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Program History

Robert Knopp, MD, founded the Regions Hospital Emergency Medicine Residency in 1994. Before arriving in St. Paul, he served as the residency director at Valley Medical Center in Fresno, Calif., for 17 years. The first class of residents at Regions began their training in 1996.

Felix Ankel, MD, has been involved with the residency program since its inception and became residency director in July 2000.

As of August 2008, the EM residency has graduated 81 residents from 25 medical schools who now practice in 14 states. In addition, Regions faculty are graduates of 14 different EM residencies.
Welcome to the 2008 Regions Hospital Emergency Medicine Residency annual report. It is a pleasure to highlight our accomplishments from this past year. Our activities center around our residency mission: to provide and promote excellence in patient care and education. Our mission is guided by the Baldridge Educational Criteria for Performance Excellence (www.quality.nist.gov) and includes best practices in leadership, strategic planning, stakeholder focus, measurement, analysis, process management and results.

We recruit resident applicants whose contributions extend beyond clinical shifts and positively impact their environment on local, national and international levels. We salute our residents who are involved in leadership activities, both locally and nationally, including the following residents:

- Kelly Barringer ('08) continued to serve on the SAEM Graduate Medical Education Committee.
- Joey Peterson ('08) attended ACEP's Leadership & Advocacy Meeting in Washington, DC.
- Tara O'Connell ('09) continued to serve as an instrumental force in the Association of Independent Academic Medical Centers' National Initiative: Improving Patient Care Through Graduate Medical Education (www.aiamc.org) and presented her findings at the annual meeting in Florida. She was a finalist in the 2008 CORD/SAEM Clinical Pathological Cases competition and named best resident presenter of the semi-finals. Tara also continues to serve as our EMRA representative.
- Aaron Burnett ('10) was selected to serve on the board of directors of the East Metro Medical Society.
- Nate Curl ('10) represented our residency on the board of directors for Minnesota ACEP.
- Leah Gapinski ('10) was appointed to the Regions Hospital Ethics Committee.
- Catherine Carlson ('11) served on the EMRA International Committee.
- Autumn Erwin ('11) participated as a member of the University of Minnesota's MED2010 – a curriculum planning project.
- Kara Kim ('11) received a scholarship to attend the IHI annual meeting in Nashville, Tenn., and leads our residency's quality initiatives.

Our residency offers residents the opportunity to individualize their educational experience within the confines of a three-year program. We accomplish this by mandating the least and offering the most. Residents with an interest in EMS can select to be an associate EMS medical director for their scholarly project. Residents interested in education have opportunities to teach EMS providers and medical students in workshops, procedure labs and simulation labs.

We educate beyond the confines of our emergency department. Joey Peterson ('08) spent a month of her senior year educating EM residents in Quito, Ecuador, with Drs. Carson Harris, Matt Morgan ('05) and Christopher Obetz ('03). In the fall 2008, we hosted Dr. Paúl León, a senior Ecuadorian emergency medicine resident for one month. Our residency is currently exploring further partnerships in Bolivia.

We strive to lead by example, manage by fact and communicate by listening. Our residency complements the transfer of knowledge with the transfer of meaning, the latter fostering an environment where connections occur with patients, co-workers, the community and our alumni. At our 2008 Alumni Day in September, we were honored to host Drs. Trent Thorn ('06), Kerry Broderick (Denver Health) and David Sklar (University of New Mexico). Dr. Sklar also read from his book "La Clinica" at the residency book club the prior evening. The 2008 residency retreat in October focused on quality (and patient satisfaction as a quality proxy) and included members of our department, hospital and extended residency community. This retreat serves as a foundation for future residency strategic plans. Our goal is to incorporate the highest level of professionalism and humanism into our interactions with patients and members of the healthcare team.

This year, we matched another competitive class of residents featured in this report. We are grateful for the support of our many residency partners and look forward to training the emergency medicine providers of the future.
The Regions Hospital Emergency Center plays a critical role in emergency care throughout the Twin Cities east metro and western Wisconsin communities. This significant impact is made possible through the efforts of dedicated staff, medical students and emergency medicine residents. With the Regions Hospital Expansion 2009 moving towards completion, we anticipate the grand opening of our new state-of-the-art emergency department (ED) in July 2009. I look forward to seeing our emergency medicine residents experience the future of emergency care in the new ED.

Our ED faculty continues to be on the forefront of emergency medicine. Drs. Emily Binstadt, Cullen Hegarty and Jessie Nelson participated in SAEM's national consensus conference on simulation medicine and have published their works in Academic Emergency Medicine. Additionally, with faculty leaders Drs. Peter Kumasaka and Michael Zwank taking the lead, we have celebrated strengthened ultrasound education for faculty, residents and medical students. We continue to excel in the areas of simulation and educational methodology, ultrasound, toxicology, EMS, quality, operations and sexual assault nurse examiner programs.

One reason I enjoy working at Regions Hospital is the diverse group of faculty leaders and the commitment to quality care and quality education. Dr. Felix Ankel continued to serve on the Alliance of Independent Academic Medical Centers' (AIAMC) national initiative to improve patient care through graduate medical education. He chairs the planning committee for the 2009 CORD Academic Assembly, with the theme "GME as a Strategic Asset." As co-chair of the University of Minnesota curriculum committee, Dr. Cullen Hegarty has been instrumental in MED 2010, a new approach to medical student education. Our research program also continues to flourish. This year, Dr. Joel Holger received the prestigious HealthPartners Medical Group Clinical Excellence in Research Award.

The year 2008 was filled with many successes and some changes. Dr. Bob Knopp retired from clinical practice after 14 years of service and continues to work with the residency in an educational capacity. We have added faculty members Drs. Kelly Barringer and Drew Zinkel (immediate past president of EMRA). I have stepped into the interim department head role with a national search underway for a permanent replacement. I look forward to handing over a new ED and another excellent resident class to the next department head of emergency medicine at Regions.

Kurt Isenberger, MD

Expansion 2009
The Regions Hospital Emergency Center is a Level I Trauma Center located in St. Paul, Minn., serving the east metropolitan Twin Cities area, including western Wisconsin. Today, the emergency department (ED) is comprised of almost 19,200 square feet of clinical space with 49 treatment rooms. There is also an additional 8,000 square feet that house a library, conference space and support service offices.

The latest approximate Emergency Center figures are as follows:

- 67,000 patient visits per year
- 11 percent pediatric patients (age 16 or under)
- 3,100 trauma admissions per year
- 730 trauma team activations per year
- 23 percent admission rate

- 60 percent of all hospital admissions come from the ED

According to projected growth estimates, the Emergency Center will serve an additional 20,000 to 25,000 patients annually by 2015. Since the current operating space best serves about 60 percent of today’s emergency need, a significant expansion of the Emergency Center is crucial. The new ED, according to current plans, will have a 45,000-gross-square-foot area to serve the needs of an estimated 85,000 patients annually. The Emergency Center remodel will be introduced in several phases. In 2009, the Emergency Center will see the addition of a new ambulatory entrance encompassing a welcome center/waiting room, an eight-bed fast track care area, a 10-bed critical care area and an 11-bed behavioral health unit.

Upon completion, the Emergency Center will consist of up to 68 exam rooms, including a 12-bed clinical decision unit (where patients are further evaluated for admission or discharge), four stabilization rooms and up to 40 exam rooms. Plans also include a dedicated general radiology room and CT imaging facilities.

Richelle Jader, BSN, MHA
Administrative Director
Jon Henkel, BSN, BHA
Nurse Manager
Mary Healy, BSN, CEN
Nurse Manager
Won Chung, MD, MS
Clinical Director and Assistant Department Head
Jeff Fritz
Support Services Manager

Crisis Program

The Crisis Program, a psychiatric crisis intervention service housed in the Regions Hospital Emergency Center, represents a unique collaboration between Regions behavioral health and the emergency department (ED).

An experienced, committed corps of licensed clinical social workers staffs the program 24 hours a day, seven days a week. This innovative and cost-effective program has been an integral part of the ED for more than 34 years and serves more than 6,000 patients annually. Approximately 60 percent of all patients who are evaluated by crisis social workers are not hospitalized and instead return to the community with referrals for outpatient services.

Patients are seen for a variety of mental health issues including depression, psychosis, anxiety, substance abuse and domestic violence. The crisis staff works closely with ED physicians, residents, physician assistants and nurses to provide comprehensive psychiatric and psychosocial assessments and to create discharge plans that maximize safety and stabilization in the community or in the hospital.

Maddy Cohen, MSW, LICSW
Manager, ED Crisis Program
Didactic Curriculum

Regions Hospital offers residents a full spectrum of topics in emergency medicine based on the Model of the Clinical Practice of Emergency Medicine. The core curriculum is designed to repeat itself in its entirety on an 18-month basis. As there are several modalities of learning, the didactic curriculum is set up to cover both the depth and breadth of emergency medicine through traditional as well as innovative and interactive means. Curriculum components include:

- **Critical Case Conference**, a favorite of residents and faculty alike, provides an interactive forum for discussion of a case of educational value. Case discussion is focused not only on the content of the eventual diagnosis, but also on the decision-making process in evaluating critically-ill patients with limited immediate data.

- **Core Content Lectures** reinforce knowledge that is gained on clinical rotations as well as supplement the clinical experience. Lectures are given by faculty members who are experts in a core content area.

- **Journal Club** is held on a regular basis and facilitates discussion of three or four current practice-changing articles in emergency medicine. Journal Club is lead by an expert reviewer with the aid of a departmental research methodologist and statistician.

- **Joint Conferences** are collaborative conferences held in conjunction with other departments such as radiology, trauma services, critical care, and internal medicine to discuss related areas of interest.

- **Small Group Sessions** encourage active learning. Small group simulation days have been incorporated into the curriculum. Residents are divided into three groups and rotate through stations that may include case discussion, simulation or mini-lectures.

- **Forensics** includes a basic forensic medicine didactic curriculum that all residents receive. Additionally, residents are trained in sexual assault examinations.

Our residency encourages experiences outside of the typical EM core content lecture. In March, residents visited an exhibit at the Science Museum of Minnesota titled Deadly Medicine: Creating the Master Race developed by the United States Holocaust Memorial Museum. In October, residents attended the HealthPartners-sponsored ethics conference, "Ethics and HealthCare Reform Where is the Justice?" featuring keynote speaker Dr. Ezekiel Emanuel, chair of the Bioethics Department at the Clinical Center, National Institutes of Health. In November, residents participated in our yearly combined EM/Trauma Update co-sponsored by Hennepin County Medical Center, North Memorial Medical Center, Mayo Clinic and Regions.

Matthew Morgan, MD
Assistant Residency Director
The Regions Hospital Emergency Medicine Residency strives to implement a culture and infrastructure of lifelong learning through access to outside knowledge, archival of our residency’s collective wisdom and translation of knowledge into clinical practice. Rather than listing ways in which we provide tools for lifelong learning, it is more appropriate to discuss how effective people maintain clinical excellence. (Graduates from our residency are, by definition, effective people).

In an email to our residency listserv, EMRes, our esteemed colleagues provided the keys to success. I’ve summarized them as: pick CME carefully, subscribe to internet resources, read on what you see, develop a niche, become efficient with journals, network with smart people, study what other people tell you is important, know where to find ‘it’ and continuously improve your lifetime-learning skills.

Random suggestions are helpful, but let’s consider an organizing framework for all of the ideas. Your clinical knowledge could be divided into segments based on your depth of knowledge in a content area. Let’s group them as such: Cutting Edge, Standard of Care and The Limits. Kudos to Dr. Jon Fuerstenberg (’04) for providing the outline for this framework!

Cutting Edge knowledge is a core 10-20 percent of clinical information where you would call yourself ‘expert.’ What’s that? You’re not an expert at anything? Consider developing a niche. A niche enhances learning engagement, career excitement and your local reputation. Expand your Cutting Edge by watching key journals: NEJM, JAMA, Annals EM. Set up RSS feeds or subscribe to the journal’s emailed Table of Contents (ToC) to feed you articles relevant to your subject area. Don’t know what RSS is or how to set up an emailed ToC…? See The Limits below.

Standard of Care knowledge is also known as ‘bread and butter’. This is material you know without having to look it up. Otitis media treatment, induction agents for intubating an asthmatic patient or EKG changes in hypocalcemia are all good examples. To maintain this knowledge, make a habit of reviewing digested material (information where someone else has summarized and maybe given their opinion). Examples include: EM Abstracts, EM RAP, EM Reports or CME meetings. When you learn about something new from a digest, ask your local expert (see Cutting Edge above) about how you should change your practice based on this new information.

The Limits of your knowledge is where life gets interesting. Do you know where the limit is? Knowing what you don’t know is as important as all those factoids you do know. When presented with a problem that stretches your limits, know where to find answers. Examples: What is this ‘RSS’ thing that Brad mentioned? Google it. What is the best first-line antibiotic for a nursing home patient with penicillin allergy? Use an online antibiotic reference, a pocketbook or a textbook. Become facile with key references: UpToDate, EMedicine, Micromedex, Hopkins Antibiotics or develop your own PDA reference database. Another key tip: let someone else choose what you read. This comes in the form of reading about your patients (your patient is choosing for you) or using the Lifetime Learning Self Assessment (LLSA) articles to broaden your knowledge base.

Finally, how to fit this into the day? This may be the hardest thing of all. With apologies to Seven Habits of Highly Effective People, Important but Not Urgent will always get trumped by Not Important but Urgent items on your to-do list. Organize your calendar and your to-do list so you can reliably complete these quiet important things (family, health, peace, knowledge, growth, etc.) in the landscape of nagging urgent things (holiday cards, bills, shifts, etc). Not sure how to do this? Again, see The Limits above. Starting points for your search: ask people who are outwardly effective, read (or at least skim) the classics: ‘Seven Habits’ or ‘Getting Things Done’. Then, pick a system, get it started, stick to it for a period of time and then tweak the system. Or in other words, rinse, lather and repeat!

Brad Gordon, MD
Director, Residency Technology
2008 proved to be a busy and fulfilling year for the toxicology service at Regions Hospital. The toxicology service is dedicated to providing education on toxicology topics as well as consultations to the emergency department (ED), hospital units and clinics 24 hours a day, 365 days a year. As a major educational partner in the Medical Toxicology Fellowship Program, the toxicology service is an active component in educating the program fellows through formal and informal learning activities. The ongoing educational activities of the toxicology service include quarterly interdisciplinary conferences, a weekly toxicology journal club, adverse drug reaction, herbal reviews and toxicology chapter reviews.

In order to augment the education of residents, fellows and students, the toxicology service uses a computer-controlled mannequin for bimonthly case simulations. New cases are revised and developed throughout the year. Several multidisciplinary conferences involving the critical care, pediatrics and psychiatry departments took place in 2008.

Other educational endeavors during the year included forensic toxicology case review, and toxicology "field trips" to the University of Minnesota Arboretum to learn about toxic plants and "Herbal Shopping" at several local cultural markets. Regions' close relationship with the Hennepin Regional Poison Center allows us to share in the educational roles of the Poison Center, participating in their weekly and monthly case conferences and toxicology didactic sessions.

Members of Regions toxicology service were involved in more than 20 formal presentations at national and regional conferences, local colleges and community hospital grand rounds in Minnesota and Wisconsin in 2008. Presentations at a national conference of the Association of Air Medical Services and grand rounds at the Ecuadorian Emergency Medicine Program in Quito are examples of the expanding educational role of the toxicology service.

The toxicology service averages approximately 30 formal consultations a month at Regions. In addition to informal educational consults and telephone consults, the toxicology service also accepts and consults on pediatric patients at the Minnesota Children's Hospitals and Clinics in Minneapolis and St. Paul. The clinical toxicology service entertained 10 emergency medicine residents, four medical students, one physician assistant student and 12 PharmD candidates this year. Others who rotated on the service included pediatric emergency medicine fellows and one psychiatry resident.

Members of the toxicology service participate in toxicology-related clinical and benchtop research. This past year, research has focused on management of toxin-induced shock and the use of high-dose insulin as an inotropic treatment and induced hypothermia for the treatment of severe carbon monoxide poisoning. Toxicology faculty also presented several cases at national emergency medicine and toxicology meetings.

Carson Harris, MD, FACEP, FAAEM
Director, Toxicology Education & Services
Kristin Engebretsen, PharmD, DABAT
Clinical Toxicologist
The Regions Hospital emergency department (ED) is committed to training emergency medicine residents in the most up-to-date technology available for the care of emergency patients.

Educational Objectives:
By the end of the third year of training, residents demonstrate appropriate knowledge and skill in the use of ED ultrasound. Ultrasound applications that are mastered in emergency residency training are the trauma (FAST) exam, emergency echocardiography, abdominal aortic aneurysm evaluation, examination of undifferentiated hypotension and procedural ultrasound including vascular access, thoracentesis, paracentesis, bladder identification, abscess localization, foreign body localization and general aspiration.

Description of clinical experience:
Residents currently use two ultrasound machines (Ultrasonix CEP and OP) available for departmental use 24 hours a day. Ultrasound education begins during orientation with a half-day didactic and hands-on instructional session. During the first year, the four-week ultrasound rotation includes mornings spent intubating in the OR and afternoons spent scanning in the ED. This gives residents an intensive month of training in both areas. Residents are always encouraged to perform ultrasounds on any patients indicated by clinical presentation. Resident ultrasounds are supervised by the staff emergency attending. EM G-2 and G-3s are responsible for all trauma team activation ultrasounds.

Description of didactic experience:
Regular lectures are given on pertinent topics related to emergency ultrasound. A lecture series covering basic ultrasound physics, focused assessment sonography for trauma (FAST) exam, emergency echocardiography, abdominal aortic aneurysm evaluation, examination of undifferentiated hypotension and procedural ultrasound is covered over an 18-month core content curriculum. Prior to residency graduation, residents are given advice on setting up an ultrasound program and getting involved in their new job.

Evaluation process/feedback mechanisms:
Residents receive immediate feedback on ultrasound technique, image quality and trouble-shooting techniques by the supervising ED attending. Additionally, ultrasound images are reviewed as part of the quality assurance initiative and feedback is given to the resident and faculty by the ultrasound director. Residents are given a quarterly report of number and type of ultrasounds they have done in the ED. This is reviewed during the semi-annual resident evaluation meetings with the program director. A copy of all the ultrasounds performed by the graduating physician is available upon residency completion.

Michael Zwank, MD
Peter Kumasaka, MD
Emergency Ultrasound Education
The Regions Hospital Emergency Medicine Residency has a robust group of faculty with strong interests in simulation-based education. Drs. Emily Binstadt, Cullen Hegarty and Jessie Nelson, along with other interested faculty, have worked to integrate simulation and small-group learning as an important part of the residency curriculum. Simulation is also used to augment medical student and faculty education, to address systems-based barriers to quality care and to analyze communication issues.

At the 2008 AEM Consensus Conference, 'The Science of Simulation in Healthcare,' Dr Hegarty sat on a panel discussing the development of expert medical teams, and Dr. Binstadt participated on a panel discussing the use of simulation in the development of individual cognitive expertise in emergency medicine. Both panels resulted in articles published in Academic Emergency Medicine.

The use of simulation as part of the resident didactic curriculum has been expanded this year by focusing on simulation-based and small-group learning during an entire conference day each month. Each conference session explores a different topic within emergency medicine, and helps make the core EM curriculum more dynamic, memorable and "alive" for residents.

Weekly pre-conference simulation cases teach core EM cases and crisis resource management communication, teamwork and leadership principles. In-situ Trauma Team cases in the ED have been successful and more in-situ simulation in the ED is planned for the coming year. Several residents are pursuing simulation-based projects for their scholarly activity requirements this year, and we look forward to mentoring more residents in this area in the future.

Dr. Nelson continues in her role as the physician faculty with HealthPartners Clinical Simulation and the HealthPartners Simulation Center for Patient Safety at Metropolitan State University, and Drs. Hegarty and Binstadt were named co-directors of emergency medicine and trauma for the new University of Minnesota SimPORTAL.

Emily Binstadt, MD, MPH
Cullen Hegarty, MD
Jessie Nelson, MD
Simulation Education & Research

The HealthPartners Institute for Medical Education

The Regions Hospital Emergency Medicine Residency is sponsored by the HealthPartners Institute for Medical Education (IME). The IME was created in 1996 to provide an innovative structure to lead the organization's educational efforts. Today, the IME partners with academic institutions, provides an innovative environment for health-provider education and is an advocate for education that measurably improves patient care. The IME provides professional education through undergraduate and graduate medical education, nursing education, allied health professional education, continuing professional development, medical library services and simulation programs.

HealthPartners Simulation uses computerized mannequins, virtual reality and other advanced teaching techniques to prepare health professionals for high-intensity clinical experiences. The IME has a formal affiliation agreement with the University of Minnesota that guides the educational relationship between the two organizations. Regions emergency medicine staff enjoy faculty appointments within the department of emergency medicine at the University of Minnesota.
Class of 2011

Catherine Carlson, MD
- University of Colorado
- Colorado State: MA in French; MS in biochemical sciences/neurology
- Hobbies include running, skiing, yoga, and reading

Kolja Paech, MD
- University of California-San Francisco
- UC-Davis Regents Scholar; UC-Berkeley: MS physical science
- Hobbies include travel, backpacking, bicycling, painting, drawing, cooking, and photography.

Katharine Davidson, MD
- University of Cincinnati
- Volunteer for medical missions to Guatemala and Tanzania
- Gold Humanism Award
- Hobbies include hiking, canoeing, camping and piano

Eric Roth, MD
- Dartmouth Medical School
- National Wrestling Coaches Association Scholar All-American
- Hobbies include athletics, fishing, camping, photography, cooking and pets

Autumn Erwin, MD
- University of Minnesota
- Focused research in cultural medicine during medical school
- Hobbies include kayaking, canoeing, camping, hiking, running, piano and reading

Jillian Smith, MD
- Tufts University
- Phi Beta Kappa, UVM Division I gymnast
- Hobbies include spending time with family, running, scuba diving and travel.

Alexander Gerbig, MD
- University of Minnesota
- Studio artist, drummer
- Hobbies include travel, golf, photography, reading and spending time with family

Timothy Sullivan, MD
- Yale University
- Former in-line stunt skater and Outward Bound instructor
- Hobbies include climbing, winter camping, illustrating children's books, lego sculpture, pottery and collecting graphic novels

Kara Kim, MD
- University of Minnesota
- Former management consultant; medical mission volunteer in Honduras, Costa Rica and Nicaragua
- Hobbies include rollerblading, cross-country skiing, snowmobiling, rock-climbing and skydiving.
Letter from the Chief Residents

Greetings. This past year has been an exciting time in our residency. We're proud to serve as chief residents for this academic year. We would like to highlight the following strengths of our residency:

- Increased chief resident involvement in education and case selection for weekly critical case presentations.
- Regions EM residents continue to publish research in national journals, present at national meetings and participate on state and national committees.
- Residents and staff are currently working together on cutting-edge research such as insulin use for blood pressure support in shock, new educational medical simulation techniques and novel ultrasound-guided IV access.
- Educational collaboration continues between emergency medicine and other specialties within the hospital such as combined EM-IM conferences, trauma conferences and noon-lecture series in the SICU.
- Collaboration between Regions and Hennepin County Medical Center emergency medicine programs continues with another year of successful second-year resident exchanges.
- Residents continue to participate on the planning and staffing committees for the 2009 opening of our new emergency department.
- Many Regions EM residents provide excellent instruction to medical students, medics and nurses at courses such as ACLS, PALS, procedure labs and simulation workshops.
- Our innovative simulation program is increasingly infused into the conference schedule and provides small-group hands-on learning.
- Chief residents continue to manage the resident schedule and help make the flow of shifts optimal.
- Residents continue participating in volunteer activities such as medical staffing for NHL Minnesota Wild hockey games, concerts and events at the Xcel Energy Center and the annual Twin Cities Marathon.
- Regions EM residents were involved in the planning and staffing of medical support for the Republican National Convention.

As chief residents we are mindful of the history of excellence in our program and are committed to making the resident experience even better. The amazing spirit and talent of the current residents and residency leadership will ensure the Regions Emergency Medicine Residency continues on a trajectory of success.

Adina Miller, MD
Tara O'Connell, MD
Scott Thielen, MD
2008-2009 Chief Residents

Robert Knopp, MD Recognition Dinner with Alumni, June 2008
Staying connected with residents, alumni and colleagues continued to be in the forefront for us in 2008. In fact, numerous residency-sponsored events kept us in touch with alumni and allowed them the opportunity to meet and network with our current residents. We even began a group on Facebook (search "Regions Hospital EM Alumni") thanks to Dr. JT Finnell, a former faculty member.

As members of the Emergency Medicine Association of Residency Coordinators (EMARC), we attended the annual meeting in New Orleans, which was part of the 2008 CORD Academic Assembly. It allowed us the opportunity to network with our coordinator colleagues throughout the country. Lori Barrett, chair of the EMARC planning committee for the 2009 Academic Assembly, also served on the advisory committee for the medical residency coordinator certification training through Century College in White Bear Lake, Minn., where she presented to a class of aspiring coordinators on the role of the EM program coordinator.

We hosted 73 medical students from 12 different medical schools in our EM courses. These rotations resulted in the generation of 36 letters of recommendation for residency positions. It was our pleasure to host these students, and we wish all of them much success in their future residencies.

Lori Barrett
Manager, Residency & Education
Pat Anderson
Program Coordinator

The Regions Hospital Emergency Medicine Residency supplements the clinical learning experience with lectures, workshops and procedural skills labs that are open (space permitting) to all residents, faculty, students, alumni, nurses, physician assistants, consultants and others from our residency community to share and discuss new knowledge.

Number of lectures: 218 conference hours
Hours of attendance: 4,877 resident hours
Number of workshops: 49 workshops were taught to 42 rotating residents and 127 medical students and PA students.
Number of labs: 31 residents participated in 20 procedural skills labs
Nursing Education

The registered nurses (RN) in the Regions Hospital emergency department (ED) demonstrate an impressive commitment to education. Twenty-nine percent of the RN staff have obtained a specialty certification in emergency and/or critical care nursing, four percent are master’s prepared and 10 percent are actively pursuing either their baccalaureate or master’s degrees.

A clinical educator coordinates education for more than 100 nurses, 25 paramedics and 45 emergency room technicians. New staff complete a core course to establish a baseline knowledge of emergency nursing at Regions and a comprehensive orientation process to ensure competence on the floor. Continuing education takes place in the classroom, on the Regions Emergency Nursing website, through posters, presentations and on-the-spot education. All nurses are certified in ACLS and have taken TNCC. Many nurses have additional certification in ENPC, PALS, CATN and other specialties.

Regions ED nurses also teach other professionals and the community. Many of our emergency medicine nurses teach paramedic and nursing students at the college level in didactic and clinical roles. In addition, our nurses provide education to children on injury prevention through the ENCare program. Our nurses also provide education to nurses from our western Wisconsin affiliates via classes, online education and clinical time.

Our nurses are active in the Emergency Nurses Association. Three of the nursing staff members hold positions within the administration of the local chapter, including president, secretary and state representative.

Bonnie Whipple, RN
Clinical Educator

Medical Student Program

The department continues to be heavily involved in medical student education with our core EM, advanced EM and toxicology rotations hosting a total of 73 students, with 29 of them taking the advanced course. Dr. Hegarty continues in his role as director of medical student education for all EM courses through the department of EM at the University of Minnesota.

Cullen Hegarty, MD
Keith Henry, MD
Kevin Kilgore, MD

Republican National Convention, September 2008
Since 1997, the Regions Hospital emergency medicine residents have participated in a rotation in Emergency Medical Services (EMS). Interested residents also have the opportunity to participate in an associate medical directorship or elective rotation in EMS.

**Resident Rotation**

Emergency medicine residents participate in a four-week rotation in EMS in their G-1 year. Residents participate in ride-alongs with various EMS agencies, including dual-role services (St. Paul Fire), single-tier services (Lakeview EMS), police/medic services (Cottage Grove Public Safety) and volunteer/paid on-call services (White Bear Lake Fire). Residents also spend time in the Medical Resource Control Center at Regions Hospital, and the St. Paul Fire Communication Center. Unique experiences during the rotation also include a helicopter EMS ride-along with LifeLink III and, during the winter months, working a shift with the National Ski Patrol at Afton Alps Ski Area in Hastings, Minn.

In addition to medical direction specific assignments, residents are integrated as active educators within the program and participate in a multitude of training events. Such events include Advanced Cardiac Life Support for hospital and pre-hospital providers, Pediatric Advanced Life Support, and ALS/BLS Continuing Medical Education. There are also additional teaching opportunities with the paramedic program at Inver Hills Community College.

**Associate Medical Directorship**

As part of a scholarly project, residents in the G-2 or G-3 year may choose an associate medical directorship with EMS. Residents interested in pursuing a career in EMS may choose this project to experience the reality of dealing with various medical direction issues under the guidance of the EMS medical directors. Residents are typically assigned to a single service, allowing them relationship-building opportunities. In this role they are expected to provide feedback on patient care issues, quality assurance activities and critical case review education.

Another type of associate medical directorship offered through EMS is with the paramedic program at Inver Hills Community College. This resident participates in quality assurance for run reviews, creates and delivers curriculum, and acts as an advisor to the paramedic students as well as the program itself.

**2008 Associate Medical Directors**

Dr. Jon Shultz ('08), National Park Service - St. Croix National Scenic Riverway
Dr. Adina Miller ('09), Paramedic program, Inver Hills Community College
Dr. Owen Anderson ('09), St. Paul Fire
Dr. Duncan McBean ('09), St. Paul Fire
Dr. Nicole Stoik ('10), St. Paul Fire

**Event Medicine**

EM residents regularly have the opportunity to participate in mass gathering/large event medicine under the direction of EMS. In 2008, St. Paul played host to the Republican National Convention. Regions EM residents were key players in the planning and staffing of the Health Care Center located within the venue. Residents also provide medical coverage on the course and in the medical aid station at the annual Twin Cities Marathon. Residents also serve regularly as crowd physicians during the NHL Minnesota Wild hockey games and during concerts and events held at the Xcel Energy Center.

**EMS Elective**

Emergency medicine residents may elect a rotation in EMS during the G-3 year. Components of this rotation are variable, based primarily on the resident’s specific interest. The primary areas of focus are EMS instruction and prehospital clinical research.

**RJ Frascone, MD**
EMS Medical Director

**Koren Kaye, MD**
EMS Co-Medical Director

**Josh Salzman**
EMS Clinical Care and Research Manager

**Shonette Doggett**
EMS Education Manager
Residency Awards/ Recognition/Honors

**Star Award - resident teacher selected by medical students**
2008  Samuel Stellpflug, MD
2007  Sandy Fritzlar, MD
2006  Nathan Anderson, MD, Martin Richards, Jr., MD, John Travnicke, MD, Melissa Tschohl, MD
2005  Keith Henry, MD
2004  Robert LeFevere, MD
2003  Lynn Howard, MD
2002  John Bonta, MD
2001  Cullen Hegarty, MD

**Apple Award - faculty teacher selected by medical students**
2008  Cullen Hegarty, MD, Kevin Kilgore, MD
2007  Joel Holger, MD, Peter Kumasaka, MD, Michael Zwank, MD
2006  Jeahan Hanna, MD
2005  Rachel Dahms, MD, Robert LeFevere, MD
2004  Cullen Hegarty, MD
2003  Kevin Kilgore, MD
2002  Felix Ankel, MD
2001  Paul Haller, MD

**Faculty Teaching Award - EM faculty teacher selected by residents**
2008  Cullen Hegarty, MD
2007  Rachel Dahms, MD, Jeahan Hanna, MD
2006  Robert Knopp, MD
2005  Felix Ankel, MD
2004  Karen Quaday, MD
2003  Carson Harris, MD
2002  Scott Cameron, MD
2001  Robert Knopp, MD
2000  Joel Holger, MD

**Nurse Educator Award - EM nurse teacher selected by residents**
2008  Andrew Hebdon, RN
2007  Lawrence Cochran, RN
2006  Tom Peterson, RN, Karen Poor, RN
2005  Donovan Taylor, RN
2004  Mary Healy, RN

**Excellence in EMD Research**
2008  Tara O’Connell, MD
2007  Emily Mason, MD, Ben Peake, MD
2006  Scott Donner, MD
2005  Sandy Fritzlar, MD
2004  Kurt Isenberger, MD
2003  S. Wade Barnhart, MD, Christopher Obetz, MD
2002  Randall Hofbauer, MD
2001  Frank Coughlin, MD
2000  Paul Satterlee, MD, Paul Jewett, MD
1999  Kevin Sipprell, MD, James Parker, MD

**Ian Swatez Teaching Award - faculty teacher from outside EM selected by residents**
2008  David Dries, MD
2007  Eric Korbach, MD, Henry Ortega, MD
2006  David Lee, MD
2005  Bruce Bennett, MD
2004  Raj Sarpal, MD
2003  William Mohr, MD
2002  Mari Goldner, MD
2001  David Dries, MD
2000  Ian Swatez, MD

**Robert Knopp Humanism Award**
2008  Mark Connelly, MD
2007  Emily Mason, MD
2006  Martin Richards, Jr., MD
2005  Keith Henry, MD, Jon Hokanson, MD

**Excellence in EMS Award**
2008  Joey Peterson, MD, Jonathan Shultz, MD
2007  Heidi Lako, MD
<table>
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<th>Undergraduate</th>
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<tr>
<td>Owen Anderson, MD</td>
<td>University of North Dakota</td>
<td>Medical College of Wisconsin</td>
</tr>
<tr>
<td>Christopher Dillon, MD</td>
<td>University of Notre Dame</td>
<td>University of Wisconsin</td>
</tr>
<tr>
<td>Joseph Dolan, MD</td>
<td>Iowa State University</td>
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<tr>
<td>Danielle Jackson, MD</td>
<td>Macalester College</td>
<td>University of Minnesota</td>
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<td>A. Duncan McBean, MD</td>
<td>University of Pennsylvania</td>
<td>University of Minnesota</td>
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<tr>
<td>Adina Miller, MD</td>
<td>Gustavus Adolphus College</td>
<td>University of Minnesota</td>
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<tr>
<td>Tara O’Connell, MD</td>
<td>California Polytechnic State U</td>
<td>University of Minnesota</td>
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<tr>
<td>Charis Thatcher, MD</td>
<td>Brigham Young University</td>
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<tr>
<td>Scott Thielen, MD</td>
<td>Ithaca College</td>
<td>University of Minnesota</td>
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<tr>
<td>Aaron Burnett, MD</td>
<td>Boston University</td>
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<td>Nathaniel Curl, MD</td>
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<td>Aaron Feist, MD</td>
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<tr>
<td>Leah Gapinski, MD</td>
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<tr>
<td>Shani Go, MD</td>
<td>University of British Columbia</td>
<td>Chicago Medical School</td>
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<tr>
<td>Nicole Stoik, MD</td>
<td>Princeton University</td>
<td>University of Iowa</td>
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<tr>
<td>Heather Sutherland, MD</td>
<td>Utah State University</td>
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<tr>
<td>Gregory Vigesaa, DO</td>
<td>North Dakota State University</td>
<td>Virginia COM</td>
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<tr>
<td>Brent Walters, MD</td>
<td>University of Minnesota</td>
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<tr>
<td>Catherine Carlson, MD</td>
<td>University of Colorado</td>
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<td>Katharine Davidson, MD</td>
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<td>University of Cincinnati</td>
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<td>Autumn Erwin, MD</td>
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<tr>
<td>Alexander Gerbig, MD</td>
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<td>Kara Kim, MD</td>
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<tr>
<td>N. Kolja Paech, MD</td>
<td>University of California-Davis</td>
<td>University of California-San Francisco</td>
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<tr>
<td>Eric Roth, MD</td>
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<td>Jillian Smith, MD</td>
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<td>Tufts University</td>
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<td>Timothy Sullivan, MD</td>
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<td>Yale University</td>
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<td>Luke Albrecht, MD</td>
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<td>Mary Carr, MD</td>
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<td>RJ Frascone, MD</td>
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<td>FP - St. Paul-Ramsey Medical Center</td>
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<td>Jason Gengerke, MD</td>
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<td>Paul Haller, MD</td>
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<td>Carson Harris, MD</td>
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<td>Joel Holger, MD</td>
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<td>IM - Abbott Northwestern Hosp.</td>
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<td>Kurt Isenberger, MD</td>
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<td>Kory Kaye, MD</td>
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<td>Kevin Kilgore, MD</td>
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<td>Ortho - Creighton University</td>
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<td>Robert Knopp, MD</td>
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<td>Peter Kumasaka, MD</td>
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<td>Richard Lamon, MD</td>
<td>Loma Linda University</td>
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<td>Robert LeFevere, MD</td>
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<td>Barbara LeTourneau, MD, MBA</td>
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<td>Hennepin County Medical Center</td>
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<td>Alda Moettus, MD, JD</td>
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<td>Jessie Nelson, MD</td>
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<tr>
<td>Henry Ortega, MD</td>
<td>Oregon Health Sciences</td>
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<td>Levon O'hAodha, MD</td>
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<td>Karen Quaday, MD</td>
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<td>Samuel Reid, MD</td>
<td>Univeristy of Minnesota</td>
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<td>Stephanie Taft, MD</td>
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<td>Regions Hospital</td>
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<tr>
<td>Michael Zwank, MD</td>
<td>University of Wisconsin</td>
<td>Boston Medical Center</td>
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Publications


Electronic Publications


Kilgore, KP. Sudden Flushing in a Four Year Old. www.EMedHome.com; Weekly Clinical Case, August 8, 2008


Scientific Presentations


Grants and Funded Studies

Engebretsen KM (PI), Holger JS, Morgan M, Thorn T. HealthPartners Research Foundation Internal Grant: Determining Intracellular Mechanism of Insulin Inotropy In Myocardial Depression. (2006-2008)


L134 Emergency Medicine Residency Fund

We would like to recognize each of the contributors to the Regions Hospital Emergency Medicine Residency Fund (Regions Hospital Foundation L134) in 2008. Gifts to this fund allow us to educate future residents by funding programs such as our procedural skills lab, international rotations and much more.

Luke Albrecht, MD

Undergrad: University of Minnesota-Morris
Med School: University of Minnesota
Residency: Regions Hospital
Hobbies: mountain biking, choral and solo singing and WWII history

Kelly Barringer, MD

Undergrad: Brigham Young University
Med School: Michigan State University
Residency: Regions Hospital
Interests: education and ultrasound
Hobbies: running, hockey, sports, travel and family

Levon O’hAodha, MD

Undergrad: Hamline University
Med School: University of Minnesota
Residency: University of Michigan
Hobbies: golf, skiing, snowshoeing, big game and upland bird hunting and family

Andrew Zinkel, MD

Undergrad: University of Wisconsin-Madison
Med School: University of Wisconsin
Residency: University of Illinois-Chicago
Interests: residency education, emergency department efficiency and quality
Hobbies: snowboarding, disc golfing, travel and violin

Regions Circle ($10,000+)
Regions Hospital Emergency Medicine Physicians

Advocate ($1,000+)
Robert LeFevere, MD

Builder ($500+)
Kurt Isenberger, MD
Kevin Smith, MD

Sponsor ($100+)
Felix Ankel, MD
Frank Coughlin, MD
Jon Fuerstenberg, MD
Bradley Hernandez, MD
Kelly Rhone, MD
Jonathan Shultz, MD
Stephanie Taft, MD

Friend ($50+)
Ross Huelster, PA-C
<table>
<thead>
<tr>
<th>Name</th>
<th>Medical School</th>
<th>Current Location</th>
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<tr>
<td>Luke Albrecht, MD ’08</td>
<td>University of Minnesota</td>
<td>Regions Hospital – St. Paul, MN</td>
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<td>Nathan Anderson, MD ’06</td>
<td>University of Minnesota</td>
<td>United Hospital – St. Paul, MN</td>
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<td>Cheri Audrain-Schroeder, MD ’01</td>
<td>University of Nevada</td>
<td>Fairview-Southdale Hospital – Edina, MN</td>
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<td>Kendal Baker, MD ’03</td>
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<td>Hancock Regional Hospital – Greenfield, IN</td>
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<td>Stephen Wade Barnhart, MD ’03</td>
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<td>North Memorial Medical Center – Robbinsdale, MN</td>
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<td>Kelly Barringer, MD ’08</td>
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<td>Bradley Barth, MD ’00</td>
<td>University of Minnesota</td>
<td>St. John’s Hospital – Maplewood, MN</td>
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<td>Marny Benjamin, MD ’02</td>
<td>Loyola University</td>
<td>Methodist Hospital – St. Louis Park, MN</td>
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<td>Mark Bernas, MD ’00</td>
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<td>Bryan LGH Medical Center – Lincoln, NE</td>
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<td>Larea DeBoer, MD ’02</td>
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<td>Tanya Kleven Decker, MD ’04</td>
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<td>Chanah DeLisle, MD ’99</td>
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<td>University of Nebraska</td>
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<td>Roseann Ekstrom, MD, PharmD ’07</td>
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<td>Jared Friedman, MD ’05</td>
<td>University of South Dakota</td>
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<td>Martin Klinkhammer, MD ’07</td>
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<td>Amy Kolar, MD ’99</td>
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<td>Jason Roth, MD ’99</td>
<td>University of Colorado</td>
<td>St. Anthony Hospital – Denver, CO</td>
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<td>Christopher Russi, DO ’03</td>
<td>Des Moines University</td>
<td>Mayo Clinic – Rochester, MN</td>
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<td>North Memorial Medical Center – Robbinsdale, MN</td>
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<td>Ann Schapiro, MD ’05</td>
<td>University at Buffalo SUNY</td>
<td>Catholic Health Systems – Buffalo, New York</td>
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<td>John Seidner, MD ’01</td>
<td>University of Vermont</td>
<td>Elliot Hospital – Manchester, NH</td>
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<td>Ridgeview Hospital – Waconia, MN</td>
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<tr>
<td>Kevin Smith, MD ’07</td>
<td>University of Iowa</td>
<td>Mercy Medical Center – Des Moines, IA</td>
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<td>Natasha Srb, MD ’08</td>
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<td>Toxicology Fellowship – Regions Hospital – St. Paul, MN</td>
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<td>Ultrasound Fellowship – St. Luke’s Hospital – New York, NY</td>
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<td>James Wood, MD ’01</td>
<td>Mayo Medical School</td>
<td>Kaiser Permanente Northwest – Portland, OR</td>
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<td>University of Minnesota</td>
<td>Mercy Hospital – Coon Rapids, MN</td>
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<tr>
<td>Robert Zeleznikar, MD, PhD ’99</td>
<td>University of Minnesota</td>
<td>University of Minnesota Medical Center – Minneapolis, MN</td>
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</table>
Regions Hospital is a Level I Trauma Center and teaching hospital serving Minnesota and western Wisconsin for more than 130 years.

Regions is a private hospital providing outstanding care in women's health, heart, cancer, surgery, orthopaedics, burn, emergency care and more. Regions Hospital is part of the HealthPartners family of care. Additional information is available at regionshospital.com.