

DEPARTMENT OF EMERGENCY MEDICINE

NEWSLETTER

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Message from Sam

Samuel M. Keim, MD, MS, DEM Head and director of the Arizona Emergency Medicine Research Center

Fall is in the Tucson air. It's ONLY 90 degrees! What does that mean to me? Epic is upon us! Sometimes it feels like the day before Katrina hit New Orleans. Remember the National Hurricane Center photographs of the giant storm just off the coast?? Well, I'm here to tell you that I'm not leaving because I know that our Epic team (aka, Kevin and Lisa) has prepared our levies, trained our frontline personnel and thought through multiple "what-ifs." I'm very hopeful that all of you reading this are getting ready yourself and have thought of what you will do November 1 to help Go-Live, go successfully. Yes, I'm waking up every night from some bad dream about Epic. Usually, it involves Kevin Reilly telling me, near the nursing station, that even though he told the hospital IT folks that we needed X for Go-Live, they didn't get it. The X is different in every dream and when I wake up, I realize that there is no such thing as X. But, I still have this weird feeling that X is going to haunt us. Anyway, the storm is so close that you can now see it. GET READY - HERE WE GO!



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The University of Arizona Medical Center (UAMC) South and University Campus Updates:

Epic Transition November 1

Epic will Go-Live on November 1. The transition will take place between 3 and 4 a.m. and the DEM continues to rely on the expertise of Drs. Lisa Chan and Kevin Reilly who are our go-to team and are working to ensure coverage for super users and moonlighting shifts during the transition.

The UA Health Network has created **Clinical Resource Centers** at University Campus in Room 5642 and in the Salamander Room in the Epic Training Facilities at South Campus. The resource centers will be open 7 a.m. to 7 p.m. weekdays, to all staff, for log-in labs, skills check lists, practice sessions, exam support, tip sheets and user guides.

Physician Epic Resource Centers are located in Room 2406 at University Campus and in Room 3003 at South Campus.

South Campus Update



Matt Berkman, MD Associate Head of Clinical Affairs at UAMC – South Campus



Brian Drummond, MD Medical Director at UAMC – South Campus

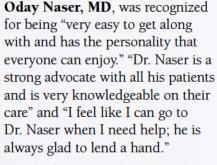
South Campus Commitment to Quality Yields Recognition

South Campus has started a monthly "staff member of the month" and "resident of the month" recognition program. Recognition is given to those who go above and beyond to ensure quality care for our patients and whose effort and attitude improve the emergency department environment in general. Each month, an outstanding resident and an outstanding staff member will be selected and will have their photo and support comments displayed for all to see.

This month, **Carol Edwards** and **Oday Naser**, **MD** were recognized.



Carol Edwards was recognized for being "exceedingly positive and her smile lights up the ED when she walks in." "She is a Cool Cat" "Always Positive" and "She helped me find a place to live on my first day."



Thanks for setting the standard for others in the ED and congratulations to you both!



Leading by Example: Dr. Matt Berkman Honored with I CARE Values Rock Star

Matt Berkman, **MD**, was recognized as an I CARE Rock Star by the CEO of The University of Arizona Health Network, Michael R. Waldrum, during a town hall held at



The University of Arizona Medical Center – South Campus.

Dr. Berkman, associate head for clinical affairs at UAMC – South Campus and DEM clinical assistant professor, was honored for his leadership in improving inpatient admit flow and for his work to improve the quality of service delivered at the South Campus

Emergency Department. Dr. Berkman also was recently recognized with the South Campus Emergency Medicine Residency Program's Outstanding Attending Physician Teaching Award.

Dr. Berkman's focus on improving the quality of service in the emergency department includes tracking data on current performance levels and comparing the data with national best performer benchmarks to establish goals for improving performance. As medical director of the emergency department information systems, he leads system improvements in clinical performance and reporting capability and works with medical and nursing staff, as well as ancillaries, to improve timeliness and quality of service on all levels. These efforts have contributed to an upward trend of patient satisfaction scores for the South Campus Emergency Department.

During the ceremony, Dale Borgeson, the DEM and UAHN department administrator, praised Dr. Berkman for "his low-key and unassuming style and for inspiring people to work for change that will improve our service to patients. He leads by example, and he inspires whatever team he is part of to get things done."

Congratulations to Dr. Berkman! Thank you for your commitment to quality!

University Campus Update



Joshua Appel, MD Medical Director, Adult and Trauma Services



Lisa Chan, MD Professor and Co-Medical Director



John A. Guisto, MD, FACEP Professor and Associate Head Clinical Affairs



Chad Viscusi, MD Clinical Director, Pediatric ED

RME Nurse Practitioners to Treat Patients at University Campus

The University Campus DEM will be hiring RME Nurse Practitioners (NP.) The role of the NP will be to work independently treating patients and signing their own charts, while the RME physician will focus on triaging patients and starting workups on level 2 and 3 patients while they await ED beds.

Whiteboard Communication Begets Overall Satisfaction

Improving patient communication and implementing the I CARE values has increased patient satisfaction at University Campus. The team has initiated the following strategies: AIDET, plan of care on the whiteboard, teaching the patients about their medications and the use of bedside report which involves including the patient in the transition-of-care conversation. The bedside report helps to clarify information that may not have been accurately communicated and engages the patient and family in the plan of care.

"Engaging the patients in their care while in the ED facilitates their follow through with the discharge plan. It is exciting to have the physicians work with us on the white board communication with patients as we find that it is also helping us with our interprofessional communication," said Angela Westergard, RN, MSN, MBA, CEN. "We are encouraging each other in the I CARE values, remember that little things mean a lot: say hello and thank you."

Welcome to Our New Faculty



Richard Amini, MD, RDMS, formally joins the DEM faculty full time as assistant professor and ultrasound director at UAMC – South Campus. He recently completed clinical scientist program and emergency ultrasound fellowship at the DEM and was elected the new Threads, Themes and Topics

(TTT) Evidence-Based Medicine Director in July.



Nicola Baker, MD, joins the DEM as a clinical instructor and an emergency ultra sound fellow. She recently completed her emergency medicine residency at the DEM and is fluent in Spanish.



Eric A. Chase, MD, joins the DEM as assistant professor. He recently served as a clinical instructor with the DEM and completed a fellowship in critical care medicine with the UA Department of Internal Medicine.



Anne L. Gallion, MD, joins the DEM as a clinical assistant professor at South Campus. Dr. Gallion recently served as assistant professor with the UA Department of Family and Community Medicine at South Campus and the Mayo Clinic Health System in Minnesota.



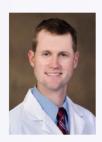
Kevin E. Gaskin, MD, joins the DEM as a clinical instructor and a DEM ultrasound fellow. He is fluent in Spanish and has completed residencies in emergency medicine and family medicine and a fellowship in rural faculty development. He is board certified in family medicine.



Cameron Hypes, MD, joins the DEM as a clinical instructor and as a critical care fellow. He joins the DEM having served as chief resident at the Henry Ford Hospital in Michigan.



Allison Lane, MD, joins the DEM as a clinical instructor and a sports medicine fellow. Dr. Lane recently served as chief resident at South Campus and has a background in EMS.



Aaron Leech, MD, joins the DEM as assistant professor and associate residency director of the EM/Peds program. Dr. Leetch is an Arizona native and has completed both medical school and residency at the UA. As a graduate of the Combined Emergency Medicine/

Continued on page 4

Pediatrics Residency, Dr. Leetch holds a dual appointment with the Departments of Emergency Medicine and Pediatrics.



J. Scott Lowry, MD, FACEP, joins the DEM as a clinical assistant professor, having served as an emergency physician/attending at Carondelet Health Network St. Joseph's and St. Mary's Hospitals and the Tucson Medical Center. He is fluent in Spanish.



Noah Matthew Tolby, MD, joins the DEM as clinical assistant professor having served as a community-based physician at Carondelet Health Network St. Joseph's and St. Mary's Hospitals.



Vivienne Ng, MD, MPH, joins the DEM as the director of emergency medicine simulation and as an assistant professor. Dr. Ng recently completed a medical simulation education fellowship and an ACEP teaching fellowship at UC Davis.

Welcome to Our New Staff



Donald Davidson, MD, joins the DEM as an academic research fellow. He will work with Dr. Kurt Denninghoff and the research team on the following projects: ventilator associated pneumonia, sepsis, EM physician productivity, assessing less

invasive hemodynamic monitoring (flotrack vs swan ganz catheter), as well as assisting the research team in audits, patient follow up and serving as an on-call research backup. He plans to match into an EM residency program this year and has interests in EMS/prehospital care and quality improvement.

Welcome to Our New Residents

As our new residents become familiar with their surroundings and make lifelong friendships within our department, we look forward to getting to know you better and helping you to accomplish your educational training.



Keith Primeau, MD Benja

Benjamin Ruffatto, MD



Olga Gokova, MD

Amber Rice, MD

Get to Know Our New Resident Moses Mhayamaguru: A Portrait in Persevering Success

First-year emergency medicine resident, Kubwimana Moses Mhayamaguru moved from Rwanda, to India, the Philippines, Florida and finally to Arizona and the UA, overcoming many roadblocks to achieve his goal of becoming an emergency medicine physician.

He credits his faith and his family's commitment to education for his indefatigable pursuit of a goal that at times seemed unattainable.



New residents: Anthony Cappa, MD, Sean Murphy, MD, Moses Mhayamaguru, MD and Michael Minckler, MD

From Rwanda, Mhayamaguru's family, who are Seventh-Day Adventists, relocated to India and lived in a tin sheet house. His father worked seasonally in Norway, selling religious and health books, door-to-door, as both parents worked to complete bachelor degrees. The family eventually moved to the Philippines. There his parents continued on their determined path for higher education both for themselves and their children.

In the Philippines, Moses completed his medical school education and finished a postgraduate medical internship, only to learn that Philippine law prohibited him from doing a residency program. But that didn't stop him for pursuing his health care provider goals.

"While in college, genocide broke out in Rwanda, creating a challenging situation for my family. Because Philippine law bars foreigners from proceeding on to residency, I decided to pursue a doctor-to-nursing bridge program to increase my options," he said.

In the ten years it has taken him to begin his medical residency training at the UA Department of Emergency Medicine, Moses focused on becoming a highly skilled emergency nurse, learning and improving his knowledge, skills, capabilities and expertise in emergency medicine.

He became a licensed paramedic in the state of Florida, nationally certified as an emergency nurse and certified as a flight registered nurse. Moses is basic life support (BLS) and an advanced cardiac life support (ACLS) instructor, as well.

He credits his experience as a nurse and his training as a physician for giving him a unique insight into the patient experience.

"Being involved in patient care in different capacities throughout my career in health care has helped me understand the patient and teamwork experience because it has always been interesting to hear patient's complaining about or

complimenting nurses. Then, when my role changed to an ER nurse, I heard similar complaints or compliments about physicians," he said.

"There is one thing that always stood out: whenever the two professions worked in sync along with the paramedics and other health care professions, one didn't need any rocket science statistical data to prove that the patient always appeared more satisfied with the collaborative care experience. Most importantly, since all of the health care team members worked together, outcomes and patient experience always tended to be positive," he said.

Upon going through the resident orientation and joining the UAMC team, Moses said the focus on patient-centered care utilizing the communication tools AIDET and I CARE, has resonated with him. "There is nothing more important than a simple introduction to the patient and genuinely caring for the patient. It reinforced what I witnessed in my experience both in my original internship and as a nurse that patients don't care how much you know, until they know how much you care."

He is impressed with the team atmosphere exhibited at UAMC and at the UA Department of Emergency Medicine.

"I would define interprofessional education in one word – teamwork. We are all a team working for one cause and that is to get the patient feeling better. Teamwork is great medicine, safe for the patient, and at the end of the day, can help reduce health care costs exponentially. I am committed to the pursuit of excellence as an emergency physician and believe that I can contribute to emergency care as a leader in the field."

DEM NEWS



Five abstracts by the DEM's Sepsis/Infectious Disease Research Collaborative have been accepted by the European Society of Intensive Care Medicine Congress to be held October 5-9 in Paris, France.

Congratulations to the following faculty, residents and students for your contributions: Kurt Denninghoff, MD; Kristi Grall, MD MHPE; Lisa Stoneking, MD; Amar Vira, MD; John Rosell, MD; Laurel Cox, MS; Brendan Munzer, MD; Alan Williams, MD; Jessica Gonzaga, RN, FNP; Wanda Larson, RN, PhD.

Dr. Lawrence DeLuca, Jr., EdD, MD and PI for the projects will represent the team effort at the congress.

The following five abstracts will be presented:

- Development and Assessment of an Integrated Curriculum in Critical Care Procedural Competency and Radiography for Emergency Medicine Residents
- Development of a Hospital Credentialing Instrument For Emergency Medicine Physicians Who Have Completed Fellowship Training in Critical Care Medicine
- Assessing Feasibility and Compliance with a Ventilator-Associated Pneumonia Bundle in an Academic Emergency Department
- Incidence of Ventilator-Associated Pneumonia in Patients Intubated in the Emergency Department
- Characterization of the Procalcitonin Response Curve Following Initiation of Extracorporeal Membrane Oxygenation

We are extremely fortunate to have such a talented and ever-growing interdisciplinary group! Congratulation to all on this exceptional accomplishment!

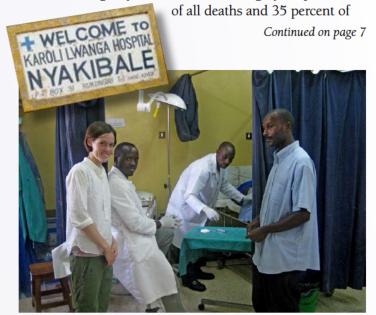
DEM Case Report Featured in The Lancet

Lori Ann Stolz, MD, was recently published in *The Lancet*, the world's leading general medical journal. Her **case report** addresses the benefits of task shifting and the use of point-of-care ultrasound in resource-limited settings including acute care settings. The case report highlights its low cost, portability, safety and ease of use.

Dr. Stolz shares the success of small changes in the delivery of emergency care, known as task-shifting, in resource-limited settings that have resulted in impressive and tangible decreases in pediatric inpatient mortality. Task shifting has been used with success in other instances, including antiretroviral treatment and obstetrics care, but has not been readily adapted for acute care.

The DEM works with the **Global Emergency Care Collaborative** in rural Uganda to train nurses in the development of a basic differential diagnosis, the use and interpretation of bedside ultrasound, basic laboratory investigations, the provision of stabilizing treatment such as antibiotics and IV fluids and basic emergency procedures. In the emergency department of Karoli Lwanga Hospital, nurses are trained to assess which patients require emergency assessment by a physician and through its novel task-shifting program nurses are trained to provide acute care when physicians are unavailable.

Emergent conditions that could be addressed by timely, accurate emergency care account for roughly 45 percent



the disease burden in low-income and medium income countries. Within the developed world, case fatality from intussusception is less than one percent; however, within sub-Saharan Africa, this number reaches 13 percent. Scarcity of diagnostic testing and delays in diagnosis are reasons for this disparity. Intussusception is only one of the conditions with high morbidity and mortality requiring advanced skills of recognition and prompt triage.

In the case study, Dr. Stolz and colleagues Hilary Kizza, Kevin Little and Joseph Kasekende share the successful treatment of a vomiting and weak five-month-old male baby who was brought to the emergency department of the Karoli Lwanga Hospital in rural Uganda. The child had been treated for malaria at an outside clinic for several days. Despite treatment, his malaise and vomiting had progressed, with new symptoms of abdominal distension and one episode of bloody stool.

On arrival at the emergency department, the child was assessed by local emergency care practitioners, who are nurses with two years of additional training in providing acute care without direct physician oversight. The emergency care practitioner identified the child as being acutely ill and needing resuscitation. The practitioners found striking abdominal swelling and noted tachypnoea and tachycardia and began initial stabilization with oxygen therapy and IV fluids.

The differential diagnosis consisted of small bowel obstruction, dysentery, typhoid fever, intussusception, intestinal obstruction, or peritonitis. The child had normal hemoglobin, negative rapid HIV test and blood smear without parasites.

The radiology department, which could provide plain radiography and ultrasound only during daytime hours, was closed. The nurse was able to perform point-of-care abdominal ultrasound using a SonoSite MicroMaxx (Bothell, WA, USA). He saw trace free fluid in the abdomen, intestinal obstruction and a target sign (figure), which was confirmed by the attending physician.

Abdominal surgery showed that 13 cm of viable ileum had invaginated through the ileocaecal junction. The bowel was easily reduced and ileal resection was not necessary. The patient was treated postoperatively with analysis and prophylactic antibiotics. He was discharged in good condition to home in the care of his mother five days after the operation. This case draws attention to a non-physician medical provider recognizing an emergent condition and expediting definitive treatment, and the effective use of task-shifting.



UAHN CEO Michael Waldrum Meets with DEM Faculty

Mike Waldrum, CEO and president of The University of Arizona Health Network, met with the faculty of the DEM and he candidly spoke on a variety of topics related to the organization's strategic plan, changing its current culture, Epic, future growth, billing issues, ED throughput, on becoming an accountable care organization, unfunded research and his optimism for the network's future.

The Strategic Plan:

Dr. Waldrum said the network's fundamental principles came down to quality of care, financial outcome and the experience of the patients, employees and affiliated professionals.

"We can't have excellence in quality and finance, if we don't have excellence in experience. All of our activities are centered on pushing these objectives. These are our three overall business imperatives and we can't have success in one area without having success in the others."

He said the organization would not be successful with a 70 percent historical rating of patient satisfaction. "What are we going to do to improve that number? I challenge each of us to think about what we are doing to drive that number forward. It is fundamental to our success."

ED Throughput:

Dr. Waldrum recognized that 70 percent of the network's patients that need in-patient health care come to the organization through the emergency department. He sees ED throughput as a system's issue and acknowledges that other parts of the organization are not engaged in how the ED operates.

"Practices, standards, role of practitioners, authorizations, all are fundamentally important to the success of the organization. You can't drive quality, finances and experience, when people have to wait. No one likes to wait. It kills us financially, it kills us in quality and it kills us from a patient experience."

"We have to be successful in making this positive for this organization. I believe the ED physicians have the knowledge, expertise and ability to say who needs to be admitted and who they need to be admitted to. I believe we should have very definitive practice rules. This is a practice faculty issue, you guys want to solve problems, get the appropriate faculty in a room together and determine what the professional rules are and hold each other accountable for doing it, in a professional way and that will concentrate on how to refine that system.

"In my experience, if you have committed leaders, and you energize them and hold them accountable, it does get better over time. I love flow and human dynamics and I love queue. This is about flow and getting people through our institution."

Epic and Redundancies in Billing and Coding Issues:

Dr. Waldrum said that the Epic system is the organization's number one priority. The system will interact with every patient, every provider – everything that the organization does moving forward. They system will drive the quality of care and will have an impact on finances.

He acknowledged that the redundancies in billing have not been resolved and said a team is working on improving the system.

He was asked not to take away the ED's specialty specific billers and said that none of the conversations he has had on coding involve taking away billers/coders but with Epic, it may become more decentralized.

On Future Growth:

Dr. Waldrum said the organization is working on an ambulatory strategy that is assessing where current services are located and who they serve, with an eye on changing the payer mix of the people served. "We can't meet all of our missions unless we can change our payer mix a bit. It doesn't mean we serve less underserved populations. It means becoming the provider of choice and having more people that choose to come here."

There is a team meeting to assess the needs including assessing the financial investment, which he estimates at a \$150-\$200 million investment. On capital improvements, he estimates a minimum of \$500-\$750 million is needed. He explained that the organization cannot borrow money with A-rated bonds like the UA can.

On Becoming an Accountable Care Organization:

Dr. Waldrum said the organization is working to better understand the cost of care across the continuum of care and said that owning the health care plan is a huge asset.

On Unfunded Research:

Currently, UAHN spends \$80 million per year on the practice. He said the network does two things: It supports the College of Medicine and it builds buildings, after it pays everyone. They are investigating if \$80 million per year is the right number and what the return has been for that amount because currently, they don't know what the money is being used for and if it is being used to drive the organization's mission.

"So far I haven't found anyone who knows the answersneed to know to be responsible and to look for opportunities to create more margins to achieve those missions. We need to create more resources to invest back into the organization."

On Being Open to Failing in a New Context and His Optimism for the Organization's Success:

Dr. Waldrum said the leadership at AHSC, the College of Medicine and UAHN, (Dr. Skip Garcia, Dr. Steve Goldschmid and himself) has agreed to drive their missions together to advance forward and have the opportunity to fail in a new context.

"We need to be leaders in academic professionalism. We all work for a company, the UA, a big organization. We can't go off and spend institutional assets without any understanding for what is expected for spending the institutional assets." He said the organization's history and economic outcome has been akin to a tragedy of the commons, where everyone has done what they want and the common assets get destroyed.

"The question I have for our organization is, do we have the institutional will not to drive the next guy out of town and to actually make change happen? When you start action, people wind up against you, these are cultural attitudes here that have to change to have success."

"The potential here is realizable. We have a huge upside here. It is really exciting. I don't believe in wholesale reorganization kind of stuff. If you just turn things a bit, realign the structure. Everyone wants the same thing, it will happen."

Sharks Bite but Amini Brothers' Idea Perseveres

Looking to make communication between patients and doctors an easy, intuitive and secure process is the entrepreneurial idea that catapulted Drs. Richard and Albert Amini, who are brothers and UA



College of Medicine – Tucson residency graduates, onto national TV with an appearance on ABC's "Shark Tank." Their pitch on the show was not well received by the team of investors known as sharks, but the brothers' idea has resonated with other investors who have expressed interest in their RoloDoc business plan to link patients with their doctors.

Drummond Joins the Conversation

Dr. Brian S. Drummond, MD, FAAEM has become a regular contributor to the independent news and views online news source, The Conversation. The publication's editors seek out worldwide university experts on a variety of news-breaking topics. Dr. Drummond has been asked to write on his experience as an emergency medicine

physician and to explain the cause and ways to prevent heat stroke.



http://theconversation.com/search?q=brian+drummond

Richard Amini, MD, performs ultrasound for the cameras.

Samuel M. Keim, MD, being filmed for Health Break.

DEM Featured in UAHN/KOLD Health Break

UAHN has sponsored health segments running on Channel 13 KOLD during the morning and evening news. The segments are 60-second commercials on a variety of health topics, focused on promoting the quality of care found at UAHN. The segments will run several times each, over two weeks. We'll keep you posted on the date of the DEM KOLD premier.





Dr. Ben Munger Retires



The DEM and indeed, the field of emergency medicine, will greatly miss the daily presence and tremendous insight of **Ben Munger**, **PhD**, who announced

his retirement in June and has since moved to Michigan. His contributions to emergency medicine have been vastly impactful.

He is the founding executive director of the American Board of Emergency Medicine (ABEM) and also served as director of education and associate executive director for the American College of Emergency Physicians. He was responsible for coordinating the program that led to the recognition for Emergency Medicine as a primary medical specialty.

Dr. Munger has been directly involved in the development and approval of multiple joint subspecialties including Pediatric Emergency Medicine, Medical Toxicology, Sports Medicine and Undersea and Hyperbaric Medicine. In 2003, he began serving as associate head for research and associate director of Arizona Emergency Medicine Research Center at the

UA DEM. As a consultant,
Dr. Munger has been involved
in the development of multiple
subspecialties including the
ABMS approval of Hospice and
Palliative Medicine and Clinical
Informatics. Dr. Munger retires
as associate professor and special
projects advisor at the DEM, but
continues in the field as a board
member and consultant with several
national medical specialties.

Dr. Munger's friends and colleagues at the DEM shared their thoughts on his retirement and their friendship:

Sam Keim, MD, MS

Ben has been a huge influence on many of us and we hope his retirement is on paper only. My first interaction with Ben was as a novice ABEM Oral Examiner. I still remember the impact even his orientation had on me. Ben is simply amazing at synthesizing and communicating concepts. We're looking for a winter date to hold a "Ben retirement" party.

Harvey Meislin, MD, FACEP, FAAEM

Dr. Munger took great joy in the success of our specialty and the success of others, often above his own. He is of work. Upon his arrival at the DEM, Ben worked to develop ScholarQuest, our residency research program, improve the internationally acclaimed AHLS program and worked to establish our residency program and involvement at what

was then Kino. He helped establish the College of Medicine (COM) presence in Phoenix and the specialty of Medical Informatics, both locally and nationwide. I can't think of anyone he interacted with at the COM who isn't grateful him after his first retirement.



1989 – Celebrating the vote by the American Board of Medical Specialties that approved Emergency Medicine becoming a primary board.

From left to right: Joe Clinton, Harvey Meislin, Ron Krome (deceased), Mike Vance (deceased), David Wagner, Ben Munger (Executive Director of the American Board of Emergency Medicine), Judy Tintinalli, Gail Anderson

Peter Rosen, MD, FACEP

I was delighted to find out when Harvey Meislin invited me to spend time at the UA, that Ben was in residence. It was part of a truly enjoyable period in my life, when I got to spend time with him in Tucson. Not only was it impressive to watch him develop ScholarQuest, the most useful resident introduction to academics and research with which I am familiar, but we became even closer personally because of his willingness to tolerate me as a golf partner, even though he was a scratch golfer, and I, a beginning hopeless duffer. I truly admire his patience, and he always made it fun when I was ready to see if my golf clubs could swim.

I also watched him at work in Italy where he generously came to Florence to help in our Harvard project to develop emergency medicine in Tuscany. He came to help me create the final examination for our course in Florence, and we quickly developed a very strong examination that is now a key part of the training program in Tuscany. As always, he convinced a disparate group of people, Italian and American, to work in harmony and achieve a very useful process.

I wish him nothing but excellent health and joy in retirement, and can only hope that we can induce him to make many return visits to Arizona.

Kurt Denninghoff, MD

The opportunity to work with Ben Munger was a major attraction leading to me coming to Arizona and my high expectations were all exceeded!!! He is selfless, works tirelessly for others, always seems to underestimate his own importance and is a truly good friend. I have never asked for his help and been turned down. I don't think is in his nature to refuse a genuine request for assistance. I feel probably deny being so.

His vision, ability to perceive slight shifts in attitude and to never lose site of the goal, are just a few of his great qualities. I consider it a true honor every time I have the privilege to work with him!!!

Daniel Spaite, MD, FACEP

It is nearly impossible to overstate the significance of Ben's impact on the specialty of emergency medicine. He was the perfect executive director to lead the building of the processes and infrastructure at the founding of the American Board of Emergency Medicine. His efficiency and effectiveness in this process created an environment that maximized the opportunities for producing excellence in our specialty. Furthermore, ABEM became the envy of the other sub-boards of the American Board of Medical Specialties and many of the processes that have been adopted throughout the ABMS system have come from Ben's leadership.

Many people aspire to power. Ben...on the other hand...is simply the kind of person who has so much insight and wisdom that everyone wants to know what he thinks...even if it's an arena where he has no position or power or "official portfolio." His ability to listen to complex problems, understand them, and quickly identify systems and approaches to efficiently solve them is remarkable.

Finally, he is an amazing person. I'm not sure I know anyone else who has had positions of such influence...and yet has no enemies. Ben treats

everyone with dignity, kindness and understanding. His wisdom and humility simply wins people over. He doesn't have to be the loudest... or have the last word. And yet, at the end of a conversation...everyone wants to hear what Ben is thinking. I aspire to have the kind of personal qualities that seem to come naturally for Ben. I am most grateful to be able to call him my friend.



UA COM Alumnus of the Year, Emergency Medicine Professor and Champion of the Underserved, James Scott, MD, Draws Record Number of DEM Faculty to White Coat Ceremony

Dr. James L. Scott, a professor of emergency medicine and former dean of The George Washington University School of Medicine and Health Sciences in Washington, DC, met with Dr. Keim and the DEM faculty during his visit to the UA as keynote at the College of Medicine – Tucson White Coat Ceremony.

ALUMNI CORNER



Pay it Forward

The DEM is counting on its alumni. Through the Pay it Forward Fund, we are looking to you to help cover the costs

of hosting alumni events, including the annual Alumni Social at ACEP. The Pay it Forward fund serves to cover the costs of a number of fantastic research and educational opportunities and **NONE** of these will happen without our **ALUMNI** paying it forward.

We no longer have the ability to cover these great programs on our clinical enterprise and, unfortunately, the State funding is not even enough to cover our faculty teaching and research time. The residency budgets have been cut back to roughly 50 percent of what they were when you were a resident.

Alumni donations are all tax deductible and will offer tremendous education and research opportunities for our residents and faculty – all for the ultimate benefit of

improving patient care. The best part is that YOU can decide where you want your donation to go. There are even opportunities for you to name a program.

Your gift will work to ensure that our department continues:

- to attract the nation's best and brightest resident physicians and train them to become leading emergency medicine physician scientists
- to be the international leader in Airway Management research
- as a frontrunner in advancing clinical translational research
- innovative early interventions for brain injuries in the pre-hospital setting
- · as a leader in emergency critical care medicine
- to emerge as a national program in emergency medicine global health initiatives
- to improve the emergency care of people, not only in Arizona, but worldwide.

How You Can Help

You can start by visiting the DEM Alumni webpage and make a contribution today. You can direct your donation to any of the following programs for this 2013-2014 academic year:

- General Emergency Medicine residency programs (research, travel, awards)
- Specific Emergency Medicine residency programs
 - University categorical program
 - University Emergency Medicine/Pediatrics program
 - South campus categorical program
 - Global Health initiatives (including travel for international work)
 - Spanish for Emergency Physician Residents (Spanish instructors)
- Alumni Social at ACEP

We greatly appreciate your support!

Welcome New Alumni and Farewell to Our Residents

We said farewell to our 2013 residents during two graduation ceremonies held at the Skyline Country Club and we are happy to welcome you as new alumni to the DEM family. The two ceremonies celebrated the South Campus and University Campus residents' achievement and contributions to emergency medicine in Arizona. The pride of accomplishment expressed from family members and faculty for the residents are the cornerstones of academic medicine.





2013 University Campus Residency Awards:

Pediatric Award of Excellence: Justin Korinek, MD
Resident of the Year Award: Alexander St. John, MD
Research Award: Alexander St. John, MD
Outstanding Senior Resident: Aaron Leetch, MD
Joseph O'Dwyer Excellence in Intubation Award: Joshua Ennis, MD
Outstanding Achievement in Medical Toxicology Award: Joshua Ennis, MD

2013 South Campus Residency Awards:

Compassionate Resident Award: **Sief Naser, MD**Faculty Choice for Senior Leadership Award: **Allison Lane, MD**Resident Choice for Senior Teacher Award: **Steven Whiting, MD**Chief Resident Award: **Allison Lane MD and Steven Whiting, MD**

Emergency Medicine Academic Teaching Award:
Ash Panchal, MD
Off-Service Academic Teaching Award: Kwan Lee, MD
Resident Research Award: Irina Svirsky, MD
Outstanding Medical Toxicology Resident Award:
Steven Whiting, MD



Upcoming Events

Reunion Weekend Nov. 8 & 9

As part of the 2013
Homecoming activities, the
Office of Alumni Affairs at
the UA College of Medicine
– Tucson is offering a free
Continuing Medical Education
opportunity on Friday, Nov.
8 from 9 to 11 a.m. at Kiewit
Auditorium. "Innovative
Medicine: New Approaches to
Old Challenges" will be offered
at no cost to alumni, and to the
entire Arizona Health Sciences
Center community.

Those who wish to participate should RSVP to Holly Altman, at haltman@email.arizona.edu or (520) 626-9423.

Homecoming 2013 features a collegiate and campus showcase, pep rally, tents on the mall and tailgate and a homecoming parade before the big football game. Visit the UA COM Alumni page to learn more.

To stay involved look for the next edition of the newsletter.





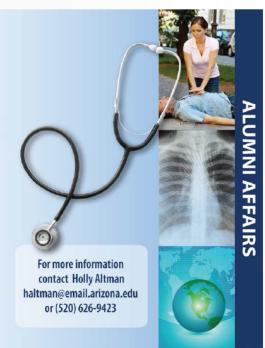
Join Us For Continuing Medical Education INNOVATIVE MEDICINE

New Approaches to Old Challenges

2 AMA PRA Category 1 Credits™

Where: Arizona Cancer Center, Kiewit Auditorium When: Friday, November 8, 2013 - 9 am - 11am

- Increasing Survival Rates with New Treatment of Sudden Cardiac Arrest
- Changing the Management of Lung Cancer in the Southwest
- The Global Health Workforce: What we are doing and what should we be doing?











The University of Arizona Department of Emergency Medicine Newsletter features news, faculty, staff and resident spotlights, department updates, new hires, calendar items and other items of importance for the department. Please send comments, feedback and suggestions to the editor, Rebecca Ruiz McGill, at rruizmcqill@aemrc.arizona.edu.

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