



# ED Update

Wright State Emergency Medicine Residency  
Department of Emergency Medicine

Volume 31, Issue 4 October 2009

## Special Points of Interest:

- ♦ **Tactical Declaration**  
p. 8
- ♦ **Shadow Box**  
p. 9
- ♦ **MUC** p. 9
- ♦ **Awards**  
p. 10 & 12
- ♦ **Web Stats**  
p. 11
- ♦ **Graduation of a Great Class**  
p. 12
- ♦ **A Letter from Overseas** p. 13
- ♦ **Extrication Course** p. 15

Editor:  
Jonathan Singer, M.D.

Co-editor & Design:  
Cassie Browning

## SUN SOAKING TO LEAF TURNING

This issue of the *Update* begins with mid June and terminates with mid September. During this time frame much has occurred in The Department. We begin our stories with graduation. Our next issue will begin with the groundbreaking celebration for Calamityville. Also, Dr. Hamilton is currently on sabbatical, but will return in the next issue.

## GRADUATION EXERCISE IN HUMOR

We graduated from the western confines of the Racquet Club to the "Main Room" in order to accommodate the largest crowd of graduates and their families. Although the views afforded of our exterior were much more expansive, the interior square footage seemed more compressed.



As it was uncommonly muggy and inordinately globally warmed, the night was soggy! But as Dr. Hamilton had pointed out in his introduction, the night was made more special by having our 300<sup>th</sup> (Morrison) graduate. And now several beyond this milestone have received a diploma in the midst of admirers.

Most of the ceremony resembled the twenty nine previous events but there were a few pleasant twists. **John Lyman**, who confessed he was not smart enough to have burnt out, spoke of the favorable constancies of emergency medicine. The chiefs recognized **Alaine White's** role as a guidance counselor who "kept them out of trouble with dad." **Mike Ballester** was recognized for his teaching and was encouraged to maintain his legendary North Station shifts. **Ray Ten Eyck's** two way mirror guidance was hailed during a brief presentation to the "grandfather of Dayton simulation."

In the unrehearsed section of the night several snafu's added to the levity of the evening. We were lead as an audience through various aspects of history, geography, literature (including *Mad Magazine*) royalty, sandboxes, fox holes and off-colored phrases.



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

## CLAYTON & THE CLOUDS

**Chris Calvert** and **Greg Kohls** are to be congratulated for all their organized preplanning, administrative efficiency during the tournament and their control over the weather. Clouds, which threatened an occasional drop of rain, permitted a modest SPF covering, and most importantly held thermal energy to an all time record low for the end of June. Moss Creek employees, fully aware of our prior golf course history were unassumingly cordial, proficient and expertly trained grill masters. As a result of the ideal framework, the Annual Sam Finn Golf Tournament was a huge success.

**Joe Leibold**, **Nate Allison**, **Brian Richardson** and Tom Susec won the scramble with a 66. The winners overachieved to a slightly better degree than **T. MacClean**, **Corey Heitz**, **Robb Weigand** and Greg Hart, who also shot a 66. Four groups posted an 80 but the declared high scorers were **Cory Long**, **Chris Beechy** and **Pablo Medina**.

None of the 50 folks were losers as they spent an afternoon and evening with friends & family. Also, those who remained for the post dinner celebration got to see the ultimate boner of all time. **Joey Mauro**, whose number was drawn first in the raffle declined the very expensive prizes and grabbed the Cady Shack style gopher head cover. The Taylor Made®, Nike®, Hagan® equipment went to others. The less prized golf hat ultimately went to Alaine. Hour long massages were granted to G. Hart (closest to the pin), **T. MacClean**, Christen Overson (largest drives), **Ryan Mihata** (longest putt). Adrich Olson brought success to OSU with his closest to pin achievement.

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



## The Estrogen Corner

- Melissa Schloneger MD, MS

### BACK INTO THE SWING!

Natalie Joy is now 6 months old and eating pears (and spitting them out) and the older two girls have decided to hit each other more than they hug, so it seems as if World War III has broken out in our house. Julia (the eldest) started kindergarten, and I have to meet with the teacher already to talk about some problems. Emily (the middle) seems to like tickling other children at daycare to the point of having to be told that they don't like it. How much of this is my doing? I have no idea. I still believe that parenting is the hardest job in the world.

But, I still enjoy Good Sam and the craziness that seems to ensue with every shift. There is great pathology and of course the masses that need care.

## SIMULATION COMMENTS

Simulation exercises were recently carried with R2's. They worked on refreshing their expertise with resuscitations. We were able to assess and retain life of all involved. The methods of simulation are awesome and the process continues to teach both instructor and learner.

Last month with the R1's and R3's was fun as the R3's were learning how to do clinical teaching with the interns and how they had to transition their teaching when the patient's condition deteriorated.

Any feedback or opinions on simulation is always welcome!

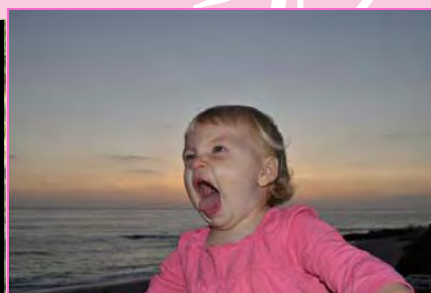
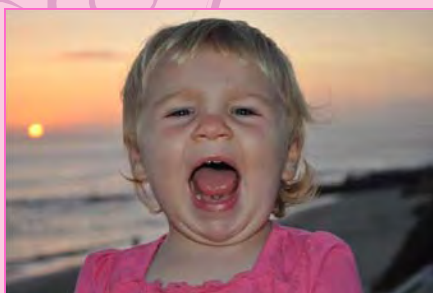
# Photo Submissions



**2008  
alumni, Jeff  
Greenwood  
and his wife  
Nicole sent  
us these  
adorable  
photos of  
their son  
Cade.**



**2008 alumni, Melissa Williams sent these  
adorable photos of her daughter singing at  
the beach.**





# New Heitz

- Corey Heitz, M.D.



## STUDENTS HAVE ARRIVED

August marked our first month with the medical students of the graduating class of 2010. We had 7 students from Wright State as well as a visitor from University of Kentucky, Joe Hild. (How JB let that guy slip under the radar I'll never know!) For the first time, we had all of the students together for each didactic session and each simulation session. The curriculum ran well that way, and the students definitely enjoyed watching their peers run simulated patient encounters! Comments from the peanut gallery were quite interesting when one "patient" was given 30mg of morphine for his chest pain. Apparently, SimMan is not new to narcotics, because he was still able to talk (and breathe) afterwards!

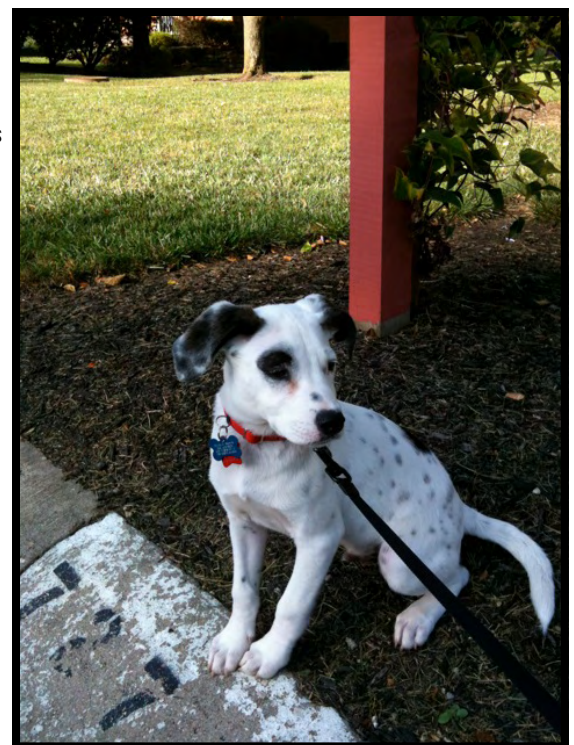
## HOW TO HONORS EM

In addition to the reformatted curriculum, some other changes have occurred to the medical student clerkship. As of this year, students can formally receive an Honors grade from the school in the required 4th year clerkships of Neurology and EM. The cutoff for this grade has been set at the 85th percentile of the last 2 years grades (since it's a 4th year clerkship, and the grades need to be available for the match, we are using previous years as a comparison.) This will hopefully foster motivation, as now even the students who aren't interested in EM can strive for recognition!

## FOUR LEGGED FAMILY

In other, non-work related news...yours truly has a new member of his family! If you don't know who he is, then you obviously haven't been around the office much to hear the ladies fawning over him! Nancy fostered an adorable dalmatian+something, and I brought him home where my wife actually agreed to keep him (she never had a chance...) He's about 4 months old now, and all puppy...he has two gears, "off" and "overdrive!" His name is Charlie Brown, and he's working on knowing it (when he wants to, that is.)

That's all I've got this month...looking forward to ACEP in Boston!



# Know-Nothing

John Wightman, Education Director

*Tài mǎng* means too busy, and that's what I have been since returning from Iraq in March.

太忙

Academically, since the last *Update*, this primarily involved organizing the July R1 Orientation month. We didn't make too many changes this year overall. However, **Melissa Schloneger** and **Ray Ten Eyck** created and implemented a simulation program to allow each of our new residents an opportunity to learn, practice, and demonstrate proficiency in a number of procedures. These included airway techniques, tube thoracostomies, central venous access, and lumbar puncture. Basic resuscitation skills were also evaluated. These were in addition to the Objective Structured Clinical Examination (OSCE) observations. Using these tools, the faculty has been able to better assess what skills each R1 brought from their previous training and experiences.

Over the summer, I've been turning down more projects than I've accepted. However, one close to my heart was helping **Dr Springer** stand up the Division of Tactical Emergency Medicine. See his column on this exciting initiative. By the time this issue of the *Update* is published, we should have web pages for the division and for the Tactical Resident Interest Group (TRIG). **JR Pickert** wants somebody to come up with good additional words for G, E, and R – so the whole acronym will be TRIGGER.

On two similar notes: I was able to teach, and **Aaron Rubin** was able to take, the first reborn Counter-Narcotics & - Terrorism Operational Medical Support (CONTOMS) course, now under the Office of Emergency Preparedness and response at the Department of Health and Human Services; and **Derrick Darnsteadt** and I recently completed the Basic SWAT Course through the North American SWAT Training Association. We both shot 500 rounds of ammunition, and got to take down a bunch of pretend bad guys.

As I mentioned in my last column, you have to have fun when you can!

谐趣

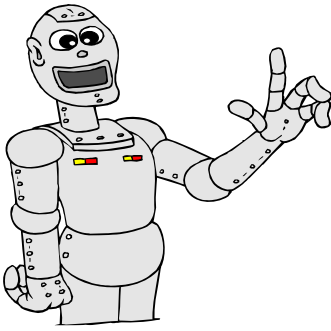
Fun is *xié qù*, which can be literally translated as harmonious interest. Tactical emergency medical support (TEMS) is harmony for me.



In a related way, even though my Reserve duty is a job, it's a lot of fun. Every year as my annual tour, I get to teach military medical students from the Uniformed Services University and several other nations how to tweak what they've learned in hospitals for use in deployed military settings. This occurs over three weeks in the classroom and two weeks in the field at FTX Bushmaster in the mountains northwest of Ft Indiantown Gap, Pennsylvania.

My next Reserve tour will be attending the Special Operations Medical Association meeting in Tampa in December. More hardship duty.

Now I'm back to lots of shifts, in addition to my duties as Education Director, in order to help out with our short-staffing in the ED at Wright-Patt. Most of the time, that's still fun going into my 22nd year as an emergency physician at the age of 50.



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

- Ray Ten Eyck, M.D.

### RESIDENTS

June and July were the busiest months to date for the simulation center. We had anticipated increased activity in July with the orientation sessions planned for our incoming R1 class. However, the unexpected surge in activity throughout June was a pleasant surprise. While completing the planned curriculum for our graduating R3 class, we added resuscitation assessment simulations for the physician assistant students from the Kettering College of Medical Arts, and conducted orientation sessions for several cohorts of incoming first year residents in collaboration with the Wright State University Department of Surgery and the Kettering Medical Center Department of Internal Medicine. In addition, we initiated monthly just-in-time ICU simulation sessions designed to help our second residents prepare for their initial experience at the Greene Hospital ICU.

The expanded simulation curriculum provided to the incoming first year resident class was successfully completed with a tremendous amount of

assistance from all of the full-time faculty and a number of the senior residents. Their dedication and level of effort was particularly important in view of the addition of a skills-assessment session at the end of the month during which the residents had an opportunity to demonstrate their proficiency in all of the skills covered during the month. This marks our first formal efforts at assessing the impact of resident training to assure they are fully prepared to perform the activities expected in the departments.



### MED STUDENTS

The MS-4 curriculum for the class of 2010 started in August with a shift to include more simulation exposure through the use of the expanded observation area made possible with the audiovisual link between our labs and the classroom. With the completion of our latest expansion, all four case simulation rooms are fully equipped, ready for case-based simulations or task training and linked into the classroom which can comfortably seat 25-30 students.

### RESEARCH

On the simulation research front, one of our abstracts was chosen by CORD for publication in the December edition of *Academic Emergency Medicine* and several additional abstracts, cases and papers have been submitted and are being reviewed.

### DAGMEC

We continue to work closely with our DAGMEC partners. We presented an interim report to the simulation group providing the initial draft of a roadmap linking the available simulation capabilities within DAGMEC programs to identified training needs to assure our region will be able to provide a full range of simulation training opportunities for our medical students and residents.



# Research Results

- Jim Olson, Ph.D.



## LAB STUDENTS COMING AND GOING

The laboratory was busy this summer with six students working on research projects. Back for a second year with us, Amanda Freeman (née Reese), a Wright State M.D., Ph.D. student continues our collaborative studies with Dr. David Cool (Pharmacology and Toxicology) to unravel molecular mechanisms responsible for the regulation of the membrane taurine transporter involved in neuronal cell homeostasis. Amanda's initial work last summer was funded by the Emergency Medicine Foundation and she will be presenting her work in an abstract at the regional SAEM meeting in September and at the ACEP Research Forum in October.

Uohna Foster, another BMS Ph.D. student, joined our lab this summer. Uohna is continuing the work begun by Crystal Stuckey, a former Masters student in the lab. The project centers on mechanisms of cell injury during persistent swelling.

Brian Tucker, a Wright State Anatomy Masters student, completed his experiments for his thesis. He successfully defended this body of work with his Masters Committee and received permission to write his thesis. Brian has left Dayton to begin his medical school studies in the Pittsburgh area. However, much of his thesis writing is underway and he hopes to complete this task by the end of next summer.

Nicole Graham continues her work in the lab begun last winter on a volunteer basis. Nicole is completing studies that will establish the mechanism of intracellular acidification during cell swelling of astroglia cells.

Grant Eilers also volunteered his time and effort in the laboratory this summer in a valiant effort to explore mechanisms of purinergic signaling during cell swelling.

Lindsey Woeste (Anatomy Masters student) spent several weeks in the laboratory perfecting immunohistochemical techniques that will permit us to identify the cell-specific localization of nanoparticles in brains and other tissues. Lindsey also worked on a component of research funded by the Air Force that is aimed at evaluating and quantifying fatigue in air crews.

## CHALLENGE OF RESEARCH

In collaboration with Drs. Michael Kent and Robert Spokane, **Dr. Olson** submitted an application to the National Institutes of Health Research Challenge Program. The goals of this project are to develop nanoparticle-based magnetic resonance imaging contrast agents to facilitate diagnosis and treatment progress of Multiple Sclerosis. Monies for this funding mechanism were provided by American Reinvestment and Recovery Act legislation passed by Congress earlier this year. The proposal received an outstanding score in the 3rd percentile. However, funding is uncertain.

## RESEARCH PRESENTATIONS

Our research has been presented in national and international forums in the recent months or is planned for presentation in the near future. Early in the summer, Dr. Olson presented a synopsis of our laboratory's clinical and basic science research on head trauma and brain edema at the United States Air, Trade, and Technology Symposium. This conference was associated with the Vectren Air Show. Additional presentations planned for the coming months include; Amanda Freeman's poster presentation at the SAEM Regional Meeting in Ann Arbor, Michigan and a repeat performance at the ACEP Research Forum; **Jill Aston's** study of the clinical outcomes of head trauma patients with brain edema which will be presented at the SAEM Regional Conference; and Dr. Olson's poster describing neuroscience outreach using the Science Olympiad program which will be given at the Society for Neuroscience annual meeting in Chicago. Finally, Dr. Olson will present research results at the International Taurine Symposium held aboard the Navigator of the Seas cruise ship somewhere in the Gulf of Mexico between Miami Beach and Cozumel. Dr. Olson's presentation will highlight the work of Master's student, Brian Tucker. Other research projects underway at this conference will include a study of the interactions between tequila and lime juice and the influence this combination has on scientific progress in the field.



## Springer's Stuff

- Brian Springer, M.D.

### TACTICAL DECLARATION

It is with much excitement that I announce a new addition to the Wright State University Department of Emergency Medicine (DEM). On July 1, 2009, the Division of Tactical Emergency Medicine became operational.

The mission of the Division of Tactical Emergency Medicine (DTEM) is to provide the highest quality preventive and interventional care to law-enforcement (LE) agencies in both clinical and tactical settings; create educational opportunities for LE personnel, current and future tactical medical providers, and other medical providers; and lead the nation in determining and disseminating best evidence and practices for tactical medical education and clinical care.

Organizationally, DTEM is structured to reinforce the three pillars of tactical emergency medical support:

1. Team Health- Residents and faculty are responsible for care of tactical team members during fitness, training, and operational activities. They act as medical advisor and liaison to the team commander, provide lifesaving measures in the tactical environment, and initiate other medical care as necessary. The DTEM supports preventive medicine and enhanced performance through a partnership with the Dayton Sports Medicine Institute's Athletic Workshop-Tactical Division. Activities include departmental physical examinations, preparticipation screening, fitness training, nutritional counseling, tactical performance enhancement training, and injury clinics.

2. Education and Training-Educational opportunities are provided for the emergency medicine resident physicians and other graduate level physicians. These consist of classroom lectures, small-group discussions, skill labs, and field exercises. Content is drawn from the current peer-reviewed TEM literature. Interested residents may teach as well. Collaborative efforts for education and training within the DEM exist with the National Center for Medical Readiness and the Center for Immersive Medical Education and Research.

3. Operational Support-Division members provide medical standby care and participate in SWAT training sessions and real-world missions. Care is provided to all operators, bystanders, and suspects under the principles of humanity and impartiality.

Participation in DTEM has started strong. We currently have half a dozen residents actively participating with LE special operations under Division supervision. Our first two months have already provided a file documenting their participation in missions and training. The Athletic Workshop has been actively collaborating with the Ohio Peace Officers Training Academy in London, providing fitness testing and classes for LE fitness instructors.

This has been a long time coming. DEM faculty and residents have been actively involved in SWAT for over 10 years. Tremendous advances in tactical casualty care have evolved over that time period. Thanks to the implementation of DTEM, we now have a means to track our participation with law enforcement special operations; provide formal education to our faculty, residents, and law enforcement personnel; and ensure our residents are equipped with the latest medical and tactical gear.

My goals as DTEM Director are to ensure we accomplish our mission. None of this would be possible without the assistance of my Assistant Directors. **JR Pickett** (currently deployed to the



sandbox) has been a tireless proponent of resident involvement in tactical medicine since he himself was in training. **John Wightman** gets extra kudos: he is one of the fathers of modern TEMS, a well-respected educator in the realm of military medicine, and the faculty member who I thank (or blame) for drawing me back out into the world of cordite and Kevlar.

Of course, extra thanks goes to Drs. **Hamilton** and **Brown** for their tireless support; to Dr. **Bill Brady** for helping lay out the original DTEM framework; to Drs. **Beechy**, **Darnsteadt**, **Dorsch**, **Fontenette**, **Lightfoot**, and **Rubin** for putting boots on the ground; and to my wife Kim for her saintly level of tolerance. Until the next time, I wish all the best to you and yours.



*Brian Springer with athletic trainers Woody Goffinett and Travis Snyder of the Athletic Workshop - Tactical, attending tactical EMS training at the North Carolina Justice Academy.*

## DAGROSA'S SHADOWS

- Rick Dagrosa, M.D.

### SHADOW BOX

Ultrasound residents continue to acquire excellent images and increase their technical abilities. I, with Cassie's help, have started a new initiative called "The Shadow Box" that highlights some of the great ultrasound images that the residents have acquired during their selective. The images are printed and hang on the bulletin board in the hallway on the way to the Simulation Lab. Currently, some of **Dr. Beechy's** work is on display. Every month I will update The Shadow Box with new images. Take some time to admire the hard work of your colleagues. As a side note, since ultrasound training is now a marker of excellence in Emergency Medicine residency training, ensure that you point out The Shadow Box to any prospective resident who is passing through or interviewing.



### INTERVIEWING

Military interview season is well underway and interest from the military and medical student community continues to thrive. Special thanks to **Joey Mauro**, **Laura Nolting** and **Mike Hixson** for helping out with interviews. **Derrick Darnsteadt** and **Chris Calvert** continue to spend much of their free time highlighting the program to the applicants. I look forward to the upcoming military match in December. I believe we will have another strong class. If you'd like to help out with tours or interviews, let Chris Kraft know and she'll get you set up.

### MILITARY UNIQUE CURRICULUM

The Military Unique Curriculum has also gotten off to a great start. Orientation was a success due, in large part, to the organizational and culinary abilities of **Stephanie Carrion** and **Chris Calvert**. In August, **Derrick Darnsteadt** invited a military law consultant to speak to the military residents about military medicolegal issues. The meeting was very informative and productive. In September, the theme was professional military education, rank progression and performance reports. In October, Col. Lawrence, a former president of ACEP, will speak to the military residents in the morning and then deliver a lecture to the entire residency. Although these sessions are tailored specifically to the military residents, all residents are invited to attend. Lunch is provided.

## Cassie's Bulletin

- Cassie Browning



### MED STUDENT AND RESIDENT AWARDS

Awards that were handed out to med students and our residents during the 2009 graduation include:

#### Med Student Awards:

SAEM: Matt Armstrong  
 Carl Jelenko: Benjamin Mack  
 ACEP Med. Student Professionalism  
 & Service Award: Michelle Hosta

#### Attendance:

R1 – Chris Beechy  
 R2 – Chris Calvert  
 R3 – Steve Galvin  
 Overall – Steve Galvin

**Greater Miami Valley Emergency Services Award:** Bill Brady, MD

**Carl Jelenko Academic Excellence:** Nathan Schlicher, MD

**Faculty Award for Clinical Excellence:** Scott Vandehoef, MD

#### Best Resident Lecturers:

Fall – Scott VanDeHoeft, M.D.  
*Complications of Cancer and Cancer Therapy*  
 Winter – Rod Morrison, M.D.  
*Supraventricular Tachydysrhythmias*

Spring – Stephen Galvin, M.D.  
*Endocarditis*  
 Year – Michael Arocho, M.D.  
*Male Urogenital Disorders*

#### Best Journal Club:

TEAM: Debra Edwards and Rod Morrison

*A Coin Flip: Heads I use Propofol, Tails I use Etomidate to Consciously Sedate This Patient*

### 2009 GRADUATION PHOTOS



## WEB STATS

We continue to monitor statcounter.com for stats on our website as well as the NCMR website.

### Stats for EM:



#### States with the most visitors:

Num	State/Region	Country Name
168	Ohio	United States
55	New York	United States
34	Illinois	United States
29	Florida	United States
28	-	-
21	Missouri	United States
18	California	United States
14	Texas	United States
14	Michigan	United States
10	New Jersey	United States
10	Indiana	United States
9	Virginia	United States

### Stat Summary:

	Page Loads	Unique Visitors	First Time Visitors	Returning Visitors
<b>Total</b>	<b>26,146</b>	<b>11,565</b>	<b>10,133</b>	<b>1,432</b>
<b>Average</b>	<b>2,905</b>	<b>1,285</b>	<b>1,126</b>	<b>159</b>

Month	Page Loads	Unique Visitors	First Time Visitors	Returning Visitors
Sep 2009	2,771	1,140	1,001	139
Aug 2009	3,279	1,441	1,297	144
Jul 2009	2,989	1,203	1,015	188
Jun 2009	2,686	1,221	1,066	155
May 2009	2,614	1,175	1,048	127
Apr 2009	2,491	1,189	1,046	143
Mar 2009	2,854	1,315	1,125	190
Feb 2009	3,022	1,227	1,060	167
Jan 2009	3,440	1,654	1,475	179

#### Countries with the most visitors:

Num	Perc.	Country Name
371	90.05%	United States
23	5.58%	Unknown
6	1.46%	Mexico
5	1.21%	Ireland
2	0.49%	Philippines
1	0.24%	Netherlands
1	0.24%	Korea, Republic Of
1	0.24%	Germany
1	0.24%	Australia
1	0.24%	Georgia

### Stats for NCMR:



#### States with the most visitors:

Num	State/Region	Country Name
261	Ohio	United States
37	Illinois	United States
32	Georgia	United States
23	Florida	United States
16	New York	United States
12	Virginia	United States
12	Texas	United States
10	New Jersey	United States
7	-	-
5	Louisiana	United States
5	Indiana	United States
5	California	United States

### Stat Summary:

	Page Loads	Unique Visitors	First Time Visitors	Returning Visitors
<b>Total</b>	<b>20,662</b>	<b>8,353</b>	<b>7,314</b>	<b>1,039</b>
<b>Average</b>	<b>2,296</b>	<b>928</b>	<b>813</b>	<b>115</b>

Month	Page Loads	Unique Visitors	First Time Visitors	Returning Visitors
Sep 2009	2,179	811	715	96
Aug 2009	2,231	1,000	895	105
Jul 2009	2,047	919	813	106
Jun 2009	1,847	871	749	122
May 2009	2,266	877	721	156
Apr 2009	2,478	1,020	896	124
Mar 2009	2,544	996	879	117
Feb 2009	2,479	889	781	108
Jan 2009	2,591	970	865	105

#### Countries with the most visitors:

Num	Perc.	Country Name
389	97.74%	United States
3	0.75%	Unknown
1	0.25%	Mexico
1	0.25%	Ireland
1	0.25%	Philippines
1	0.25%	Germany
1	0.25%	India
1	0.25%	Lebanon



# CHAIR BROWN KNOWS

- James Brown, M.D.



## GRADUATION OF A GREAT CLASS

I had tremendous pleasure providing a thumbnail sketch of a multitalented group of third year residents as they were invited to receive a diploma following a series of handshakes from my fellow faculty. The graduates each received a framable certificate that symbolized their successful completion of residency requirements. Their first responsibilities as emergency medicine attendings will be in the following cities:

### Name

### City

Michael Arocho	Keesler AFB, MS
J. Damian Bedoya	Wanganui Hospital, New Zealand
William Brady	Emergency Medicine Specialists - Dayton OH
Michael Crowder	David Grant Medical Center, Travis AFB, CA
Debra Edwards	KMC Sports Medicine Fellowship
Tasha Feaster	Emerginet - Atlanta, GA
Stephen Galvin	Elmendorf AFB, AK
Catherine Kim	Keesler AFB, MS
Ryan Mihata	Critical Care Fellow, Clarian Health, Indianapolis
Roderick Morrison	Methodist Hospital, Faculty, Indianapolis
Andrew Reidy	Fort Hamilton Hospital - Hamilton OH
Nathaniel Schlicher	St. Joseph's Hospital - Tacoma WA
Scott VanDeHoef	David Grant Medical Center, Travis AFB, CA
Robb Wiegand	Langley AFB, Virginia



## Fellows

**Sports Medicine:** Charles Flores, Private Practice: Pediatrics Day & Night, Hamilton, NJ

Hospitals:

1. Robert Wood Johnson University Hospital Hamilton, Hamilton, NJ 08690
2. Capital Health Mercer Medical Center, Trenton, NJ 08618

**Faculty Development:** Corey Heitz, WSU EM, Dayton, OH



## RECIPIENTS OF AWARDS

We were able to recognize a few individuals for their accomplishments. Those who were recipients of Department awards were as follows:

### Award Winners

Dana Drazner, MD  
Nathan Schlicher, MD  
William Rettig, MD  
Scott Vandehoef, MD  
Bill Brady, MD

### Award

James Agna Clinical Excellence  
Carl Jelenko Academic Excellence  
Ed Call Teaching Excellence  
Faculty Award for Clinical Excellence  
Greater Miami Valley Emergency Services Award





## A LETTER FROM OVERSEAS

Here is a letter I received from one of our alumni, Adrian Stull.

*Hello Dr. Brown,*

*Congratulations, Chairman Brown! All hail . . .*

*Trav and I are having an interesting time over here in Afghanistan. As you're likely aware, Bagram is the primary air and medical hub for all of our operations in Afghanistan, so we're busy more often than not. Today is day 120, and we're both about ready to be done.*

*The ED here is a 10-bed ER, with six of those being trauma beds, and room for a couple extras in the hall (so, expandable to 12). We're in a hardened facility, which is so much nicer than the tent-hospital I was at in Balad, Iraq a few years back. Total of 20 personnel in the ED: three docs (Trav, Adrian, and a good egg from Andrews named Angie Doty), five nurses, and a dozen technicians. Given that we provide 24 hour coverage, and there are three docs, every day is a "8-hour" (usually means 9.5) shift. I'm days, Trav is lates, Angie is nights. We're all ready for a day off. I'm the flight commander of all this, and if I've learned anything, it is that I never again want to be the commander of anything, not even a two-man janitorial brigade.*

*We definitely see a lower volume of patients than we see at home/W-P. The interesting thing is the surprisingly high percentage that actually belong in the Emergency Department! We suspect it's because we have a very hardworking outpatient clinic that takes care of a looooot of the more routine stuff for us. Fewer elderly/infirm, but the "contractors" are a population that carries around a lot of comorbidities, and the companies that employ them appear to do very little medical screening (if any). The first couple months, we saw more appys, kidney stones, and syncopes than you can shake a stick at. Not really sure why.*

*We've had an amazing spectrum of pathology present to the department. Not to get all Spencer Greene on you, but the toxicology has been . . . um . . . fantastic? Well, it has sucked for the patients, but it's been very intellectually satisfying for me: huffers, opioid ODs, a TCA OD that nearly got himself dead, scorpion (*Hotentotta alticola*) sting, saw-scaled viper, acetaminophen OD well into the lethal range, ethylene glycol, white phosphorous, and a surprising number of Ultram-associated seizures. Trav got to push thrombolytics on a 38-year-old pilot with a massive MI and cardiac arrest; saved a life that day. I tubed some kid who got sent over from the Egyptian hospital whose head was so swollen that he looked like Charlie Brown; turned out to have cutaneous anthrax.*

And the trauma. Wow, there is a lot of it. May 2009 saw more trauma admissions than any prior May, June 2009 saw more trauma admissions than any prior month, July beat June, and August beat July. I think we had 236 trauma cases last month, about  $\frac{1}{4}$  of them with an ISS over 15. Shock-Trauma in Baltimore and my time at MVH were certainly good prep, but war trauma is just so much more severe and multiply-injured than anything I've seen at a civilian center. Lot of amputations, head injuries, eye injuries, some pretty impressive burns (up to 95% TBSA), but not quite as much with the belly/thorax wounding. That body armor is good stuff. It's still airway, then breathing, then circulation, so the basic framework's the same. The "good" news is that we have a really good trauma czar (one Lt Col Dustin Zierold, deserves a Bronze Star for the work he's doing) and three general surgeons, one (truculent) neurosurgeon, two orthopods, one HEENT surgeon, a plastic surgeon, one OB/GYN (kinda a surgeon), and an ophthalmologist (who is a very busy guy). They all work extremely hard, and most of them have a pretty good attitude much of the time. Thank God.

I've gotten to give a few lectures, some to some EMTs, some to some Afghan docs who rotate through the hospital for hands-on/didactic training, and one Grand Rounds (tox of course). I'm scheduled to give a Grand Rounds on snakes and scorpions next month, so am doing lots of reading on that right now.

What else . . . the food's not too bad, but a bit repetitive. On the plus side, I haven't eaten an MRE since I got here. The housing arrangements could be worse. Travis shares a dorm room with several roommates, and I share a large semi-sectioned plywood hut with 7 other guys. The downside is that there's some guy in my hut whose alarm goes off between 3AM and 3:30AM every morning. Well, that and lack of indoor plumbing. Amazingly, I actually have an internet hookup at home. It's a weird war zone in which you can have a webcam conversation with your family, then hang up, put on your weapon, and go hiking off to a chow hall (now called DFAC for dining facility) for dinner. I'm not complaining, but it makes it a little harder to compartmentalize some times.



Some of the team; you'll recognize at least two. Yes, those are camo scrubs on most of the RNs/technicians. Yep, that's an M9 I'm carrying.

Anyway, all is well-ish at this end, looking forward to getting home. As always, thanks for the education and training that's prepared me for this job.

Cheers,  
Adrian Stull



## 2009 R2 Extrication Course





Boonshoft School of Medicine  
Department of Emergency Medicine  
3525 Southern Blvd.  
Dayton, OH 45429-1221