Message from Sam

Message from Sam Keim, MD, MS, DEM, head and director of the Arizona Emergency Medicine Research Center:

Welcome to the third edition of the newsletter! Great stuff – keep reading!!

The new University of Arizona Health Network CEO has made it clear that our EDs need help from the entire network to reduce over-crowding. He is calling on the Practice Plan to improve consultation times and processes, reduce obstacles to rapid admissions and improve diagnostic turn-around times. I am not going to forget these words nor miss the opportunity to get progress!

We have made progress with regard to quality of care, including improving patient satisfaction scores. One great opportunity continues with a quest for improving communication. This is relevant for all aspects of our environment. Keep talking!

A special note of appreciation to Kevin Reilly and Lisa Chan who have been amazing informatics leaders. Clearly the best of the best.

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

Brian Drummond, MD,
Medical Director at UAMC – South Campus

Joshua Appel, MD,
Co-Medical Director,
UAMC – University Campus

Lisa Chan, MD,
Professor and Co-Medical Director,
UAMC – University Campus

John A. Guisto, MD,
FACEP, Professor and Associate Head Clinical Affairs, UAMC – University Campus

The University of Arizona Health Network is in the midst of training users on the new Epic system, a single, integrated electronic health record (EHR) accessible by all providers and staff, across all locations. Epic is now planned to launch in one Big Bang in November. Updates on when the training will occur will come out as soon as we have details. The Epic system looks to enhance the patient experience by improving the quality, efficiency and safety of clinical care within the UA Health Network. Epic also looks to enhance the academic experience of UA College of Medicine – Tucson students and residents,
South Campus Update

The South Campus Emergency Department team has over 50 beds and a wonderfully collaborative team whose contributions were celebrated during Nurses Week, May 6-12.

South Campus is a vital training facility for the DEM’s residents and the team works to help train the residents, while also learning from resident training. The resident training aspect is one of the most rewarding experiences at the South Campus.

The nursing staff also is preparing for their Epic Training and the nursing team will include super users who will train others and serve as resources. The team looks forward to the EPIC launch when patient records can be shared between University and South Campus.

University Campus Update

During Nurses Week, May 6-9, University Campus nurses, Bill Kluge and Randy Blute, became Certified Emergency Nurses. They are a welcomed part of the University team. Congratulations!

University Campus nursing recruitment continues and reports that they are nearly complete with most of their hiring needs. The DEM welcomes all the recent hires to the University Campus!

During the EPIC training, the nursing team will include super users who will train others and serve as a resource for others on the nursing team.

DEM in the Community:

This year’s Angel Thunder exercise in April involved over 2,000 personnel from all of the military services, 40 non-military agencies and at least twelve international partners. The exercise simulated personnel recovery procedures that would be used during a real-world emergency or disaster event and included DEM faculty and residents.

The DEM hosted a First Responders Appreciation Day with the Northwest Fire Department that included Sonoran hotdogs from Guero Canelo and training provided by the DEM’s Advanced Disaster Preparedness and Response program. The event was held at the Northwest Fire District.
The Society for Clinical Trials has awarded the 2012 Trial of the Year to the Rapid Anticonvulsant Medication Prior to Arrival Trial, known as RAMPART, which has led to better pre-hospital treatment for people suffering prolonged seizures.

The study, sponsored by the National Institute of Neurologic Disorders and Stroke, was conducted with partners throughout the nation including the Glendale Fire Department in partnership with the Arizona Emergency Medicine Research Center (AEMRC).

Prolonged seizures kill 55,000 Americans each year and thanks to the RAMPART Trial, a quicker and more practical way of treating life-threatening seizures before patients reach the hospital has been confirmed.

The results of the study were published in the February 2012 issue of The New England Journal of Medicine where findings revealed that, for patients in prolonged seizure, the intramuscular injection of the seizure medication midazolam was found to be at least as safe and effective as the medication lorazepam administered intravenously for pre-hospital seizure cessation.

In all, RAMPART involved more than 4,000 paramedics, 33 emergency medical services (EMS) agencies and 79 hospitals across the U.S. to test the efficacy of intramuscular auto-injectors filled with the medication midazolam versus the use of the intravenous medication lorazepam, for the treatment of acute seizures.

Ultimately, over 1000 patients with convulsive seizures lasting longer than five minutes were randomly assigned to either intravenous lorazepam or intramuscular midazolam.

The RAMPART study was designed and conducted by the Neurological Emergencies Treatment Trials (NETT) Network. The NETT is a multidisciplinary clinical trials network of regional hubs dedicated to improving the care of neurological emergencies and is funded by the National Institute of Neurological Disorders and Stroke.

The Glendale Fire Department and the AEMRC have been recognized for their key role in this groundbreaking study. The Glendale Fire Department was recognized as the trial’s top performer out of 33 EMS agencies in the nation for its National Institutes of Health quality measurements in the collection and reporting of data for the study. A total of 58 patients were enrolled in Glendale during the trial.

“The RAMPART study principles resonated completely with the Glendale Fire Department Motto: Fast, Caring, Innovative, Professional. Clearly, the RAMPART trial design, with its lack of placebo arm (every enrolled patient got therapeutic and potentially lifesaving medication) and easily measured end-points was the very definition of innovative,” said Garth Gemar, MD, medical director of the Glendale Fire Department.

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Janet Brewer, governor of Arizona and Tucson Mayor Jonathan Rothschild proclaimed May 19-25 Emergency Medical Services (EMS) Week, as part of a nationwide initiative led by the American College of Emergency Physicians.

During the week, Samuel M. Keim, MD, MS, head of the DEM, met with Mayor Rothschild to thank the mayor for his proclamation and to discuss emergency medicine programs, services and trainings the department offers to the community.

The mayor shared his 360 Plan and the health and wellness efforts he is leading to create a healthy Tucson and its focus on addressing the needs of seniors, youth and the impoverished. Mayor Rothschild and Dr. Keim agreed to coordinate to promote community-directed health efforts.

The DEM hosted events for local pre-hospital emergency medical providers, including emergency department physicians and support staff at The University of Arizona Medical Center – University Campus and The University of Arizona Medical Center – South Campus.

Also during the week, the University and South Campuses participated in a statewide emergency-preparedness exercise.

The EMS Week national theme, “EMS: One Mission. One Team,” captures the everyday commitment of the UA Department of Emergency Medicine to provide excellent emergent care training and to conduct research to advance knowledge, both in the pre-hospital and emergency department settings.

The Preparedness Training Institute and the Arizona Resuscitation Research Institute, programs of the DEM, fulfill their missions by offering training to emergency medicine services providers, locally and nationally, that are aimed at reducing morbidity and mortality in emergency care.

Daily events, hosted by the DEM, included raffles, a hotdog cart, barbecues and Eegee’s, along with training exercises, to recognize the dedication and commitment to safety of those who provide the day-to-day lifesaving services in medicine’s front line.
DEM Research Dazzles at SAEM Nationals

Fresh from presenting 20 percent of the talks given at the western regional meeting of the Society of Academic Emergency Medicine (SAEM) held in March, the DEM has returned from the May national meeting of the SAEM, with an equally impressive showing.

During the national meeting, the DEM gave a total of 37 presentations, 21 were oral presentations and 16 were posters. The DEM abstracts represented four percent of the nearly 1,000 abstracts at the conference accepted from throughout the nation. Out of the 37 abstracts, 11 were co-authored by DEM residents as part of the DEM ScholarQuest program.

Key research abstracts presented at SAEM nationals included: Ultrasound, Critical Care, EMS and Airway Management.

NEW HIRES

Dr. Eric Chase begins his tenure as assistant professor of emergency medicine and internal medicine/critical care medicine at the DEM in July. He will split his time between medicine critical care and emergency medicine. Prior to commencing his two year Critical Care Medicine Fellowship, Dr. Chase served as chief resident for the categorical EM program at the UA. He joins Drs. Mosier and DeLuca in advancing critical care within the UA Health Network.

2013 AMES Block and Clerkship Award Goes to DEM

The Academy of Medical Education Scholars committee at the UA College of Medicine has recognized the DEM emergency medicine/critical care year III/IV rotation with the Block and Clerkship Award. Our rotation was the recipient of the 2013 Year III/IV award. “The committee was very excited by the degree of collaboration and educational scholarship demonstrated in your nomination and by the rotation.” It will officially be announced at the Faculty Teaching Awards in November. “Thank you all for helping to make this rotation the BEST in the College!” Kathy Hiller, MD, associate professor of emergency medicine and director of medical student education and Kristina Walters, DEM academic affairs and medical student clerkship program coordinator.

as well as other students in the Arizona Health Sciences Center, who will benefit by learning patient record keeping on one of the most technologically advanced electronic health systems available. Dr. Lisa Chan and Dr. Kevin Reilly are the Department of Emergency Medicine’s resource on the Epic transition. Good luck in the transition process everyone!
Emergency care ultrasound has been performed by radiology departments for decades and traditionally, the radiology department was the only means to obtain a diagnostic ultrasound. With remarkable advances in technology, portable ultrasound systems have become capable of capturing high quality images and have become an important tool in the ability to make a rapid bedside diagnosis in the emergency department.

The implementation of point-of-care ultrasound programs within the emergency department has resulted in more precise evaluation and diagnosis and in the reduction of morbidity and mortality for many medical and surgical emergencies, while also improving patient throughput and satisfaction.

Thanks to the recruitment of Srikar Adhikari, MD, MS, RDMS, in 2010, the DEM has developed a state-of-the-art emergency ultrasound program that is dedicated to training medical students, residents, fellows and faculty in the diagnostic use of point-of-care ultrasound. The DEM’s emergency ultrasound program is very active at both the University and South Campus.

Dr. Adhikari completed his residency at Cook County Hospital in Chicago and then worked in a non-academic emergency department setting for four years. His interest in ultrasound gained momentum in private practice as he grew frustrated by lengthy delays in obtaining diagnostic ultrasound examinations that delayed providing appropriate patient care. He trained as a fellow at the Medical College of Georgia and following the completion of his emergency ultrasound fellowship, Dr. Adhikari made the move into medical academia after four years serving as the emergency ultrasound director at the University of Nebraska.

The DEM Ultrasound Fellowship

The Emergency Ultrasound Fellowship at the UA is a one-year program dedicated to providing the tools and expertise necessary to run an emergency ultrasound program. Fellows are trained in all aspects of emergency ultrasound, including advanced ultrasound applications; resident and faculty education; research and grant writing; ultrasound workflow; image archiving; equipment maintenance; credentialing; billing; documentation and reimbursement. Fellows are trained and provided with the skills required to function independently and competently in the role of emergency ultrasound director in both the academic and community settings.

The program is one of 86 in the nation and has already graduated three fellows. Two of the three fellows, Lori Stolz, MD and Richard Amini, MD are currently DEM ultrasound faculty and Travis Jones, MD runs the emergency ultrasound program at Flagstaff Medical Center. The program currently has two fellows, Austin Gross, MD and Katie Obrien, MD, and in July, the program welcomes two new fellows, Nicola Baker, MD and Kevin Gaskin, MD.

Ultrasound Resident Rotation, Medical Student Training and More

“Along with the mandates of the Accreditation Council for Graduate Medical Education (ACGME) that residents demonstrate competency in performing ultrasound to graduate, one of the top questions asked for residents looking for a job is whether they have ultrasound experience,” Dr. Adhikari said.
Dr. Adhikari and his team provide a resident ultrasound rotation. The curriculum is designed to develop the skills needed to perform and interpret point-of-care ultrasound examinations while integrating point-of-care ultrasound into emergency medicine clinical practice.

He and his team also instruct UA College of Medicine medical students in basic ultrasound techniques during their rotation in the emergency department.

Dr. Adhikari said the program’s next focus will be to train nurses in point-of-care ultrasound techniques. “Nurses have expressed interest and want to learn ultrasound guided intravenous access. We are looking at purchasing dedicated ultrasound system for nurses and we will begin training them in basic ultrasound techniques.”

**Ultrasound Leading by Example**

The DEM ultrasound program provides education and training for UA emergency medicine faculty to obtain ultrasound privileges. Several EM physicians currently hold privileges to perform bedside ultrasound in the emergency department. There are currently four dedicated faculty in the emergency ultrasound program: Albert Fiorello, MD, RDMS, Lori Stolz, MD, Rich Amini, MD and Dr. Adhikari. All point-of-care ultrasound examinations performed in the emergency department are reviewed for quality assurance by emergency ultrasound section faculty and fellows.

With the purchase of additional high-end, quality ultrasound systems, quality assurance, teaching, research, billing and credentialing are easier to manage. And now, ultrasound images are being transferred wirelessly into the Philips PACS system where radiology ultrasounds are stored. “This makes it easier for interdisciplinary consultations to review the images and direct appropriate therapy. We do work in collaboration with medical imaging and are always looking to improve quality by working together.”

**Ultrasound and Research**

The DEM ultrasound program has a strong research component and works collaboratively with other DEM programs such as sports medicine, critical care and others to advance and improve the care of patients with emergent problems. “We want to collaborate more with other subspecialties to learn from them and to teach them,” said Dr. Adhikari.

During the Society for Academic Emergency Medicine meeting in May, the DEM ultrasound program presented 11 abstracts, four of which were presented orally:


“Sonographic Inferior Vena Cava Measurements to Assess Hydration Status in Football Athletes During Preseason Camp,” Anna Waterbrook, Srikar Adhikari, Amish Shah, Elisabeth Jannicky, Austin Gross, Uwe Stolz.

During the American College of Emergency Physicians meeting in October, the DEM Ultrasound program will be presenting four additional abstracts.

With the program solidly heading in the right direction, Dr. Adhikari said his goal will now turn to grant writing. “The next step is to focus on securing extramural funding for research.”

**Richard Amini, MD selected as the new Threads, Themes and Topics (TTT) Evidence-Based Medicine Director**

Congratulations to Dr. Richard Amini, assistant professor, Ultrasound Fellow and Clinical Scientist Program Scholar on his selection as the new Threads, Themes and Topics (TTT) Evidence-Based Medicine Director. He will begin his new responsibilities on July 1.
The DEM is honored to count on the experience and expertise of the father of emergency medicine, Peter Rosen, MD. He routinely shares his knowledge with residents and faculty as a visiting professor at the UA and as a professor of emergency medicine working at Beth-Israel Deaconess Medical Center at Harvard Medical School in Massachusetts.

He has received numerous awards for his role in advancing emergency medicine and has served in many leadership positions for the American College of Emergency Physicians and the American Board of Emergency Medicine. He was the editor-in-chief of the Journal of Emergency Medicine and was an author and the original editor of the most highly regarded textbook in the field, *Emergency Medicine: Concepts and Clinical Practice*, now in its eighth edition.

Dr. Rosen has also co-edited numerous other textbooks, including: *The Five Minute Emergency Medicine Consult; Protocols for Pre-hospital Emergency Care; An Atlas of Emergency Medicine Procedures; Emergency Pediatrics, Essentials of Emergency Medicine and; Diagnostic Radiology in Emergency Medicine*.

Dr. Rosen, who is board certified in both emergency medicine and general surgery, is currently working on a new book that will address geriatric problems in emergency medicine. The book is part of a series of books he has published on the following topics in emergency medicine: Ethical Problems in Emergency Medicine and Cardiovascular Problems in Emergency Medicine.

Dr. Rosen said that a field without literature isn’t much of a field, and that he is most proud of two accomplishments: the literature he has created and the physicians he has trained. At the DEM, the Rosen legacy will continue not only through his scholarly contributions, but in the legacy of his great niece, Sophie Galson. Sophie will begin her residency at the DEM and represents the third generation of emergency physicians in his family.

In May, he received an honorary PhD from Washington University in St. Louis and provided a lecture to the emergency department while there.

Dr. Rosen took a moment to share his views on a number of issues affecting emergency medicine and to discuss his legacy.

**On Healthcare Reform**

Key components of the Affordable Care Act will take effect in 2014 and affect all aspects of healthcare delivery. Dr. Rosen believes that emergency departments will continue to be the only convenient way to get care within the health care system and that initially, there will be an increase in payment for services that were not being paid for before.

“The myth of primary care alleviating the workload of the emergency department is a persistent myth that won’t go away,” said Dr. Rosen. “Primary care offices will never be open 24 hours a day and even if they were, and there is no sign of this happening, primary care physicians cannot care for true emergencies.”

The initial increase in payment for services will only be temporary, as Dr. Rosen foresees government regulation on patient care being initiated to keep government costs down.

“The three pillars of the Obama healthcare plan are increased access, improved quality and lower costs. You can do one of those three, but you can’t do all three. The government has already undertaken various stratagems to decide, retrospective to the patient’s care, whether or not the treatment will get paid.”

For instance, Dr. Rosen says, the government and health planners will begin to more intensely question retrospective data after a patient’s work-up has been done to assess if payment is justified. “But there is no way, you can look at a 55-year old man with chest pain and say that it isn’t ischemic heart disease until you’ve looked into it and just because you have demonstrated that it wasn’t, it doesn’t make it an inappropriate visit to the emergency department, even though the chances are great that we will stop getting paid for just such a retrospective analysis.”

**On Maintaining Quality of Care**

“My biggest fear of government bureaucracy is that in the name of quality, they will in fact force us to deliver only
the medical care that has a high probability of success. That means that some of the patients who had a low probability of success and that we have been able to salvage, will not be eligible for that same level of care in the future.”

The solution, Dr. Rosen says, is to have doctors who are willing to creatively fight for the opportunity to save patients.

“One of the things I have seen in government controlled medical systems is the absence of creativity and the refusal to accept the use of new methods of diagnosis and treatments. We somehow have to fight to keep that kind of creativity in our practice and not just in emergency medicine, but in all of medicine.”

On the Future of Emergency Medicine

Dr. Rosen believes that medicine is evolving more and more toward two species: acute care and elective and chronic care and sees emergency physicians taking on more of the acute care needs of patients.

“We are seeing things that I never thought would come to an emergency department like the post-op care of same-day surgery. We are taking on more and more patients acutely and probably doing as good a job as we used to do when we admitted them into the hospital.”

He predicts that emergency medicine will become more specialized and says emergency physicians are already doing the bulk of the acute diagnostic care for every specialty.

“Does this mean that we will be doing the surgery and organ transplantation and skeletal fixations? No, I don’t mean that at all, but I think we are the ones who will deliver the acute septic care.” He also predicts that the emergency department will have to expand. “We have to be proactive. Not to the point of making individual house calls but perhaps institutional calls.”

“You don’t want to try to do too much out in the field and yet, there are things that make a big difference if you do them out in the field and that can be done well. We must continue to have very strong relationships with those agencies providing pre-hospital care.”

On the Role of Emergency Medicine Physicians and Earning the Respect of Peers

“It requires a certain personality to do emergency medicine. It is solving puzzles within the constraints of the pressure of time. It is managing multiple problems simultaneously and it is the chance to be the one to solve the patient’s problem acutely. Not everyone likes that. Not everyone is good at it and not everyone should try to do it, but if you do, to me it is the definition of what a physician is.”

He credits the leadership within the DEM for the respect the field of emergency medicine has gained and urges new residents to fight for that respect.

“I think that there is a good deal more respect for our specialty than when we started and I think it’s in large measure to do with the respectability and accomplishments of people like Harvey Meislin, MD, Sam Keim, MD, Frank Walter, MD, Terry Valenzuela, MD and Ken Iserson, MD, and other members of this faculty who have put in a lot of time and energy into the development of the field,” said Dr. Rosen.

“We have got to keep fighting for that respect and the only way you are going to attain it, is by being respectable.” He urges emergency medicine physicians who become disenchanted to remember why they became a doctor and what they hoped to accomplish in emergency medicine.

“As I look back at my life in emergency medicine, I don’t feel like I wasted it. I can’t think of a single shift where I worked in the emergency department where I didn’t see at least one patient who I felt I had helped. That was one of my goals as a physician, I wanted to do something that was worth doing that would help people and that’s emergency medicine. You have to remember the price tag for doing something worth doing is high, but it’s worth paying.”

On the Challenges in Emergency Medicine

Dr. Rosen said there are two big challenges facing emergency medicine: Geriatric care and the change in the bacteria and viruses that cause disease.

“We see very few diseases in the elderly that are a onetime event.” In treating geriatric patients, Dr. Rosen said, the norm is to expect re-admittance to the emergency department for age-related care and the treatment of chronic diseases that worsen over time. He anticipates that with the healthcare reform act, emergency departments will face bureaucratic obstacles in the payment for those re-admitted.

He also said bacterial resistance will continue to be a challenge for those practicing medicine, including those in the emergency department. He recalled a statement made by the late Nobel laureate, geneticist and microbiologist, Joshua Lederberg, who said, we are at a war with bacteria and we have weapons that only work for a while. “That doesn’t mean that we shouldn’t use antibiotics, but it does mean that we have to understand that they won’t continue to work and we have to use them wisely,” Dr. Rosen said.
Kurt Denninghoff, MD, Distinguished Professor and Associate Head for Research at the DEM is Principal Investigator for the NIH funded Southwest Neurological Emergencies Treatment Trials Network (SwNETT) Regional Hub. This regional network includes multiple collaborators from Arizona and New Mexico working on several trials like RAMPART.

Dr. Denninghoff coordinates various NETT research activities including the RAMPART study in several emergency medical service systems and many hospitals within the Southwest region. His work to foster regional collaborative effort has resulted in over $3.2 million in clinical research support for the Southwest.

“This is a groundbreaking study that will improve patient outcomes from this life-threatening emergency in the pre-hospital environment throughout the world,” said Daniel Spaite, MD, FACEP, Professor and Distinguished Chair of Emergency Medicine and Director of EMS Research. Spaite was the site Principal Investigator for the $500,000 SwNETT RAMPART study. He oversaw the protocol compliance for the study and maintains key collaborations with all hospitals receiving study patients and with EMS providers, including recruiting and training the Glendale Fire Department specifically for the SwNETT RAMPART study.

Bruce Barnhart, RN, CEP, UA Department of Emergency Medicine Research Coordinator, served as the Senior Research Coordinator for the study and Ben Bobrow, MD, FACEP, Professor of Emergency Medicine at the University of Arizona College of Medicine – Phoenix, served as the study’s site Co-Investigator.

“The RAMPART trial was the first of its kind in our region and initiating the trial required selfless effort by a large number of people. Glendale Fire Chief Mark Burdick, Dr. Bobrow and Dr. Spaite were key to us being able deploy the trial so successfully with the Glendale Fire Department. However, I must add, that Bruce Barnhart and Willie Haro who served as our EMS educators and study coordinators were simply amazing as well. It has been an honor to work with them on such an important project,” said Dr. Denninghoff.

Glendale Fire Department paramedics received initial training and continuing medical education in the management of seizures and other neurologic emergencies, as well as supplemental training in Human Subjects Research protections and in the study protocol.

“Our familiarity with Drs. Denninghoff, Spaite and Bobrow and their immense professional reputations allowed the Glendale Fire Department to trust that this was indeed a landmark trial with great potential benefit not just for the City of Glendale but for all those afflicted with seizure disorders, a greatly underserved population,” said Dr. Gemar.

Study Background

Many EMS systems have begun to use midazolam injected intramuscularly largely because intramuscular administration is faster and is consistently achievable when compared to medication administered intravenously. The practice has become increasingly common despite the lack of clinical-trial data regarding the efficacy and safety of intramuscular midazolam.

Intravenous lorazepam is the preferred treatment for patients with seizures in the emergency department, but it is rarely used by paramedics in the pre-hospital setting because of the potential difficulty with intravenous administration, as well as the short shelf-life of lorazepam when it is not refrigerated.

The study looked to assess whether midazolam injected intramuscularly would provide EMS medical directors with a practical alternative that is at least as safe and effective as intravenous lorazepam.

The lead investigators from this award winning trial will address the Society at a plenary session on Tuesday, May 21, 2013 at 4:00 PM during the Society for Clinical Trials 34th Annual Meeting to be held May 19-22, 2013.

Website update:

The DEM website is one of the first UA College of Medicine – Tucson websites to make the transition to mirror its website in the likeness of the UA Healthcare Network website, but our content will be our own with selected individuals within the DEM responsible for updating their own sections. The new site will launch in July and will feature new content and videos highlighting the DEM Residency Programs, Medical Student Training, Research, the Alumni Page and more.
DEM Lifesavers
Zip Past the Competition

The 10 members of the DEM Lifesavers Walk Across Arizona team beat the competition by more than 500 miles in their eight-week effort to out exercise the competition. The competition was made up of various team members across the UA campus. Walk Across Arizona is a yearly statewide healthy lifestyle education initiative through the UA Cooperative Extension. Dale Borgeson was the top contributor in the blow-away win with team captain Paulette Pierce, lovingly known as Honey Badger, keeping the motivation high. Thanks to all who supported the team and their efforts!

DEM Recognition

Three DEM Staff Recognized for Administrative Excellence and Service

During the 2013 Arizona Health Sciences Center Awards for Excellence Ceremony held in April, three DEM staff members were recognized for administrative excellence and service. Executive assistant Jessica Reed and academic affairs clerkship program coordinator Kristina Waters were nominated for the Lura Hanekamp awards and business office assistant administrator Toni Richardson was nominated for the Georgia Reynolds Dedicated Service Award.

We thank you for your commitment and dedication to the mission of the DEM. You make us proud to be a part of the team!

Zachary Orman Memorial Scholarship

The Zachary Orman Memorial Scholarship has been established at the UA Foundation on behalf of his UA alumni parents. Zachary Orman died in a paragliding accident on April 7. He was a third-year honors medical student who, in his short time at the UA College of Medicine – Tucson, made a tremendous impact on all who knew him with his compassion and joy of life. He will be greatly missed.

Championship Marathoner

Third-year DEM resident, Autumn Ray, placed FIRST in the St. Louis Marathon on April 7, finishing as the top female runner during the race. Dr. Ray, who often trains for runs at 3 a.m., said she opted to run in the St. Louis Marathon versus running in the Boston Marathon due to her rotation schedule. We are fortunate to have her at the DEM and glad she wasn’t in harm’s way in Boston. Congratulations!
The Department of Emergency Medicine Newsletter will be distributed at the beginning of each month and will feature 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 rruizmcgill@aemrc.arizona.edu.

To stay involved, visit the DEM master calendar and look for the next edition of the newsletter.

Events

The DEM Faculty and Resident Retreat was held on May 7 at Hacienda Del Sol where the knowledge shared and the overall gorgeousness of the setting and day will help get us through the grueling triple digit summer days ahead.

Administrative Appreciation Day at the DEM was celebrated on May 3. Thanks to Dr. Keim for making everyone feel appreciated!