

CONNECTICUT COLLEGE OF EMERGENCY PHYSICIANS

FEBRUARY 2007

"Eat an apple on going to bed, and you'll keep the doctor from earning his bread" — Proverb

FROM THE PRESIDENT

LARRY LEVINE, MD, FACEP



Emergency physicians are conciliatory by nature. We have found this trait to be highly adaptive in the successful practice of emergency medicine, whether it is by diffusing provocation from a disruptive patient or negotiating an admission with an obstinate consultant. We aim to please. Our peace-making skills are exceptional and would perhaps be better utilized in solving the

Mideast or Iraqi quagmires.

It is exactly this conciliatory nature, however, that has allowed us to put up with all the nonsense that we endure on a daily basis. Let's take hospital overcrowding, for instance. Do you know of a surgeon or anesthesiologist that would find this an acceptable practice in the OR. Of course not. They would simply refuse. Could you imagine a modern operating suite with two, three or more patients and even more in the hallway. A recovery room where the patient spends the next few days of his hospitalization, and is ultimately discharged without being transferred to a floor bed. It sounds ridiculous, and yet, that is what we are forced to do in emergency departments throughout this state, perhaps the wealthiest state in the most advanced country in the third millennium.

In what other specialty, would a physician do someone else's job and not get paid for that service. In many hospitals, the radiologist departs in the late afternoon, and even earlier on weekends. The task of radiographic interpretations is left to the emergency physician. But the emergency physician does not bill for this service. The radiologists reads the film a day or two later and bills for his "contemporaneous service", provided long after the patient has left the E.D.

In what other profession, would someone gleefully provide
(continued on page 4)

CCEP ANNUAL MEETING A SUCCESS

On November 8th CCEP held the 14th Annual Scientific Assembly and Annual Meeting at the Rocky Hill Marriott. The day kicked off with oral presentations by CCEP members.

Chris Moore, M.D. won Best Oral Presentation for his

talk on "Utility of Focused Chest Ultrasound in the Diagnosis of Patients with Unexplained Dyspnea". While the presentations were being conducted, attendees had the opportunity to view poster presentations also submitted by CCEP members. Dr. Lauri Bolton, M.D.'s poster titled

"Factors that Correlate with Patients Leaving an Emergency Department Without Being Seen." was selected for the Best Poster Presentation.

Following the oral presentations, our Guest Speaker, Brian Zink, M.D. from Brown Medical Center, gave a fascinating presentation on the history of Emergency Medicine. Following Dr. Zink's presentation, Dr. John convened the CCEP Annual



Oral Presentation winner
Chris Moore from Yale



Yale's Resident of the Year winner Jamie Morse, PGY-4; and Laura Bontempo, Residency Program Director

(continued on page 2)

INSIDE:

JOB IN
CONNECTICUT

SPOTLIGHT ON...
MILFORD HOSPITAL

CAREERS IN EM...ACADEMIA
SUE DUFEL, MD

ANNUAL MEETING

(Continued from Page 1)

Meeting and the membership voted on the Slate of Nominees for the Board of Directors and well as the revised bylaws.

Once the formal business wrapped up, it was time for the CCEP awards to be presented. The CCEP members honored Susan Dufel, M.D. with the "Phil Stent Award" for her dedication and continued leadership as the UConn Residency Director. Dr. Phil Brewer presented Representative Sayers, Chairwoman of the Public Health Committee, with the "Legislator of the Year" award for working diligently at the State Capitol to bring the issues facing emergency physicians to the forefront. Finally, it was time for the residency programs to announce their "Residents of the Year". UConn selected Kimberly Perreault, D.O. and Yale selected James Morse, M.D. CCEP will provide Drs Perreault and Morse with transportation and hotel accommodation for

the upcoming ACEP Leadership & Advocacy meeting as part of the award.

During lunch attendees were treated to a Jeopardy Game show hosted by Dr. Al Villarin, M.D. from Albert Einstein Medical Center. Residents from Baystate, UConn & Yale competed for the title of Jeopardy Champ. The lively competition had all of the bells and whistles of the television game show! The UConn team was the winner of this year's Jeopardy Game competition.

The afternoon concluded with a presentation by Chip Danker of O'Brien, Tanski & Young on the common ED mistakes that become malpractice cases.

Many thanks go to Dr. David John and Dr. Alberto Perez for planning such a successful Scientific Assembly & Annual Meeting.



Marc Dzedzic (UConn PGY-2)



UConn's Myra Lewis PGY-3; Liz Shiller PGY-1, and Heather Dodds PGY-2



Bryan Jordan and Steve Holland



Medical Jeopardy Champs UConn residents Sara Blomstrom PGY-3; chief JB Redenbaugh; and Michael Tocci PGY-2



Yale jeopardists Lemi Luu, PGY-3; Jamie Morse, PGY-4; and Eric Nix, PGY-3



Baystate's Jeopardy Team: Michael Barr, Tala Elia and Eric Padua



Laura Bontempo, Yale's Residency Program Director



Incoming CCEP prez Larry Levine (Bristol) gives outgoing prez Dave John (Middlesex) his plaque



Eric Salk (Charlotte Hungerford); Tom Koobatian (New Milford); and Jeff Finkelstein (Hosp. of Central CT)



Jeff Finkelstein (NBG) with Steve Wexler (DKH)



Phil Brewer hands Representative Sayers CCEP's Legislator of the Year Award



Chuck McKay bestows UConn's Resident of the Year Award on chief Kim Perreault



Karen Jubanyik, Yale Assistant Residency Director; Laura Bontempo; and Samir Haydar, PGY-4

FROM THE PRESIDENT

(Continued from Page 1)

a service for those who cannot afford it, without asking others to share the burden. I derive great satisfaction in knowing that my emergency physician colleagues and I will provide treatment to anyone, any time, without guarantee of payment. But I resent that government programs designed to provide medical care to the underinsured are based on exploiting my good nature. Should I turn these patients away when they present with non-life threatening problems when I know that they cannot easily access care elsewhere. I would like to treat everyone who comes to my door, but please, pay me a fairly. Fifteen dollars and fifty cents is insulting. Emergency physicians unfairly shoulder a disproportionate burden of caring for the underinsured. I support universal healthcare, but not if it means Medicaid for everyone.

The American People feel strongly that they have a right to receive emergency medical services. They want the safety net we provide in the same way that they expect to have the police or fire departments available when they call. They want us to be considered a vital community service. I am okay with this; it plays to my childhood dream of becoming a superhero. But shouldn't we be protected from unfair lawsuits the same way that police and firemen are. Should not the EMTALA law that mandates emergency stabilization also protect us, when we have followed acceptable protocols. No other profession would find this vulnerability acceptable.

I could go on and on. But you already know this. You live it every day.

Why is it that we don't complain. Our specialty is no longer the newbie on the block fighting for its seat in the House of Medicine. We are now an established specialty. Hospitals and non-emergency physicians recognize the value that we add to patient care, and most E.D.s are in fact profitable, not the loss leader that they were thought to be not so long ago.

We are in high demand. The last figures I saw from a couple of years ago was that only 62% of practicing emergency physicians were board certified/eligible by ABEM or ABOEM. Any reasonably good board certified emergency physician could pack up his or her stethoscope and find a new job today in almost any city.

We have more power than we may think. We could insist on changes for our patients, for ourselves, and for our communities.

Than why don't we. Because we are conciliatory by nature. We solve conflicts.

CCEP is an organization of people. Become more active in CCEP. Change CCEP. Change the world.

I look forward to serving as your new president in 2007. After that I will be leaving for Tel Aviv and Ramallah where I hope to negotiate everlasting peace.

MIKE ZANKER SCORES HOMELAND SECURITY JOB

Dr. Michael Zanker, from the Hartford Hospital ED, has been selected to serve as the Senior Medical Advisor for Operations and Response to the Chief Medical Officer, U.S. Department of Homeland Security. Dr. Jeffrey Runge, the Chief Medical Officer, has served as president of the North Carolina chapter of ACEP and came to DHS from his post as Administrator of the National Highway Traffic Safety Administration (NHTSA).

Dr. Zanker manages the operational facets of the DHS mission, which includes liaising with the other federal health and medical stakeholders, coordinating participation of OCMO in national exercises and representing the interests of OCMO on various federal interagency working and planning groups.

JOBS IN CONNECTICUT

BACKUS HOSPITAL

Full time position for both BC/BE emergency physician and qualified PA/APRN. Current volume of nearly 50,000 visits with one-third seen by allied health professions in the Convenient Care area within the department. New ED will be complete in July, 2007. We will expand our staff with an additional physician and PA/APRN in anticipation of a commensurate increase in volume. This is a very stable group. We offer an excellent compensation package. To learn more about this opportunity, please contact Robert Sidman, MD at 860-823-6369 or RSidman@wwbh.org.

HARTFORD HOSPITAL

Per diem opportunity for EM residency trained or EM board certified physicians in our 80,000 visit, 60 bed, ED. Our Fast-Track, run by PA/NP's, sees 23,000 visits per year. We are the main clinical site for the UConn EM Residency, a three year program with 12 great residents per year. Also, a Level I trauma center and the major toxicology program for CT with a fellowship. We have experienced PA/NP's, nurses, RT's, and ancillary help. Our call list includes most specialties. Competitive salary and benefits. Contact AJ Smally, MD FACEP at asmally@harthosp.org or 860-545-3536.

NEW MILFORD HOSPITAL

Our 20,000 visit/yr community hospital ED is searching for a full-time, BC / BE emergency physician to join a well established EP group. We offer a competitive salary, full benefits and flexible schedule. Interested physicians should contact Dr. Koobatian at (860) 210-7418.

(continued on page 6)

Spotlight on...

MILFORD HOSPITAL EMERGENCY DEPARTMENT

For this edition of EPIC we asked Jay Walshon, Medical Director of the Milford ED, to fill us in on his busy community ED.

THE PATIENTS

Serving patients from Milford, West Haven, and Orange as well as from Madison to Fairfield and Shelton, Milford Hospital's Emergency Department evaluates and treats more than 30,000 Emergency and Walk-In visits annually. Excluding births, nearly 50% of the hospital's patients are admitted through the Emergency Department. Responding to an increasing community need for non-emergency care, the hospital is about to open its first off-site, free-standing, Walk-In Medical Center, less than two miles from the Milford Hospital main campus. The two-story 15,580 square foot facility, located at 831 Boston Post Rd. in Milford, is geared toward those patients who have minor injuries or illnesses that don't need the intensive, comprehensive services of the Emergency Center. The Walk-In Center will be open 8 - 8 on weekdays and 8 - 6 on weekends. The Center also houses offices for other medical professionals.

THE FACILITY

The state-of-the art Emergency Department at Milford Hospital underwent a multi-million dollar renovation and expansion seven years ago. Though just a stone's throw away from the two of the state's biggest cities, Milford Hospital Emergency Department is treating increasing numbers of patients from further distances, thanks to its medical expertise, attentive professionals, and its "fast track" system

which streamlines wait times for patients. Another asset for Milford Hospital, which is licensed for 100 beds, is its suburban setting, easy access to the highway, and free, ample, well-lighted parking. The relocation of the Walk-In Medical Center from within the hospital to a freestanding facility allows for continued growth for urgent & emergency care at the hospital, including expansion of the bed capacity in the Emergency Center to 16 beds.

THE STAFF

The Milford Hospital Emergency Department's high caliber of care directly correlates to its experienced doctors, nurses and support staff. Recently, the emergency physician and nursing staffs were increased to accommodate the increased census of the ED. We have 7 full time, 1 part time, and 6 per diem Emergency Department physicians on staff. We do not now utilize physician extenders. Our hospitalists have been a great asset in assisting the emergency physicians by providing consultations on complex medical cases, as well as expediting patients being admitted through the emergency department and bearing the responsibility for in-house emergencies. This service has significantly diminished the number of admitted ED patient "holds," as well as the time these patients wait in the ED for admission orders and bed assignments. A responsive team of hospital nurse

(continued on page 6)



Front row from left to right: Barbara Scarpa, CNA; Nalin Perera, MD; Kim Yacovangelo, RN; Karen Kozlowski, RN;
Santa Back row: Brian Petit, Security; Jeff Winacott, RN; Jay Walshon, MD, ED Chairman; Michelle Waller, RN;
Ryan White, RN, ED Nurse Manager; Gina Foster, RN; Mike Madonick, RN, Clinical Manager.

SPOTLIGHT ON MILFORD

(Continued from Page 5)

managers, under the leadership of a new vice president of nursing have also committed to reducing the time that admitted patients wait for an inpatient bed.

THE SERVICES

Milford Hospital's ED has always been keenly attuned to the needs of its patients. Its "fast track" system allows patients to be immediately accessed by a triage nurse. Ever mindful of excessive wait times that plague other hospitals, Milford Hospital's ED systems have been revamped and strengthened to both accommodate more patients and to better serve patients more quickly. The hospital is currently developing a computerized tracking system to better ensure the swiftness of patient care. The hospital has implemented a hospital-wide MediTech electronic medical record (EMR). Although not yet specific to the ED, it gives our emergency physicians the ability to review prior admissions, medications, consultations, operative reports, radiology studies, laboratory tests, & stress tests, etc. within seconds. This easy access to pertinent past medical information enhances our EPs ability to evaluate and manage the patients' current problems. In addition, with the advent of our radiology department becoming completely electronic, the EPs have instantaneous access to radiology studies which they view at their workstation on the same high-resolution monitors that are used by their radiology colleagues. These images are also available to the entire medical staff from their offices, from their home, or from any internet connected computer in the world.

Our ED also provides sponsorship to our community EMS system with the ED physician staff providing on-line medical control for our fire department EMT-B & EMT-P responders, as well as our local AMR paramedics. Under the tutelage of our experienced and well respected EMS coordinator, our EMS system personnel provide care that is second to none, and virtually extends our ED into the homes of the citizens of our community.

THE VISION

The vision for Milford Hospital's Emergency Department is to provide superior medical care in a timely manner for all patients. The implementation of additional physician hours has greatly enhanced the ability of the physician staff to quickly evaluate patients, initiate management, and establish a diagnosis & disposition. This has significantly reduced our walk out rate and greatly enhanced our community image. Our Press Ganey scores have improved significantly. With the opening of our Post Road walk-in center, which frees up ED beds, we will institute bedside registration and thereby eliminate the inefficiencies of traditional ED registration. In addition, we are contemplating the purchase of dedicated bedside ultrasound equipment within the ED in order to further improve the timeliness of certain patient evaluations, as well as assist in appropriate procedures best performed under US guidance.

JOBS IN CONNECTICUT

(Continued from Page 4)

NORWALK HOSPITAL

We have a full-time position and per diem positions available for an EM-Residency Trained, ABEM/AOBEM certified/prepared EP with EM experience to work per diem in a modern 47,000 visit ED. Norwalk Hospital is a progressive, teaching, 270-bed Level II Trauma Community Hospital located in Fairfield County on Long Island Sound, not far from New York City. We offer a unique 'virtual private practice plan,' which includes all the advantages of being a hospital employee with many of the advantages of fee-for-service. PLEASE CONTACT: Michael Carius, MD, FACEP, Chairman, Department of Emergency Medicine, Norwalk Hospital, at mcarius@acep.org or 203-852-2281.

ST. FRANCIS HOSPITAL AND MEDICAL CENTER

Full time opening to fill position of retiring MD. BC/BE physician to join an ED group with 65,000 + visits, Trauma level II, major UCONN clinical site with residents in most specialties. Ground breaking on an entirely new ED this summer. Contact Steve Wolf, MD FACEP at swolf@stfranciscare.org, or at 860-714-4701.

WEST HAVEN VA MEDICAL CENTER

We are looking for additional staffing for nights/weekends. We also have a full time ED position at the West Haven VAMC, Mon-Fri noon-8pm with RARE overnights and no weekends. Basically 40 hr work week. Our ED is primarily an adult, Internal Medicine-type patient population with no trauma, OB, or Peds. Emergency physicians or those boarded in Internal Medicine with ED experience would be most comfortable in this environment. Compensation has recently become extremely competitive for those with appropriate Boards. Contact: Craig Zalis, MD, Director, Emergency Services, West Haven VAMC, 950 Campbell Ave, West Haven, CT 06516. Craig.zalis@med.va.gov (203) 932-5711 x 2991 (private), x 4483 (secretary), x 4777 (ED)

Careers in Emergency Medicine — Academia

AN INTERVIEW WITH SUE DUFEL, MD, FACEP, RESIDENCY DIRECTOR OF THE UCONN INTEGRATED RESIDENCY IN EMERGENCY MEDICINE

Many of us think about an academic EM career at some point in our lives, so we thought it would be interesting to chat with this seasoned and beloved program director.

EPIC: Could you take us through your early years?

SD: I grew up in upstate NY, in a small rural town. Went to Union College in Schenectady, NY. Then on to medical school at Northwestern in Chicago, graduated in '80. This was right around the time when emergency medicine was just becoming its own specialty. Actually when I applied for residency in '79 emergency medicine wasn't even a primary specialty yet - didn't have its own boards. It was a conjoined board with peds, surgery and medicine. It wasn't until 1980 that the first written and oral boards were given. Anyway, when I applied you didn't have to go through the match if you didn't want to, so I didn't. Basically got in my car and headed out... ended up in Toledo, Ohio. It's sort of the, um, armpit of the nation, but guess what, it was a great experience. Bruce Janiak, the first graduate of any emergency medical program in the country and later an ACEP president, was the associate residency director. It was a great program.

After that I did an EMS and admin fellowship at Miami Valley Hospital in Dayton Ohio. I thought I wanted to be an ED medical director. Well, after being there for probably two minutes I realized I didn't want to be a medical director. I actually wanted to go into academics. We were part of the Wright State EM residency program, so I got very involved with the residents at Wright State and I loved it. I knew I wanted to end up in academics. This was '83-'84. Glen Hamilton was, still is, the chairman at the time. Great guy, one of my mentors... Mike Irvin was the chairman of the department at Miami Valley Hospital. During my year as a fellow there, Mike was the president of ACEP and he dragged me to every single ACEP board of directors meeting and it was wonderful. Talk about getting to know all the people who were the movers and shakers - early movers and shakers. Those are the guys who made ACEP what it is today. Then I went to the University of Arkansas for two years - my husband at the time was finishing up his PhD. Actually took a part time job for a little while, but that didn't last long. The guy that was running the state EMS system and the helicopter program at the university up and quit and they asked me if I'd do it! All of a sudden I go from having a 20-hour a week clinical job to having this huge job with EMS. All the paramedic trained in Arkansas came through us, and we ran the helicopter. At the time Bill Clinton was governor. It was great actually, and I really liked living in Little Rock. Then in 1988, we decided to move back to the east coast.



EPIC: You were thinking an academic job?

SD: Yes. But actually I ended up in a community hospital that wasn't academic at all. I ended up working two years of 12-hour night shifts.

EPIC: Ugh.

SD: You got it.

EPIC: Of course 12 hours is really 13...

SD: Right, and that's not all. The group had a contract at Catskill Hospital in Columbia County, a little tiny place. Shifts were 24 hours. We'd work 8a-8a and do every other.

EPIC: Oh my gawd.

SD: July 1988 was the July from hell. The one 24-hour shift that I'll never forget was July 24th, 1988. I saw (chuckling) 84 people in 24 hours. These people were sick. Boating accidents, lots of 'em. And of course these little old ladies from New York City who'd come up to the Catskills with their end stage left ventricular failure who decide that it's now a good time to have their big pulmonary edema episode. Of course all the sick patients had to be transferred, but guess who had to take care of them while they're in the ED? Albany Medical didn't have a helicopter program, so we had to wait on the state helicopter... you could imagine. Talk about over crowding and transfer issues. It was a disaster.

So anyway I basically had my share of small community hospital practice. I needed to get back to New England. Interviewed all over the place - Bridgeport, Yale, also St. Rays and UCONN. At the time Phil Stent was the director of the Dempsey ED and he really had a vision about what emergency medicine could be. He had the support of Peter Deckers who was the chairman of surgery - emergency medicine was under surgery then. I had also met Mark Borenstein, who can be a very inspiring guy, and he had a vision too. UCONN was pretty disorganized then and the only true emergency physicians were Rich Ratzen and Frank LaSalla. Lots of moonlighters. So we brainstormed with the people who were interested in putting together a program - Mark, myself, Lou Graff, people from Hartford and Michelle Leon was there too. We knew Hartford would be the primary clinical site but we wanted another hospital to get involved also. It was almost New Britain, but ultimately we decided on St. Francis... we applied for a program within a year, which is pretty quick. We were turned down the first time around, but the second time, six months later, my God, the program was approved. That was the fall of '92, our first class was in '93, starting out with 10 residents. In 2002 we went to 12.

(continued on page 8)

EPIC: You were the assistant residency director? Mark was the residency director, right?

SD: Right. My primary job was to put together the curriculum... So, years later I'm still here and I really enjoy it, a lot. I'm not sure if every residency director can say that.

EPIC: What's the half-life of a residency director these days – pretty short, right?

SD: Yeah, a couple years ago someone did a survey – turns out the average life expectancy for residency directors is 4 years or less.

EPIC: How come?

SD: When people were asked why they left there was a variety of reasons. It's that they've moved up and into a different job or they decided to go into private practice and make a lot more money. There's just not a lot of money in academics, and plenty of dissatisfiers - the amount of paperwork and the hoops you have jump through. There's a million of them. You don't know about the hoops until you have to do it I can tell you. Also, it's a 24/7 job. I get calls at night from residents crying on the phone about something. It's a huge stressful time, as you know. Residents are generally people who have never had a regular job – they're in their late 20's or early 30's but they're still students.

EPIC: What's the biggest challenge about being a residency director?

SD: It's keeping all 36 adults in line and stuffing them with as much information and experience as you possibly can in three short years. That's not easy. You want them to get the biggest bang for their time spent with you. Try to get them to the point where they're not afraid of taking care of a patient without someone standing behind them... making them confident that they can do what they were trained to do. I'd never graduate somebody who I thought was scared.

EPIC: How many people have you kept back?

SD: Ummm... well, as far as needing remediation we've kept two people back. This meant they had to spend more time than the three years, a few months extra. Usually it had to do with deficiencies, their knowledge base, or their skill set. They just needed to spend more time, seeing a few more patients. They went on to do just fine.

EPIC: Ever have to fire a resident?

SD: We've had to fire three residents that just weren't doing the job. Fact is, emergency medicine maybe wasn't the best choice for them. Firing a resident is a painful process, and it's also a lot of work. A lot of work. It's one of the reasons residency directors can burn out.

EPIC: So I guess the interview process is important. Have you occasionally found that you have ended up with a different person than you thought you interviewed?

SD: Well we've certainly interviewed a lot of people. This year there were 560 applicants and we interviewed 120. So let's see, about 120 interviews a year, times 13 years, that's a lot. Getting a sense of somebody in a half hour interview is very hard. But the more you do it the better you get at it. It's all in the questions that you ask. I don't ask students why they want to do emergency medicine... instead I ask about their strengths, their weaknesses, what kind of things they could contribute to a program. Or, where they see themselves in 10 years. I also ask them what the last book they read was. I want to know what kind of hobbies they have. Do they do something with their life except sitting and reading medical books? We look for people that are seemingly affable, available, flexible, funny, social – like to have a beer or two from time to time. But it's hard to get that out of people during an interview. But you know each and every year I've been very happy with the class...

EPIC: Some people say that three years of emergency medicine training isn't enough, that four years is the right number. What do you think about that?

SD: 85 % of programs in the country are 1-2-3. I think that if three years wasn't enough you'd see a lot of people not do so well. No, I don't think that you need four years. I haven't had a graduate yet that that came back and said, 'Gee, I wish I spent another year being a resident'. Of course the learning curve is really steep with their first job because all of a sudden they have no back up, but I think our residents are well prepared for the real world. We're so busy at Hartford and there's an expectation to see a lot of patients and move them through quickly. Our residents are very good at doing that. In fact, when they go places throughout the country their directors are often amazed at how efficient they are. It may have a lot to do with our faculty pushing the residents to the limit, but still being there to bail

continued on page 9

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them out as they need it. Time management in the ED is a crucial part of their training.

EPIC: Let's talk about you a little bit. Do you have any hobbies or weird things that you do. Are you still collecting barbed wire?

SD: Indeed I am. In fact the residents gave me 50 lbs of barbed wire one year. Weird, I know. Besides the barb wire, I have two horses and a teenaged daughter that keeps me pretty busy. Alexa is a great kid. She's into her own things. Boys, piano... I'm fortunate.

EPIC: Did you or do you have child care issues that conflict with your other child, the residency?

SD: Well, it's tough of course but in the end it's doable. All parents are in this position of course, especially professional parents. You have to delegate your time in the right way and you need plenty of layers of support. I had outside help and great friends who could help when I needed it. Like, one horrendous night I looked at the schedule wrong. It was a Tuesday around Christmas, and I never worked Tuesdays so I figured I wasn't working. Spent the night trimming the Christmas tree and having some wine. Went to bed and then around midnight I get this call from the ER wondering where I was. I figured it was a joke and went back to sleep. Thirty minutes later I get another call wondering where I was. This time I actually looked at the schedule and oh my God I'm working that night. It's now 12:30 - 1AM, Alexa's 8 and there's no one else at home. So I wake her up, call a friend, drop her off and head to work. Anyway it's all in that support system.

EPIC: What about personal sacrifices? If this is a 24/7 hour job?

SD: Yes, academic emergency medicine is different from other emergency medicine jobs. With shift work you go home and no one calls you. But program directors take their work home with them. When you're responsible for 36 lives and careers, well, it's as important as your own child sometimes. You really feel responsible for their lives - their successes and failures.

EPIC: Any thoughts on promotion?

SD: To get promoted in emergency medicine to a full professor you have to have a publication trail. A long one. Trouble is, when you're an academic administrator there isn't much time left to do research. I've published a fair number of papers and written some chapters in books but you know what, that's not really research. I've been involved nationally in ACEP for a while, been on educational committees, been on the board for a number of years, among other things. Still, that doesn't get you promoted. Basically, if you want to get to be a professor of Emergency Medicine you can't be a residency director. I'm an associate professor, but to be a full professor you really need to have more time to do research.

Actually I just wrote a chapter on promotion, looked at

some of the statistics around promotion. Turns out the people that are the real educators are less likely to get promoted than those on the research track. No question about that. And, if you're a woman your chances of being promoted are less than half that of men's. Women just have other things to do. Kids to take care of. And it's the same for residency directors. I'll be in my office trying to get a paper off to the publisher, and a resident comes in with a problem. What do I do? I stop with the paper that's what I do. The residents are my priority, have to be my priority. That's my job. But truth is I wish I had more time for research.

EPIC: I know plenty of people who think you're a great director, but what do you think?

SD: Well, I'm a lot better at it than I used to be. Just like anything else, the more you do it the better you get at it. There's been a real learning curve to this job. Knowing who the contacts are, what the right buzz words are. What the right paperwork is. That's all stuff you have to learn

EPIC: Where do you think you'll be in five or ten years?

SD: People have asked me that and I guess they think I'm gonna go some place else. But, unless I get hit by a bus or something, I'd like to stay in this job.

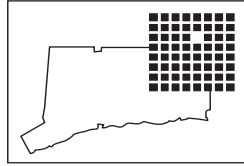
When is it time to move onto something else? I'm not sure. I'm 51 now. Could I last another five years? Jeez, probably. Still, as I get older the age gap between the residents and I gets bigger... funny how that happens. I remember going to conferences with the residents and we'd be out partying and dancing. Guess

what, I can't do that much anymore. We used to play poker all night after meetings all day. Well, that's hard to do now. But as long as they respect me and as long as we can be colleagues, then I'm happy doing this job and I'll stay doing it.

EPIC: Some people would say that you need a certain distance from your residents. What do you think about that?

SD: I think you can keep a distance while still being a peer and a colleague. I don't think the residents look at me as their pal, but they do feel comfortable enough to tell me a dirty joke. I like it that way. Emergency Medicine is a different specialty. We don't have the formality of, say, surgery. That's okay. I know that they respect me, and I know that they know who the boss is.





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