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- ED receives the PICIS “User of The Year” Award
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- $1 Million grant from the Mulago Foundation supports EDs international health initiative

The Decline and Fall of the Physical Examination in Medicine

The classical approach to the clinical encounter has traditionally rested upon the history and physical examination. It is my impression from observing interns and residents “at work” that they have come to undervalue and underperform the physical examination. Our understanding of the inextricable synergy and dependence of the history and the physical examination is one of the basic tenets of undergraduate medical education. This observation also seems paradoxical to me considering the recent imposition of the clinical skills examination as part of Step II of the USMLE, which has led to a reemphasis on the patient encounter.

While my impression is based on my own anecdotal experience, I will enumerate some of the observations that led to my conclusion. Only a few of the house staff are comfortable and knowledgeable in using the ophthalmoscope. Very few know how to perform a vectored orthopedic examination. Often the orthopedic examination is performed to determine what X-rays are required rather than to establish a diagnostic threshold. The cardiac examination is often performed perfunctorily and significant findings are missed. Key areas of the physical examination are sometimes omitted e.g. the pelvic exam in a woman with nonspecific abdominal pain and a good screening neuro examination in a patient with a change in cognition.

There are a number of underlying causes of this decline. Part of the problem is that the skills of physical diagnosis are rarely taught on the graduate level by faculty mentors. Much more time is spent in discussing the operating characteristics of diagnostic tests. There are few scholarly articles concerning the skills, sensitivity and specificity of eliciting and interpreting diagnostic signs. An exception to this latter statement is the excellent series of articles on the physical examination that appears sporadically in JAMA.

Another factor is the emergence of superb laboratory tests and imaging modalities that for many disease entities are much more sensitive and specific in determining the presence or absence of a disease process than the history and physical examination used without further testing. The increasing volume of patients and the related work flow problems have put tremendous demands on the way emergency physicians budget their time with patients. Thus, the use of testing and imaging modalities in lieu of the physical examination is, in reality, a method of garnering extra clinical support.

Continued on page 2

At last, the whole family is together. Two years ago we began the process of expanding to a PGY 1-4 program. Last July, 8 of the 12 new interns joined up. This year not only do we have the full 12 interns, but 4 PGY 2 residents have joined up with the 8 from last year to make a full complement of 48 residents.

The growth this summer is in design as well as numbers. Our senior residents have each embarked on their choice of specialty tracks. Over the next year, they will each complete administrative and scholarly projects in their chosen areas. This year the tracks and the residents participating are:

- Ultrasound: Jack Choi, Clint Masterson, Tom Wu
- Observation Medicine: Dave Park
- Critical Care: Chad Meyers, Matthew Denny
- Education/Simulation: Tim Walther
- Medical Informatics/Simulation: Corey Weiner
- Global Health: Dinali Fernando, Sridhar Basavaraju
- Neuro Critical Care: Lauren Post
- Administration: Diego Caivano

Here’s an example of how it will work: This year during orientation, the residents in these specialty tracks will be participating in the planning and teaching of the new residents. Jack, Clint and Tom will be helping teach the ultrasound day; Matt and Chad will be giving lectures during the Critical Care and Airway days; Tim and Corey have planned 6 simulation sessions to coincide with the core lectures other faculty members are giving; Dave Park will be giving the lecture on Chest Pain Units.
If in reality the partial substitution of the physical examination by testing and imaging provides more precise diagnostic data and saves clinical time, where is the problem? The problem is that the physical examination is critical to determining the accuracy of the history. In addition, since the physical examination monitors the accuracy of the history, it is essential for maintaining our history taking skills. In addition, without an appropriate physical examination our ability to interpret the results of testing and imaging as the post test probability is dependant on the pretest probability.

We are working in an era where patient care is inextricably bound to customer service and patient satisfaction. Patients expect that when they come to the ED with a complaint that they receive an appropriate physical examination. To substitute a radiology technologist or a phlebotomist could undermine the physician patient relationship. Under these conditions, even if the diagnosis is correct, the lack of rapport may influence the patient to seek another opinion or to fail to comply with the therapy proffered.

When we perform the physical examination we touch the patient literally and figuratively. I believe in the innate value of the laying on of hands and stethoscope in the therapeutic process. In the process of performing an appropriate and competent examination there is bonding and transference that occurs that begins the therapeutic relationship of physician and patient. As the patient relaxes, he or she may be able to think a bit more clearly and useful new information may be communicated. The more relaxed and less stressed patient’s pain threshold may rise and their pain scale may show spontaneous improvement. I would venture to say that the few minutes it takes to perform the average vectored physical examination is more than offset by the patient’s timely cooperation, trust and compliance with their diagnostic and management program.

Precise contribution of the physical examination will vary somewhat from case to case depending upon the patient demographics and the underlying problem. However, in an emergency department where time is of the essence and we work with a limited clinical database it is essentially for high quality humanistic medicine. I am not decrying the use of appropriate laboratory testing and imaging, indeed their use is critical in many seriously ill patients. The results of testing can help sharpen our physical examination skills by giving us objective feedback. However, the value of the physical examination must not be denigrated, as the history, physical examination and testing modalities are separate source of complementary and vital information that form the infrastructure of the basic clinical encounter.

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Fellowship in Global Health Launched
Sridhar Basavaraju, Dinali Fernando, Tiffany Truong and Sanjay Bhagia will join residents from Pediatrics, Internal Medicine, and Med-Peds in launching the new, interdisciplinary Global Health track this summer. Highlights will include monthly, evening seminars during which participants will work through cases covering major topics in global health, with a focus on developing skills to implement successful programs and research projects in the field. The senior residents will then have the opportunity to initiate their project during a 2-month elective block in the winter.

Department Supports Humanitarian Mission to Belize
John Bruns, Sigrid Hahn, Clint Masterson, Bret Nelson, and Tom Nguyen had a successful trip to Belize with the student organization, Medical Students Making Impacts. In addition to seeing over 1600 patients in rural clinics and precepting 34 medical students, the group established contacts with the local Ministry of Health and set the stage to partner with a successful, local NGO on future projects relating to maternal-child health.

Emergency Medicine in Argentina and Italy
In April, Diego Caivano, Ruben Olmedo, and Andy Jagoda represented our Department at the World Congress on Emergency Medicine in Buenos Aires. With 3500 participants, this was the largest EM congress ever to be held in South America. Diego provided an award winning presentation on cocaine intoxication; Ruben, who is well known throughout South America as an expert in toxicology provided an update on advance in managing and overdose; and Andy led a panel of experts through a discussion on cases in neurologic emergencies.

Andy Jagoda is facilitating a collaboration between ACEP and the Italian EM Society which will jointly hold a Global Congress in Torino, Italy, November 9-11, 2006.

Sigrid Hahn begins research project in Honduras
Sigrid Hahn and two first-year medical students, Jonathan Goldfinger and Jeff Sharon will be launching an ED-based injury surveillance and outcome project in the largest public hospital in San Pedro Sula, Honduras, where there are high rates of unintentional injury and violence. The students were awarded the competitive New York Academy of Medicine's David E. Rogers Fellowship for their work, and the data gathered through their summer pilot study will inform the project’s next stage of improving trauma care in the ED, which will be spearheaded by Satjiv Kohli. Erika Vazquez, who will also be rotating through the busy San Pedro Sula pediatric emergency room, will be the first pediatric EM fellow to participate in the new international health component of the fellowship curriculum.

Residency Welcomes the Classes of 2009 and 2010
PGY 2 Class:
Jessica Berrios – Cornell University
Evelyn Chow – University of Michigan Medical School
Nicholas Genes – University of Massachusetts Medical School
Braden Hexom – Medical College of Wisconsin
James Hinche – Boston University School of Medicine
Lynn Ji – State University of New York Upstate
Raakhee Mahajan – Drexel University College of Medicine
Ram Parekh – New York University School of Medicine
Raghu Seethala – Jefferson Medical College
Bing Shen – Northwestern University
Michael Tafoya – Mount Sinai School of Medicine of NYU
Xun Zhong – University of Pittsburgh School of Medicine

*New PGY2s

PGY 1 Class:
Joseph Chiang – Mount Sinai School of Medicine of NYU
Mieka Close – University of California, Davis
Matthew Constantine – University of Cincinnati
Henry Curtis – Louisiana State University School of Medicine
Abiola Fasina – Mount Sinai School of Medicine of NYU
Daniel Fawaz – Medical College of Georgia
Alan Huang – University of California, San Francisco
Lisa Jacobson – University of Wisconsin Medical School
Ryan Neuhaus – University of Miami School of Medicine
Amanda Rodski – Drexel University College of Medicine
Shefali Trivedi – UMDNJ– New Jersey Medical School
Anita Vashi – University of Michigan Medical School

V Congresso Nazionale SIMEU
The first SIMEU/ACEP Global Emergency Medicine Congress
November 9-11, 2006
Torino, Italy

For more information: www.simeu.it (in Italian) or www.ACEP.org, click on Upcoming Events
Courses in English are approved for ACEP Category 1 CME
Publications / Abstracts


Shapiro JS et al. Survey of Emergency Physicians to Determine Requirements for a Regional Health Information Exchange Network. AMIA Spring Congress. 2006


Hwang U, Choi J, Harris B, Mitchell E, Oyama J. “Use of Hospital Administrative Data to Estimate Emergency Department Patient Census.” Research Forum at ACEP in October

Hwang U, Harris B, Richardson L, Morrison R.S. “The Effect of Emergency Department Crowding Factors on Pain Management.” Research Forum at ACEP in October

Hwang U, Bickell N. “Factors Associated With Delays in Patient Care For Small Bowel Obstruction.” Research Forum at ACEP in October

Basavaraju, S. "Soil Transmitted Helminths and Plasmodium falciparum Malaria: Epidemiology, Clinical Manifestations, and the Role of Nitric Oxide in Malaria and Geohelminth Co-Infection?" Mount Sinai Journal of Medicine


Bruns J, Jagoda A. Airway Management in TBI. UpToDate June 2006

Shearer P, Jagoda A. Airway Management in Asthma. UpToDate June 2006

Shearer P. Seizures and Status Epilepticus. Emergency Medicine Practice. Vol 8; 2006: 1-26.-


ED JCAHO Update

Nadine Rosenthal, RN, MS, CCRN

It was 7:01am on Monday June 26, 2006 and the schedule of events on the Joint Commission website indicated that our expected and much anticipated JCAHO survey was about to begin. The JCAHO survey team consisting of 8 individuals (a mix of nurses, physicians, administrators and life safety experts) arrived at about 8:15am that morning and spent five days at Mount Sinai visiting almost all units/areas of the hospital including ancillary and procedure areas. The ED was no exception. With the new tracer methodology the surveyors were able to follow in the footsteps of a patient and were able to visit and revisit many departments. Their focus as expected was on the national patient safety goals including patient identification, medication reconciliation, handwashing, hand off communication, universal protocol (site/side verification) and communication of critical values. In addition, other areas of interest to the Joint Commission were pain assessment, translational services, conscious sedation, and fire safety. There was even a special survey session regarding Emergency Preparedness in which the hospital excelled. Overall, the hospital was awarded full accreditation and although JCAHO may not return to Mount Sinai before another 18 months, their next survey will be truly unannounced and as such, we need to be in a constant state of readiness. Congratulations to all and keep up the great work!

Research Update

Bret Nelson and Chris Strother have begun patient enrollment for their study of CPAP in acute asthma. This funded project will study the benefit of a new technology that holds potential for improving acute asthma care. Research associates will be in the emergency department over the next year enrolling eligible patients.

NY ACEP at the Sagamore

The annual NY ACEP meeting was at the Sagamore on Lake George, July 5-8. 180 participants enjoyed great talks in a great setting. Stu Kessler, Director of the Elmhurst ED and Board member of NYACEP generously hosted an upscale dinner for all of our faculty. Eli Miloslavsky and Lynne Richardson had a poster at the research forum titled “Are Young Adults a Unique ED patient Population.” Both Andy Jagoda and Peter Shearer were also guest speakers.
Ibex Update: We Won an Award!

In the month of June, Michael Badia, Michael Roberson, and Kevin Baumlin received the "User of the Year Award" at the Picis (Ibex) User group meeting. Tommy Thompson, former governor of Wisconsin, and former Secretary of Health and Human Services, and Todd Couzins CEO Picis presented the award. Of the 190 Picis ED sites, we were felt to have done the best job; actualized the greatest return on investment and most importantly demonstrated the most improved quality of care.

PED Gets a Facelift

Artist Didi D’Errico is helping give the PED a new face. She works with a non-profit charity called Artists Helping Children, which works to bring comfort to children in Hospitals by painting murals. In our PED, Didi D’Errico has painted a few murals to brighten the environment.

Registrar Spotlight

Delores Madison has worked for Mount Sinai Hospital in the Emergency Room for 32 years. She is dedicated and a role model. We are lucky to have her on our team.

Mount Sinai Hires World Class Nurse Educator

Debbie Travis has joined our team coming from the Charity Hospital in New Orleans. She graduated from nursing school at Boston University in 1975. She is an Emergency Clinical Nurse Specialist. The majority of her 31 years of nursing has been spent in the Emergency Department. We are happy to have her join our team.

ED Stats: We Keep on Growing

May Volume: 7337 patients—7% increase from 2005
May admissions from the ED: 1702—7% increase from 2005
Average time from triage to dispo for all patients: 172 minutes
Average time from patient admission to leaving the ED—315 min.
The ED Wins a Hospital Award: The ED Customer Service Design Team won a 2006 Mount Sinai Hospital Team Award. This coveted award is given to only a handful of teams throughout the medical center. With improved customer satisfaction scores and staff satisfaction at an all time high, it is clear why this multidisciplinary team received this award. It is hard work to change a culture, but in the ED we are doing it on a daily basis. We are proud to be recognized by the hospital for our efforts and accept the award on behalf of all staff in the Emergency Department. Keep up the great work!

The Making a Difference Board: In the staff lounge you may have noticed a board titled “Making a Difference.” The purpose of this project is to recognize ED staff who make a difference for our patients by their acts of service excellence. All ED staff who witness their colleagues provide excellent customer service are encouraged to post up their observations on the “Making a Difference” board. Quality comments will be counted as nominations for Employee of the Month, and Customer Service Employee of the Month Awards.

Red Carpet Leadership Breakfast: The 2006 Red carpet team will be invited to attend a leadership breakfast in August. The breakfast will be an intimate small group event where our star staff members get to interact with the ED Leadership Team and share their input about the work environment and where the ED is headed. The leadership will thank the Red Carpet Team members for their continued excellence and hard work. We will host one more Red Carpet event before the close of the year for the 2006 team. At the end of the year we will post nominations for the new 2007 Red Carpet Team for all staff to once again vote on who they feel exemplifies the very best qualities in each discipline.

Customer Service Orientation Video: Thanks to all of the staff and leaders who participated in the making of the customer service video. It is a great success and will be used to train all new hires in the ED. It brings all the benefit of the four training sessions that all ED staff went through in one video series. The video sets the expectations we have for all staff, whether doctor or registrar, for how we expect each other to interact with patients and colleagues. It is a huge step forward for our department. Thanks to all.

Social Committee: Thanks to the social committee for planning many events for the staff. They have worked hard to bring us the Quarterly Birthday Celebrations. Upcoming events include the ED Staff Picnic on Saturday, July 22nd in Central Park (see flyer). Another event is the ED staff trip to Atlantic City via bus in August (stay tuned for more information).

Massage Therapist: Please note we have a professional massage therapist in the ED every Wednesday for several hours in the afternoon/evening. Please feel free to partake in this wonderful service. For specific times please check your ibex imail.

ED RN Training Program
Dwayne Raymond, RN, Clinical Nurse Manager

The Emergency Services Department has experienced the nursing shortage that is prevalent throughout the city and indeed, the country. The department's Customer Service Team and the recently re-structured nursing leadership have devoted considerable energies to the fostering of a culture that lends itself to retention of staff. Our turnover rate has proven stable. However, improving recruitment required that we "think outside the box" and employ new strategies. The department recently hired 2 RNs that didn't have the requisite one year of emergency nursing experience. It became imperative to structure their experience such that we fostered a successful entry-level socialization into emergency nursing. We were successful!

The ED RN Training Program is modeled upon the orientation and experience of these 2 nurses. This model of orientation is being graciously supported and enriched by Nursing Education and Maria Vezina's generous allocation of academic resources. Each trainee has been afforded a textbook. Debbie Travis, the newly arrived stellar Nurse Educator, will enrich their experience with weekly lectures devoted to clinical theory and aspects of nursing particular in the emergency setting. The clinical nurse manager, Dwayne Raymond, and the nursing leadership team completed by Robert Asselta and Zita Concepcion, will meet with them at an appointed time weekly to focus on managing new relationships in the department. The nursing and physician leadership will foster collaboration by delivering lectures of the curriculum in alliance with the nurse educator. The orientees will benefit from preceptorships by seasoned RNs with an average of 20 years experience.

An informal reception of the new nurses began with a continental breakfast attended by Nadine Rosenthal (DON/ED), Dr. Sheldon Jacobson and Carol Porter, CNO. The room was filled with a palpable excitement as new faces shared the embrace of leadership and the welcoming words of support. The program promises to be an investment in education, patient satisfaction, and best practice by our dedicated nurses. Indeed, it is an investment in ourselves and the hospital community.
**Ultrasound Updates**

On March 9-10, The Mount Sinai Department of Emergency Medicine hosted its first annual CME conference on Bedside Ultrasound. **Bret Nelson** and **Danny Duque** were joined by faculty from New York and Boston in providing a successful educational offering to twenty faculty members from Sinai-affiliated emergency departments.

A new emergency medicine elective for third and fourth year medical students, "Introduction to Emergency Ultrasound- EMR 017 4479" has been accepted by the School of Medicine. The first student will begin in August.

Three senior residents will begin their fourth year in the Ultrasound subspecialty track: **Jack Choi**, **Clint Masterson**, and **Thomas Wu**.

The Second World Congress on Ultrasound in Emergency and Critical Care Medicine was held in the Jacob Javits Convention Center from June 11-14. **Bret Nelson** served on the faculty, and **Jack Choi** and **Thomas Wu** served as instructors for the course.

A new study of Thoracic Rapid Ultrasound in Trauma (TRUST) will be starting at Elmhurst Hospital Center this summer. **Bret Nelson** and **Danny Duque** will be assessing the accuracy of ultrasound in detecting pneumothorax in penetrating chest trauma. Elmhurst will be the primary site in a multicenter prospective study.

**Crystal Ball**

May 4, we took off our scrubs, polished our shoes, and went upstairs to the Crystal Ball. This annual Mount Sinai event transforms the atrium into a crystal palace filled with high spirits and great music. The Gala raised over $1.5 for the hospital. As in years past, our Department supported the hospital and was represented at two tables.

**Simulation Education Update**

Congratulations to our senior residents Dr. Tim Walther and Dr. Corey Weiner for being selected as resident co-directors to head the educational division of simulation for the department of emergency medicine for the 06-07 academic year. Dr. Walther will head our medical student initiative and Dr. Weiner will be in charge of running our monthly resident simulation sessions.

Over the past academic year, while continuing to augment the number and types of cases in our simulation bank, we have experimented with new and innovative uses for the simulator. Last month, the Sim-man was brought down to the ED and cases were run for the residents with the help of our wonderful nurse and tech volunteers. **Dr. Weingart** discussed the use of pressors in patients with shock and **Dr. Shearer** went over TPA in acute STEMI patients. We have also completed our first pilot year of using simulation in our fourth year medical student clerkship with great success.

The coming year promises to be an exciting time for our division of simulation. We are applying to be the primary center for a multi-centered study using simulation in the evaluation of training efficacy in graduated emergency medicine residents. We are also in the process of creating senior resident specialty tracks in Simulation/Education as well as Informatics/Simulation. **Dr. Walther** and **Dr. Weiner** will be the first participants in those two tracks, respectively.

If you have any interest in the high fidelity simulation either as a participant or educator, please contact Haru Okuda at yasuharu.okuda@mssm.edu.

**Research Group**

This summer there is a group of students working with the research professors at Mount Sinai on many different projects relating to Emergency Medicine. Keep an eye out for them at Elmhurst and Sinai.
Affiliates Updates

Queens Hospital Center

Queens Hospital Center has initiated an innovative PA driven advanced triage model. This has resulted in decrease in ED length of stay and facilitated our compliance with CMS initiatives such as the CAP project. Over 80% of patients admitted with a radiologic diagnosis of CAP receive antibiotics within 4 hours. The average LOS (triage to decision to admit or discharge) is 3.5 hours. Our new triage model has implemented other changes: we have implemented the Emergency Severity Index Triage System and we no longer have separate internal and external triages. Instead, triage is now one large complex that has 2 entrances that can accommodate ambulatory and ambulance patients concurrently. This has resulted in having the fastest EMS turnaround time in the borough of Queens for the past 4 months. We now release EMS crew within 23 minutes despite a 10% increase in ambulance visits over the past quarter.

An ED Rapid HIV testing initiative was started in July 2005. The program started out small with the test being offered M-F 7a-3p for Fast Track patients only. Eleven patients were tested the first month. The program is now fully implemented being offered 24 hours a day to all ED patients including 8 hours of onsite counseling and point of care testing. We have now tested 668 patients since the inception of the program with 9 newly diagnosed HIV+ patients. The ED accounts for over 50% of all point of care Rapid HIV testing done in QHC.

QHC received NYSDOH designation as a center of excellence for the care of victims of sexual assault in November 2005. In conjunction with Elmhurst Hospital Center, we now have the Queens Health Network Sexual Assault Response Team Program under the leadership of Dr. S. Givre as Medical Director and Glenda Guzman, R-PAC as Program Coordinator.

Clinically, we piloted a program which allows senior EM residents to moonlight under the direct supervision of the faculty. Drs. Glaser and Gathers were the first to experience working on the front line and their feedback has been very favorable.

Our academic program continues to grow. Our department has become active in both medical student and house staff education. In addition, our faculty are involved in several of the first and second year medical student programs. Sepsis Bundle collaboration with the ICU team. Dr. Ditmar has been appointed to the ICU Committee and our Department is collaborating with the ICU team on a sepsis project.

Medical Students Update
Barbara Richardson, MD

EM Faculty are involved at all levels of medical student education. First years have a two week opportunity in August to become immersed in Introduction to Emergency Medicine, a lively case based and psychomotor adventure in small group learning. They can sign up for shadow shifts with their preceptor or other ED faculty, join the Medical Student Interest Group, participate in summer research projects under the direction of Lynne Richardson and Deb Ragin, or ride along with the MSH paramedics.

Second years can participate in tailor made electives and may be lucky to have EM preceptors for the Art and Science of Medicine, I and II, under the leadership of Lars Beattie, and starring faculty from multiple sites. Students may opt to become CPR Instructors and provide valuable service to their colleagues and communities.

As third years, there are peds rotations which include 2 weeks in the PER, tailor made electives and a new Ultrasound Elective offered 4 times yearly for third or fourth year students under the direction of Bret Nelson and Danny Duque. EM faculty also participate in Clinical Skills week, curriculum development and intersession courses. Faculty also work with students identified through Compass 2 as in need of remediation.

Career Night (May) and Mock Interview Night (October) tell it like it is from clinical, academic, research and lifestyle perspectives and provide tips for successful interviews for those seeking residency positions. All fourth year students complete a fourth year clerkship which fine tunes them for effective performance in their residencies. The SIM LAB for students initiated this year by B. Chakravarthy and Haru Okuda allowed students to test their teamwork and resuscitation skills in a fun and safe learning environment. This summer, research associates will be conducting the second ED survey of patients perceptions of medical student involvement with their care.

All faculty, PAs and ED RNs are reminded that students really want constructive feedback on their performance. Most valuable are areas for improvement. Students rotating with us from July through October may be seriously considering applying to EM residency. All students will be better physicians because of your efforts.

35 Year Club
A big congratulations to Elaine Thomas who has reached the 35 year milestone of providing nursing excellence at Mount Sinai.
“Of Course I want You to Stay and Listen Mom!”
Aviva M. Halpert, MA, RHIA, CHP

Family and friends provide important emotional support for patients but that does not confer upon them the automatic right to be privy to medical information. In order to protect the patient’s privacy, physicians must be sensitive to the various situations where they may or may not discuss such information in the presence of visitors.

If a patient is capable and has made his/her wishes known regarding sharing Protected Health Information (PHI) with friends or family the decision is easy.

If a patient is not capable, even in the absence of a personal representative, the HIPAA Privacy Rule permits a provider to share any information necessary for the care of a patient with a family member, friend, or aide who is directly involved in providing or facilitating that care.

The trickiest situation, however, arises when the patient is accompanied by a family member or friend and the patient has not freely and clearly made his/her wishes known regarding sharing his/her PHI.

It is not uncommon for a patient to be accompanied by a concerned family member or friend who is not in the confidence of the patient. Asking the patient in “Mom’s” presence, “Is it okay for your Mom to stay?” places subtle pressure on the patient to agree. As a result the patient may withhold important information from the physician and/or the physician may, to the patient’s distress, inadvertently reveal sensitive information to “Mom.” In such a situation the physician should ask the friend or family member to step out of the room before asking the patient whether or not PHI may be discussed in the presence of the visitor.

When the physician does ask the patient whether or not it is permissible to share PHI, s/he must be very clear about what may or may not be discussed in the presence of the visitor and s/he must be certain that the patient understands the full ramifications of the question. If s/he fails to do this, a patient focusing on the pain in his abdomen may not understand, when asked about sharing medical information in the presence of a visitor, that his/her HIV status might be relevant and about to be disclosed.

Rugby Tournament: Sports Medicine

This past spring, on a frigid but beautiful day, Dr. Okuda and Dr. Shearer led an enthusiastic group of residents manning the medical station of the annual Village Lions Four Leafs Fifteen Rugby Tournament. We treated a variety of injuries including dislocated shoulders, broken fingers and noses, lacerations, knee and ankle sprains, and a multitude of bumps, bruises, and abrasions.

Our participation was greatly appreciated by all of the players, and all those involved had an excellent time. Thanks to all of our residents who braved the cold: Sohan Parekh, Xun Zhong, Lauren Post, Diego Caivano, Chad Myers, and Tim Walther. We look forward to working with them again next year!

Spotlight: Building Services

We are pleased to recognize John Henderson and Aown Syed for their dedication and hard work. John Henderson has worked at Mount Sinai for 10 years and is the Division Manager for building services. Aown Syed has been with us for 1 year as a Building Service Manager. Mr. Henderson and Mr. Syed have been valued members of the ED Team and directly responsible for the improvement we (and JCAHO!) have noticed in our work environment. Next time you see them . . . Give them a hug!
2006 Visiting Professor Series
9/13/06 - Scott Silvers, MD: Medical Director, Mayo Clinic Jacksonville. “Acute Decompensated Heart Failure—Practice Guidelines in Diagnosis and Management.
10/11/06 - Kevin Ban, MD: EM Training Director, University of Florence, Italy. “The Tuscan Experiment—Creating a Culture Against All Odds”.
11/8/06 - Thomas Burke, MD: Director of Global Health, Brigham and Women's. “Travel Medicine: Real Emergencies in Unreal Places”.
12/13/06 - Marie Elie, MD: ED Trauma Liaison Newark Hospital Center. “Myocardial Contusion—Critical Decision Making and Broken Hearts”.

Chief Residents’ Update
As chief residents to our department, we welcome you to the new academic year, especially for the interns and new residents. Get ready for an exciting and rewarding time in your careers! We are looking forward to seeing you participate, learn, and grow with us.

Some of our residents have been particularly busy recently. We would like to take this opportunity to acknowledge them for their accomplishments and to share some resident news. Kudos go out to the following residents:

- Chris Langan, whose son Eamonn Christopher Langan was born on 5/20/06 – 8lbs 7oz!
- Cheryl Schreiber, who married and is now Cheryl Schreiber Lewison!
- Nick Genes and Tiffany Truong, who participated in the 43-mile 5-Borough bike race.
- Diego Caivano and Lauren Post, who participated in the Mount Sinai Chief Conference in White Plains.
- Sridhar Basavaraju, whose research was recently accepted to the Mount Sinai Journal of Medicine. It’s entitled “Soil Transmitted Helminths and Plasmodium falciparum Malaria: Epidemiology, Clinical Manifestations, and the Role of Nitric Oxide in Malaria and Geohelminth Co-Infection. Do worms have a protective role in P. falciparum infection?”
- Jack Choi, Ravi Kapoor, David Park, and Tom Wu, who have served as stadium physicians for the Mets baseball team.
- Jack Choi, Liz Mitchell, and Jen Oyama, whose participation in a research project with Dr. Ula Hwang has resulted in an ACEP abstract entitled “Use of Hospital Administrative Data to Estimate Emergency Department Patient Census.”
- Jack Choi and Lauren Post completed the Mid-Atlantic Stroke Mini-Fellowship for Emergency Medicine Residents.
- Jack Choi and Tom Wu, who participated as instructors in the 2nd World Congress on Ultrasound in Emergency and Critical Care Medicine.

Congratulations to you all! We’re looking forward to a great year!

Diego, Jack, and Lauren

Pediatric EM Fellowship Welcomes Third Fellow to our Three Year Program
Our PEM fellowship started three years ago with one fellow, Dimitri Laddis (right); next we added a second fellow Chris Stother (left); this July, Erica Vazquez joins the group and provides the critical momentum making our Pediatric EM fellowship the best in the City.

MSMC Ed Launches PA Fellowship in Emergency Medicine
Two PAs joined us this July in an innovative ED fellowship, organized by Meika Neblett. We welcome PA Lois-Ann Welsh and PA Arianne Schlumpf.
The 2006 Graduation Party

Graduation this year was the biggest and the best. Held at the Central Park Boat House, we had 186 participants with the best turn out from nursing and support staff that we have ever had; the exceptional turnout was to the credit of the exceptional group of residents that we graduated. Smart, poised, and accomplished, our eleven graduates have wonderful careers ahead of them; farewells are sad yet the pride we had in this group was inspiring.

Nurse of the Year Award:
Voltaire Devera    Jill Corack
Ilyasah Crichlow    Mervin David
Bozena Kolsut

Honorary Emergency Medicine Teacher of the Year Award:
David Rubenstein, MD, Dept Cardiology, Elmhurst

MVP of the Year Award:
Sam Rodriguez and Fabio Martich

Physician Assistant of the Year Award:
Robert Sellman and Rachelle Obusan

Attending of the Year Award:
Vaishali Patel and Jong Man Kim.

Academic Achievement Award:
Christopher Langan

Community Service Award:
Jill Vessey

Outstanding Service as Chief Resident Award:
Jenefer Oyama, Christopher Langan, and Marc Andrews

Teacher of the Year Award:
Ruben Olmedo

PEDS ED Attending Award:
Adam Vella

Alumni Banquet Raises $3200 for Resident Education

Once again the Department held its annual Alumni Banquet Fund Raiser in Chinatown; and once again Rich Wong’s uncle delivered a banquet to remember; ten courses from lobster to duck, no one left hungry.

The auction began with a “return of the unknown fur” that went home to New Jersey and brought $450; a signed book by Scott Weingart brought in $100; a crystal and champagne set brought $250; best of all was the guaiac developer that went for $100 - go figure!

At the end of the evening, a great time was had by all and we raised $3200 for resident education.

Faculty Alumni Dinner at SAEM

SAEM is a time for expanding horizons and seeing old friends. This year’s dinner in San Francisco was at the Stinking Garlic Restaurant (which was true to its name); we were joined by guests from California (Doug Spur), Illinois (Ed Sloan), and Italy (Francesco Buccelletti); best of all, we were honored by a guest appearance from Patrick Mahanger who flew in from India just for the event. It was great!
Emergency Nurses Association
Annual Education Gala

October 3, 2006, the Manhattan Chapter of the Emergency Nurses Association (ENA) will hold their annual meeting at Mount Sinai. This year the ENA is partnering with the paramedic and physician communities, using team work as their meeting’s theme. The keynote speaker will be Suzanne Gordon who is a nationally recognized speaker on the topics of the nursing shortage, communication, and teamwork in professionals. Her books include “Nursing against odds” and “Silence to voice: what nurses know and must communicate to the public.” The evening will begin with a dinner, followed a keynote presentation; next, there will be a case based discussion on teamwork using the stroke team as a model for the critical role played by communication in providing quality health care.

Place: Hatch Auditorium
Date: October 3, 2006
Registration: $25.00

Intended Audience: Nurses, Nurse Practitioners, Physician Assistants, Paramedics, Physicians

Continuing Education Credits: 2

6:00 - 7:00 Cocktails and Dinner
7:00 - 7:45 Teamwork in healthcare delivery: The key to quality care and success Suzanne Gordon
7:45 - 8:45 The Stroke Team
Moderator: Andy Jagoda
Panel: Paramedic Nurse Emergency Physician Neurologist
8:45 - 9:30 Discussion / Dessert

Ponte Vedra 2006

Our annual Ponte Vedra, Florida Symposium was an incredible success this year. The conference, Clinical Decisions in Emergency Medicine, is jointly organized by us, Mayo, Harvard, University of Florida, George Washington, and FERNE. We had 140 registrants, and an outstanding program that included presentations by Haru Okuda, Scott Weingart, Bret Nelson, Shkelzen Hoxhaj, Sheldon Jacobson, and Andy Jagoda.