F. Rain was bashing against the aluminum and plastic-window walls at 18 mph with gusts exceeding 25 mph. Some people sitting along the periphery got splashed when the tarpaulin roof would flap and dump huge amounts of water on the ground. Nonetheless, the topic on dermoclisis with or without hyaluronidase presented by **Scott Koncal** and **Tim Janz** was a good one.

LOOKING FORWARD

On a personal note, I have returned to active duty after the Air Force “abolished” my civilian position in the ED. Col Lawrence, Col Swalinski, and a host of others advocated all the way up to the Surgeon General to get me back, and place me in a Master Clinician billet, so I can continue contributing to the residency program as I have been. It’s supposed to be a four-year tour.

CHIEF'S CORNER



PROCEDURE LAB

The 2009 CAP (Cadaver, Anatomy, Procedure) Lab was a huge success. The Department of Emergency Medicine has offered this extraordinary opportunity to EMS responders since 2006. This year, the lab drew participants from as far away as Connecticut, California and Canada. Participants included EMTs, paramedics, physicians, nurses, respiratory therapists and students in health care fields.

The all-day seminars held December 9 and 10 utilized cadavers, prosections and simulators. Residents, **Laura Nolting, MD** and **Stephanie Carrion, MD** coordinated the event; with the assistance of **Joseph Mauro, MD** and **Tony Kim, MD**. **Jason R. Pickett, MD, EMP-P/T**, oversaw the entire program. We had over 50 emergency medicine faculty, attendings and residents, as well as WSU medical students who volunteered as instructors. Additionally, we wouldn't have been able to function without the assistance of Cassie, Bethany, Natalie, and the NCMR and CIMER staffs.



Research Results

- Jim Olson, Ph.D.



FALL'S GRANTS

Dr. Olson received word of continued funding for our studies to develop nanoparticles for brain imaging. This project is performed in cooperation with WKNI (Wallace Kettering Neuroscience Institute) and UDRI (University of Dayton Research Institute) and is funded by the U.S. Air Force. Drs. Robert Spokane (UDRI) and Michael Kent (Department of Biochemistry and Molecular Biology) are co-investigators. In the previous year of funding, the pharmacokinetics of nanoparticles in the blood stream was evaluated. During the second year of funding, nanoparticles will be decorated with antibodies for targeting specific structures or cells in the brain. Dr. Olson submitted a revision of a five-year NIH grant in November. This proposal seeks funding to study mechanisms that contribute to secondary brain cell damage following traumatic brain injury. The proposal will be evaluated by NIH study sections in early February and the likelihood of funding should be available soon after. Uohna Foster, a BMS Ph.D. student working in the laboratory, submitted a proposal for a pre-doctoral fellowship funding to the Merck/United Negro College Fund. Final word on this proposal will not be heard until late spring. Dr. Olson submitted a letter of intent to the McKnight Foundation to extend the nanoparticle studies mentioned above for specific imaging of early stage plaques in multiple sclerosis. This project is similar to the NIH Research Challenge fund submitted early this year which received a top 3% score but was not funded. Based on this letter of intent, invitations for a full proposal will be distributed in early 2010.

...AND MORE TO COME

At least three grant proposals are in the works for 2010. In addition, to the full application that may be requested from the McKnight Foundation, Dr. Olson and his colleagues at WKNI and UDRI will submit an NIH R21 application to further develop the nanoparticle technology for diagnostic brain imaging and therapeutics. This application is due in mid February. Dr. Olson also will submit an application to NIH to fund his research evaluating signaling mechanisms of cell volume control of neurons in the intact brain. This application will be based on preliminary data obtained in recent years with funding from the American Heart Association. Finally, Dr. Olson and Amanda Freeman (WSU BMS M.D./Ph.D. student) will submit an application to the National Institutes of Health for a pre-doctoral fellowship to support Amanda's research in our laboratory.

RESEARCH PRESENTATIONS



In late September, **Jill Aston, M.D. (PGY-II)** presented her research at the Midwest Regional SAEM meeting held in Ann Arbor, Michigan. Dr. Aston's oral presentation described her research on the association between brain edema at initial presentation and clinical outcome in traumatic brain injury.

At the same meeting, Amanda Freeman (M.D./Ph.D. student) presented her results from research performed with a grant from the Emergency Medicine Foundation. These results document the regulation of the neuronal taurine transporter, an important protein involved in regulation of neuronal volume. Amanda also presented her poster at the ACEP Scientific Research Forum held in Boston in October.

NEW STUDENTS IN THE LAB

Sergei Robinson, an Anatomy Masters student in the department of Neuroscience and Cell Biology and Physiology, has indicated his interest in working in our lab for his Master's thesis research. Plans are for Sergei to evaluate changes in the distribution of the water channel aquaporin the end feet of astroglial cells during brain edema. These data will be correlated with functional measurements of water permeability and the effects of adrenergic stimulants on this physiological and histological response.

Ahmed Obeidat, a BMS Ph.D. student, will do a rotation in our laboratory during the winter quarter. Ahmed has a Medical Degree and was a practicing physician in Irbid, Jordan before joining the BMS program in the fall of 2009. Since he has a particular interest in multiple sclerosis, Ahmed will contribute to the nanoparticle project by performing some of the histological analyses and the evaluation of particle distribution in various tissues.

With the current activity in the laboratory and plans for the future we look forward to a busy and fruitful 2010.

DAGROSA'S SHADOWS

- Rick Dagrosa, M.D.

SIGN OF RELIEF

The long exhalation you heard was from me following the annual military resident selection board. After months of interviewing candidates and filling out paperwork, I attended the annual boards in Washington D.C. during the first week of December. We came away with an outstanding class. Our incoming military resident class are (in alphabetical order):

Deann Allbee from New York University, **Paul Butts** from Henry Ford Hospital in Detroit, **Meaghan Keville** from USUHS, **Michael Mack** from Special Operations Flight Medicine in New Mexico, **Brian Pennington** from Wright State University and **Katherine Racicot** from USUHS. We expect great things from our newest residents. It would not have been possible to select these residents without the strong work of the current residents. In particular, **Derrick Darnsteadt**, **Chris Calvert** and **Stephanie Carrion** went above and beyond in terms of recruiting, interviewing and answering questions. Most of our incoming class did not know much about our residency before visiting. All of our residents did an outstanding job of introducing them to the residency and Dayton as well. It could not have worked out better.

SHADOW BOX GROWTH

The ultrasound selective seems to be improving with each group of residents to go through it. The images that are being acquired and the image interpretations are highly accurate. Furthermore, *The Shadow Box* outside of the simulation center is often discussed during civilian interviews. **Laura Nolting** was recently accepted to an ultrasound fellowship in South Carolina. She is the first known WSU residency graduate to be accepted to such a fellowship. They couldn't have made a better selection.



TO INFINITY, AND BEYOND!

On a final note, this will likely be my last *Dagrosa's Shadows* input as I am deploying to Afghanistan in February. When I return, I will be preparing for life outside the military as full-time faculty with the Kettering group. Prior to my deployment, I will be meeting with the residents who will be going through the ultrasound selective while I am gone. **Dr. Wightman** will provide staff oversight for any issues that may come up and Dr. Nolting will lend a hand with any extra ultrasound training needs while I am gone. It has been an honor to serve the residency as the Associate Program Director and the Ultrasound Director. All of the residents and staff have made my job easy. Please contact me if I can be of assistance in any way. Thank you for your support.



Springer's Stuff

- Brian Springer, M.D.

FIRST STEPS

I hope this edition of The Update finds you all well. As you know, the Division of Tactical Emergency Medicine has been operational for the last 6 months. It has been a great challenge, but progress has been made, albeit at a slower pace than I anticipated. To borrow an analogy from Neil Armstrong; while the Division takes its first baby-steps, they are a tremendous leap forward for the Department of Emergency Medicine and for care of Law Enforcement.

SPORT MED

On the sports medicine side, my first season as team physician with Tecumseh High School provided a trip to the playoffs. Sinclair Community College Men's and Women's Basketball teams have dominated early in the season. Sports medicine fellows Debra Edwards and Ava Hudson continue to do great work on both the sidelines and in clinic as they wind into the second half of their training.

RESIDENT INTERESTS

Our residents working with SWAT continue to provide front-line, cutting-edge medical care. As we are now able to track resident participation in training and missions. I can tell you (without jeopardizing operational security) that they have provided support during training exercises, SWAT candidate selections, barricaded subject incidents, and high-risk warrant service. We are now able to ensure our resident Tactical Medical Providers (TMPs) are carrying the finest gear and are donning top-tier protective equipment.

Our recent meeting of the TEMS Resident Interest Group (TRIG) was also a success. Along with a turn-out of all our resident TMPs, we had interest by several of our R1s, 2s, and 3s. Woody Goffinnet spoke about the programs available to SWAT operators through the Athletic Workshop-Tactical Medicine Division, and Leslie Mangas spoke about the role of NCMR and Calamityville in both casualty care and law enforcement training.

FAMILY

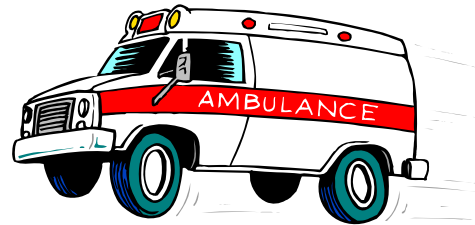
A quick note: Kim and I have once again expanded our family; we recently welcomed our Bouvier Des Flandres puppy Ripley home. For those of you who remember my previous Bouvier, the late, great Boris, Ripley is a distant cousin. And she is a terror! But we still love her and look forward to watching her grow into a large, hairy beast.

Until the next time, the best to you and yours!
Brian Springer



Gebhart's Runs

- Mark Gebhart, M.D.



CALAMITY TACTICAL

The Calamityville team continues to be actively engaged in the master planning process for the tactical laboratory. Each week, a group of professionals meets at WSU to look at the overall facility design and to incorporate elements of planned in future curriculum in to the overall facilities concept. Keeping in mind our medical readiness mission, we have focused clearly around several initial curriculum developments. These 6 areas include confined space medicine, expeditionary like medical operations, medical logistics sciences, surge capacity and capability sciences, emergency medical technician rescue, and healthcare emergency management. The initial build out of the Calamityville site will incorporate the appropriate props necessary to deliver these courses for a local, state, and national audience. Our coherent strategy for 2010 will showcase these courses as we worked with Federal agencies including the Department of Homeland Security, the Department of Health and Human Services, the Department of Defense, and the Department of Veterans Affairs. Specific additional groups include work with the Federal emergency management agency and our Ohio state emergency management agency.



CALAMITY VIRTUAL

The Calamityville virtual laboratory also continues to advance. A great deal of work has been put into this project by Rick Williams, virtual laboratory program manager as well as others within the University and external to the University. The virtual laboratory is close to its external launch date. The virtual laboratory will host a number of platforms for current and planned educational and training offerings. The site will also host password protected areas for resident physician education and Center communications. When the site does go live participants will be able to take a newly developed online surge capacity management training program.



SURGE

The dynamic medical systems division has completed its first round of cache rehabilitation for the states surge capacity program. During the past few months, trailers were moved from homeland security regions to our central cache rehabilitation and management site. The contents of each trailer is carefully removed and reviewed for expiration date. The cache has been restocked and is prepared for deployment across the state of Ohio. This significant surge effort provides the citizen of Ohio with 4750 patient visits to be used in time of need in any of Ohio's eight homeland security regions. In addition to state use, these assets could be deployed nationally through the state to state agreements or through the Federal emergency management agency. Current efforts are also focusing upon developing unenhanced capability to deliver supplemental oxygen to oxygen dependent patients. Modular oxygen delivery assets that would take of the advantage of current technology to concentrate oxygen on the scene are now being reviewed and will be implemented in the near future. The dynamic medical systems team has been looking closely at special-needs populations and has been reviewing a detailed special-needs report created for the state of Ohio in 2008. A dynamic medical systems division completed a 300+ page document commissioned by the state Department of Health which serves as the "white paper" for the Ohio's efforts in dealing with special needs populations in disasters and surge capacity situations. The team will preparing for several day long workshops where officials from the state of Ohio will work with in NCMR team members to prepare for future surgical opacity efforts in the state of Ohio.

EXXON COURSES

A number of individuals from the Center recently traveled to Colorado to deliver basic and advanced disaster life-support sponsored by Exxon Mobil Corporation. The 3 day course was delivered in Meeker, Colorado. Despite adverse weather which included snow and low temperatures the team successfully delivered the first true distance based program at the national Center. After reviewing a number of course critiques and he after action report, it is clear that the efforts led by Dan Kirkpatrick were very successful and that the Corporation, the community, and those who attended the course were indeed impressed at the level of experience and expertise the Center was capable of bringing. The Center is especially grateful to the members of the department of emergency medicine who complemented the educational cadre during this exciting distance based educational opportunity. The Center hopes to continue the delivery of distance based courses across the United States and internationally in 2010.

EMS ACADEMY

Under the leadership of Leslie Mangas, EMT-P, the newly formed Grand Lake EMS Academy is taking shape. This EMS Academy is being design to deliver both basic and advanced initial education for emergency medical technicians as well his first responders and will be home-based at Wright State Universities Lake campus in Celina, Ohio. Currently, planning is focused upon delivery of the first paramedic education program beginning in September 2010. An extensive amount of work has been done in the region and has included input from area hospitals, fire departments, emergency managers, public health and other key local stake holders. This program will allow residents of West central Ohio and East Central Indiana the opportunity to take advanced level emergency medical services training much closer to home. This will allow many of the area departments to maintain equipment and personnel in-service thus supporting the demand for emergency services in this geographic area of Ohio. The program will undergo accreditation by the state of Ohio and the program also looks forward to becoming accredited during our states process to externally a credit EMS education programs.

SECOND Life

- Glenn Hamilton, M.D.



NEW BI-LINE

This bi-line is so named to aptly reflect some of my new activities, and to observe the skill sets that make emergency physicians successful in the clinical setting apply effectively outside of that venue. Effective leadership and/or management require rapid assimilation of data, flexibility, comfort with uncertainty, a 'goal before ego' attitude, and an emphasis on timely accomplishment. All of these are necessary in emergency medicine, and in my 'second life' as an academic/economic developer, it is surprising how many of these traits favorably translate. Emergency Medicine continues to be a specialty that opens more doors for opportunity and purposeful activity than any other.

NATIONAL CENTER FOR MEDICAL READINESS (NCMR)

The main thrust of the last several months has been designing and beginning to implement a cohesive political strategy at the federal, state, regional/local levels and with the military. In the last few weeks most of these ideas have organized to the point that presentations have been made to senior leadership of the university, the Dayton Development Coalition, and a number of other interested parties in the region. The result is, for the first time, an accepted design for a well-organized infrastructure to begin to work with and move the 'levers of political influence' in our favor.

This has been a surprising amount of work, but at the same time, the level of support for activities at the National Center has never been higher. The goals of all this effort continue to be the same: recognition, expansion, construction, implementation of the business plan, and finding a means of sustaining the enterprise for the next several years. Much has been learned about the political process and personalities. If you have any interest in more details, drop by and I'd be delighted to share the experience.

SIMULATION

This may duplicate some of the information given by Drs. **Ten Eyck** and **Schloneger**, but it is important to emphasize the focus the faculty is directing toward appropriate integration of simulation into the undergraduate and graduate training programs. Once again, while determining how to use this new tool, we are looking for more ways to optimally support personnel and expand the functionality of our current site. Renewed funding from Kettering Health Network and the Greater Dayton Hospital Association are very high on our list of current pursuits. We are exploring with the development officers of the School of Medicine, additional ways of creating long-term support for this important unit.

One important direction being pursued is that of increasing mobility for access to training. The HOPE Van has been converted into an effective simulation environment and small changes are being applied to make it even better, for example: move the generator away from the van to decrease the smell of fumes inside. You may also have noticed the addition of a Ford 350 ambulance to the resources of the Department. Plans are underway for converting it to a mobile simulation unit for EMS and other training. This may be the first of 2-3 to receive this assignment.

To some degree, our simulation efforts are at cross-roads in terms of the future directions we take and it is an important time for input from all of you. Our emphasis is always undergraduate and graduate education, but at the same time we must look toward directions that help finance this important division of the Department.



COMMUNITY ACTIVITIES

My term as President of Montgomery County Medical Society expires in January. It has been a useful experience and hopefully some incremental gains have been made for medicine in our community. The primary theme of my efforts for the year related to increased visibility and connectiveness between the organization and the wide variety of other healthcare and community resources in our region. We have had good success in that regard, and the medical society has been invited to participate in a wider variety of healthcare and community development initiatives than ever before. We also continue to move forward in the 'empowering' initiative. You may recall its goal is to analyze the power-grid of the clinic-based healthcare system in Montgomery County and where possible to establish generator-ready capability before these clinical sites. This project developed as a result of the power loss associated with the windstorm in September 2008 which quickly demonstrated the healthcare system outside the hospitals would simply collapse with loss of the power-grid. With the considerable help of Pat Bernitt at GDAHA and the support of Woolpert, Inc., We've made good progress in obtaining funding for this project and running a pilot analysis at two sites in the community. With the monies available and goals understood, we'll be moving forward aggressively to accomplish this task over the next several weeks. Serial invitations have been made to the residents as far as participating in an interesting project and potential paper, but to date no one has stepped up. The offer is made once again.

INTERVIEWING

It has been refreshing to move from the singular introduction presentation role I served for the last number of years and return to the 20 minute interview section of resident candidates. Once again we've had nearly 500 applicants and wonderful range of talented individuals come through the program. Importantly we now compete against 154 training programs in Emergency Medicine. This number is staggering considering Wright State University's Program was one of the first ten or so established. The number of Emergency Medicine programs in the state has risen from 7 to 9. In this ever more competitive environment, we simply must maintain our innovative approach to education through our positive approach to the individual in the training program and a continued modicum of national presence through publishable papers, writings, talks, and leadership roles. Despite its attributes, Southern Ohio and the Dayton Region, as well as our multi-site environment remain substantial hinge points for those who decide to visit or not to visit us. We have all the pieces in place for another 30 years of success and as far as healthcare is concerned, whatever the legislation Emergency Medicine will be an important player for the long term.

LIVING M&M

Dr. Dagrosa observed lately I didn't need to go looking for M&M cases as many of them seemed to be occurring on my person. The most recent one of interest is, and one I find that few physicians are aware of, is the link between the use Ciprofloxacin and associated calf tendonitis, tendon rupture, and muscle tear. There is a black box warning on Ciprofloxacin, but I can tell you most physicians in and out of our specialty that have no knowledge of this complication. Basically after about two weeks use I found a problem in my right calf which was consistent with a deep venous thrombosis. Pain, increased sized by more than 2 cm mid-calf, and some decrease in strength were noticeable. Arterial and venous ultrasounds were negative and no subcutaneous hemorrhage of any sort was noted. Trying physical therapy with ultrasound and some stretching did not help at all and finally an MRI was obtained. The findings demonstrated a 2nd and 3rd degree longitudinal tear of the soleus muscle, something that I had not certainly considered especially without extraneous blood, but something consistent with the history of the Ciprofloxacin usage. Obviously the stretching exercises were the exactly wrong thing to do, and fortunately I was not that religious in their pursuit. The treatment of choice: Cowboy boots. After a trip to the Silver Spur near Waynesville and a choice of a subtle pair of boots to raise the heel one inch and

thereby decompress the stretch of the muscle. I noticed over the course of a month a substantial decrease in pain and swelling. The boots have become comfortable, I stand taller, and I now understand why John Wayne walked the way he did. It is a three month healing process, but it is good to be on the right track. It did take three weeks to arrange the MRI working with the insurance company and my personal thanks to the diligence of David Lim, MD. without whom the insurers may never have given approval. As I head into right hip replacement surgery in early March, I certainly hope not to be able to offer any more M&M examples, but in the world of healthcare today, I can only say "stay tuned".

PROMOTION!!!

On October 9, 2009 during Friday conference, Tony Kim was pinned LtCol. Tony's wife and children were there to pin the rank on. Congratulations Tony on this accomplishment.





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