MedStar Health

MedStar Health is one of the nation’s premier comprehensive not-for-profit health care systems. It combines the best aspects of academic medicine, research, innovation and treatments with a complete spectrum of clinical services to advance patient care. As the largest health care provider in the Maryland and Washington, D.C., regions, MedStar’s nine hospitals, the MedStar Health Research Institute and 20 other health-related companies are recognized regionally and nationally for excellence in medical care.

MedStar has one of the largest graduate medical education programs in the country, training more than 1,100 medical residents annually. MedStar also has a major academic affiliation with Georgetown University.

MedStar Health is a $4 billion not-for-profit, regional health care system that is also one of the largest employers in the region. Its 26,000 associates and 5,300 affiliated physicians all support MedStar Health’s patient-first philosophy that combines care, compassion and clinical excellence with an emphasis on customer service.
In the five years since our inception, we have matriculated 40 residents from 26 different medical schools across the country. This year marked our second graduating class, who have been pioneers in developing some of the basis for what we are as a program: exceptional clinicians and ambassadors of the program who have been instrumental in developing the education that we provide to residents and medical students. To date, one-half of our graduates have pursued careers in academic emergency medicine, and one-quarter have further developed their careers through fellowship training.

Our faculty comes from diverse backgrounds, as 45 to 50 attending physicians at Georgetown University Hospital and Washington Hospital Center represent more than 25 training programs. Due to the faculty’s ongoing commitment, drive and initiative, many aspects of the program, including our medical student experience, ultrasound fellowship, simulation and journal club, have taken significant strides forward. Our recently appointed assistant program director of education has taken an innovative approach to weekly didactics, which has dramatically improved the interest, participation and value of our weekly conferences. In addition, our “Visiting Professor” series continues to attract the best and brightest emergency physicians from around the country on a monthly basis. In several instances, recent faculty initiatives have not only benefited the program but propelled our faculty onto the national stage in such venues as nationally recognized speakers, leaders in education/research and participation at the highest levels of organized emergency medicine.

In five short years, our program has current representation on a national level through participation in ACEP (e.g., Research Committee, Practice Committee, EMS Committee and chair-elect, Aeromedical Transport Section), AAME (e.g., Educational Committee), CORD (e.g., board member, Academic Assembly Planning Committee) and SAEM (e.g., Program Committee, GME Committee, Faculty Development Committee and Simulation Committee). Regarding scholarship, we have produced 21 abstracts at regional/national meetings, 25 peer-reviewed publications and 15 chapters in textbooks during the past year with the majority involving resident authorship. Last but not least, we have seen recent growth in areas that include health policy, critical care medicine, wilderness medicine and international medicine.

One of our priorities is a comprehensive pediatric experience, which includes clinical rotations at Georgetown University Hospital, Shady Grove Adventist Hospital, Inova Fairfax Hospital and Children’s National Medical Center (CNMC). Recent changes in our clinical experience through the addition of a month in the Pediatric ICU at Inova Fairfax Hospital and the creation of a longitudinal pediatric experience during the EM-1 and EM-2 years at CNMC have further broadened the opportunities available in pediatrics.

Such dynamic growth would not be possible without the unprecedented support by our departmental and hospital administration. They continue to be the fuel that drives our initiatives forward. Our immediate goal is to build upon this success in the coming years.
The Georgetown University Hospital/Washington Hospital Center Emergency Medicine Residency Program is a remarkable success story. From the short period of time from its founding in 2005 to now, the program has achieved a national reputation as a great place to train. The reason is that we have wonderful residents, outstanding faculty, diverse clinical sites, a highly organized curriculum and an unwavering commitment to the total professional development and well-being of everyone in the program.

We hope to make the Annual Report a vibrant (and annual) reflection of a great program. I hope that you enjoy this glimpse into last year's highlights. Dr. Jeffrey Love, the program’s founding residency director, has detailed the impressive list of accomplishments that the program has achieved in just five years. I am not going to reiterate the details here, except to say that in terms of academic productivity (papers published and presentations made), new fellowship programs, faculty distinctions and, most importantly, the professional success achieved by our residents after they have graduated, the Georgetown University/Washington Hospital Center Residency Program has excelled. Kudos to everyone who has been a part of building this inspiring educational edifice.

Finally, I would like to close with a few words about innovation. The way emergency medical care will be organized tomorrow will be different from the way it is organized today, and this is for several reasons. First, our current system of care, despite all of its excellent features (and there are many) is irrational and hyperexpensive. Second, nothing stands still; the world changes. Third, we are all wired to want to do things better than they are being done today — to make a difference and make a mark.

Innovation is the lever that will move us into a better tomorrow — innovation in technology, innovation in care delivery and process, and innovation in thinking. Innovation is inherently optimistic and forward-looking. It reenergizes the soul. It is about the future. And nothing is more future-focused than educating and training the next generation of health care providers. Emergency medicine residents of today and of tomorrow, I salute you.

Since this is the inaugural Annual Report of our residency program, I thought it would be worthwhile to revisit our department’s foundational philosophy of what we believe and the core mission that we are pledged to carry out.

**Foundational Philosophy (What We Believe):**
- That the provision of emergency care is a sacred trust
- That our patients place their total well-being in the hands of people they do not know
- That those people are us
- That we are pledged:
  - To place our patients first
  - To act always in their best interest
  - To provide them with the highest quality emergency medical care and
  - To treat them as we ourselves would wish to be treated

**The Mission (What We Do):**
- Provide the highest standard of competent, compassionate and timely emergency medical care to all of our patients
- Train the current and next generation of emergency care providers and leaders
- Be a center for innovation and research excellence in the practice of emergency medicine
- Serve as the ultimate medical safety net for our community
- Add, in some small way, to the well-being and dignity of the world
The Georgetown University Hospital (GUH) ED has experienced several key changes in recent years that directly impact the educational experience of our residents in a very positive fashion.

First and foremost, the GUH ED continues to experience bustling patient volumes. Our census has grown significantly during the past decade, and we now care for approximately 36,000 patients annually. In addition to a growth in volume, the number of critically ill patients continues to rise. This recent growth translates into an even richer learning environment for our trainees.

Our clinical space has also expanded with the addition of the “ED Flex area.” This additional space (eight patient care bays, all with central monitoring capabilities) is used primarily as a fast-track/urgent care area during periods of peak volume. In addition, the space can quite literally be “flexed” for use in other circumstances, including use in local mass casualty scenarios (such as a recent Norovirus outbreak on campus). The Flex area can be utilized in caring for admitted patients awaiting bed placement when necessary.

In addition to our important role as a community hospital, GUH has focused expertise in neurosciences, organ transplantation, gastroenterology/complex hepatobiliary disease and oncology. As such, GUH serves as an important tertiary referral center for the Washington metropolitan region. The resources and capabilities of MedSTAR transport are crucial to this end by providing critical care transport for patients from several referring facilities in the region. Patients are often initially evaluated in the ED, which allows our trainees to experience working on the front lines of a tertiary receiving facility.

Pediatric volumes have remained consistent (representing approximately 15% of overall ED visits) and thus have increased in step with our volume in general. Exposure to pediatric patients in the GUH ED forms an important component of our commitment to promote pediatric emergency medicine experience in our residency. Our residents learn to evaluate both adult and pediatric patients in tandem while rotating in the GUH ED, which provides a complementary experience to that gained during rotations at dedicated pediatric EDs.

In our ongoing commitment to making our ED a great learning environment, we have streamlined and better coordinated clinical shift scheduling for our residents and medical students. Now resident and medical student schedules mirror the attending physician schedule, allowing for the formation of an attending-resident-student team. This approach has worked exceptionally well for residents, medical students and attending physicians alike. With this structure, our residents are paired with a medical student for the majority of their clinical shifts here at GUH. This allows for incorporation of progressive teaching responsibilities into nearly every clinical shift.

The Georgetown University School of Medicine continues to flourish, and EM faculty and residents continue to play a key role in mentoring our students throughout medical school. Emergency medicine faculty members serve as Ambulatory Care Course mentors for preclinical students. In addition, faculty and senior residents work as small group preceptors for the sophomore pathology course. Early and extensive mentorship has fostered great interest in our specialty. Indeed, nearly 20 members of the Class of 2010 successfully matched in EM training programs, and EM continues to be a popular career choice among senior medical students this year.

This is just a glimpse of many of the exciting things happening at the GUH ED that positively impact our program and trainees!
Washington Hospital Center’s Emergency Department serves as the main site for our Emergency Medicine Residency Program. The department is staffed with board-certified, emergency medicine-trained attending physicians who are nationally recognized through their awards, presentations at annual meetings and a wealth of publications. Clinically, the department averages 83,000 patient visits a year, with an average admission rate of 26%, of which 10% are admitted to the ICU or intermediate care unit. Washington Hospital Center is a Level I Trauma Center, which sees an annual trauma volume of 2,300, with 29% penetrating and 71% blunt. Emergency medicine residents serve a critical role in the resuscitation of these trauma patients throughout their residency.

The hospital’s ED is divided into three primary teams — Red, Green and Blue. In 2009, construction began on the Red and Green Teams to renovate the workspace and provide a nearly 50% increase in the useable area available for each team. This construction was completed in August 2010, and has allowed for an abundance of workspace for each provider. Junior residents hone their skills on the Red and Green Teams, while the Blue Team is run by a senior resident with faculty oversight. This resident sees and independently manages all patients on the team, in addition to supervising an intern and/or medical student, and attending to trauma airways.

The Blue Team also serves as Washington, D.C.’s referral site for all individuals who report a sexual assault in the District. Specially trained Sexual Assault Nurse Examiners (SANE) interview and perform forensic evidence collection for each of these individuals. Our own Dr. Heather DeVore serves as the medical director for the District’s SANE program and was recently honored during National Crime Victims’ Rights Week by the U.S. Attorney’s Office for the District of Columbia.

In 2009, a new team (Gold) was added with a physician evaluating patients soon after triage to initiate diagnostic workups. The goals of the Gold Team are to reduce the left-without-being-seen rate, arrival-to-physician time and length-of-stay in the department, and within a year of implementation, all of these goals were met. In 2010, residents began working on the Gold Team, which provided the experience of seeing large volumes of patients early in their workups, while also gaining a better understanding of the front-end flow of a busy ED. In addition, junior and senior residents recently increased their staffing of the Ambulatory Care Area (ACA) to two shifts each month in an effort to perfect their management of low-acuity patients and gain experience with common ED procedures.

Ultrasound has also become an integral part of Washington Hospital Center’s ED rotation, with ultrasound shifts interspersed throughout the month. In 2010, the ultrasound program expanded to three fellows, allowing for more direct supervision of the ultrasound shifts, greatly improving the quality of acquired scans and the number of scans performed.
Didactic Curriculum

Autumn Graham, MD

At the Georgetown University Hospital/Washington Hospital Center Emergency Medicine Residency Program, we are dedicated to the education of our residents, faculty and nursing staff. A keystone of our educational mission to train well-rounded leaders and educators in emergency medicine is the weekly didactic conference. Our conference provides a broad knowledge base in emergency medicine care, as well as a forum for discussion of clinical cases, quality improvement initiatives, and state-of-the-art emergency medicine topics.

In the past year, approximately 75% of our didactic program was given by emergency medicine attending physicians, distinguished visiting emergency medicine speakers and prestigious physicians from other departments at Washington Hospital Center, Georgetown University Hospital, Shady Grove’s Pediatric Emergency Department, Fairfax Hospital and Children’s National Medical Center. The remainder of our didactic curriculum was provided by the emergency medicine residents. Our residents were tasked with delivering a variety of lecture formats tailored to their level of training and degree of experience and expertise. In their first year, interns were asked to present a “case follow-up” lecture, reviewing the salient teaching points related to one of their clinical patients, as well as a “best practice” talk in which interns presented an evidence-based discussion of a defined, practical, clinical question. Our second-year residents had the difficult job of editing and finding the “pearls” in a broad “core content” lecture. Our resident education series culminated in our senior residents delivering “big picture” talks on cutting-edge emergency medicine topics, utilizing the skills and knowledge from their prior years of training to deliver well-honed, attending-level presentations.

The past year has also been a year of change and renewal. Striving to be at the forefront of medical education, we have aimed to develop a curriculum that is accessible, user friendly, engaging and stimulating to all levels of learners, from our medical students to our faculty. We have been dedicated to reformattting the lecture series to incorporate focused half-hour lectures, small group discussions, skill labs, patient experience lectures and multidisciplinary case-based discussions. We have also embraced the opportunities afforded by our active simulation and ultrasound teams. Other accomplishments included obtaining CME credits for our weekly case conference and offering recorded lectures on SiTEL.

In addition to the global curriculum changes, we have focused on utilizing our unique proximity to government and parkland in our nation’s capital. A couple of our highly successful endeavors this past year were our Wilderness Medicine Day and our Disaster and Health Policy Forum, aka “White House Day.” Modeled after the popular Medwars program, our residents navigated with compasses around Great Falls Park, VA, expertly answering a series of board-style questions and participating in a series of wilderness-themed clinical scenarios. Another great honor was having the opportunity to talk with leaders in our national disaster preparedness policy and health policy in the Eisenhower Executive Office Building. Our distinguished speakers included Dr. David Marcozzi, director of All-Hazards Medical Preparedness Policy; Dr. Carter Mecher, director of All-Hazards Medical Preparedness Policy; Mr. Edward Dolan, director of Preparedness Policy; Dr. Robert Kocher, special assistant to the President – National Economic Council; and Mr. Richard Reed, special assistant to the President and Director of the Resiliency Directorate.

As we look toward the 2010-2011 academic year, we look forward to improving our didactic curriculum by revamping our asynchronous learning program to address the individual learning goals of each resident, initiating a level-specific, small group curriculum, and developing more skill-based and communication workshops.
## Grand Rounds Speakers

### 2009–2010

<table>
<thead>
<tr>
<th>Speaker</th>
<th>Institution</th>
<th>Month</th>
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<tbody>
<tr>
<td>Greg Henry</td>
<td>St. Joseph Mercy Hospital / U. of Michigan</td>
<td>July</td>
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<tr>
<td>Diane Birnbaumer</td>
<td>Harbor-UCLA</td>
<td>September</td>
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<tr>
<td>Peter Rosen</td>
<td>Beth Israel Deaconess / Harvard</td>
<td>September</td>
</tr>
<tr>
<td>Chris King</td>
<td>U. of Pittsburgh</td>
<td>September</td>
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<tr>
<td>Amal Mattu</td>
<td>U. of Maryland</td>
<td>October</td>
</tr>
<tr>
<td>Mary Jo Wagner</td>
<td>Covenant HealthCare</td>
<td>November</td>
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<tr>
<td>Susan Fuchs</td>
<td>Northwestern U.</td>
<td>December</td>
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<tr>
<td>Benjamin Abella</td>
<td>U. of Pennsylvania</td>
<td>January</td>
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<tr>
<td>Robert O’Connor</td>
<td>U. of Virginia</td>
<td>February</td>
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<tr>
<td>Rais Vohra</td>
<td>UCLA-Olive View</td>
<td>March</td>
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<tr>
<td>Jesse Pines</td>
<td>George Washington U.</td>
<td>April</td>
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<tr>
<td>David Cone</td>
<td>Yale U.</td>
<td>May</td>
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<tr>
<td>Richard Cantor</td>
<td>SUNY Upstate</td>
<td>June</td>
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### 2008–2009

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<tr>
<th>Speaker</th>
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<tr>
<td>William Brady</td>
<td>U. of Virginia</td>
<td>July</td>
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<tr>
<td>Ed Panachek</td>
<td>UC Davis</td>
<td>August</td>
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<tr>
<td>Larry Weiss</td>
<td>U. of Maryland</td>
<td>August</td>
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<tr>
<td>Alfred Sacchetti</td>
<td>Our Lady of Lourdes Medical Center</td>
<td>September</td>
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<tr>
<td>Peter DeBlieux</td>
<td>Louisiana State U.</td>
<td>October</td>
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<tr>
<td>Francis Counselman</td>
<td>Eastern Virginia Medical School</td>
<td>November</td>
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<tr>
<td>Richard Ruddy</td>
<td>U. of Cincinnati</td>
<td>December</td>
</tr>
<tr>
<td>Mark Kirk</td>
<td>U. of Virginia</td>
<td>January</td>
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<tr>
<td>Jon Mark Hirshon</td>
<td>U. of Maryland</td>
<td>January</td>
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<tr>
<td>Thomas Scalea</td>
<td>U. of Maryland / Shock Trauma</td>
<td>March</td>
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<tr>
<td>Hans House</td>
<td>U. of Iowa</td>
<td>April</td>
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<tr>
<td>James Roberts</td>
<td>Mercy Hospital of Philadelphia</td>
<td>May</td>
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<tr>
<td>Marc Gorelick</td>
<td>Medical College of Wisconsin</td>
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### 2007–2008

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<tr>
<th>Speaker</th>
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<tr>
<td>Jim Scott</td>
<td>George Washington U.</td>
<td>July</td>
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<tr>
<td>Jonathan Singer</td>
<td>Wright State U.</td>
<td>September</td>
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<tr>
<td>Corey Slovis</td>
<td>Vanderbilt U.</td>
<td>October</td>
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<tr>
<td>Rebecca Smith-Coggins</td>
<td>Stanford U.</td>
<td>November</td>
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<tr>
<td>Jill Baren</td>
<td>U. of Pennsylvania</td>
<td>December</td>
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<tr>
<td>Michael J. Lambert</td>
<td>Resurrection Medical Center</td>
<td>January</td>
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<tr>
<td>Jon Krohmer</td>
<td>Department of Homeland Security</td>
<td>February</td>
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<tr>
<td>Craig Futtermann</td>
<td>Inova Fairfax Hospital</td>
<td>March</td>
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<tr>
<td>Joe Lex</td>
<td>Temple U.</td>
<td>April</td>
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<tr>
<td>Jerry Hoffman</td>
<td>UCLA</td>
<td>May</td>
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<tr>
<td>Kathy Shaw</td>
<td>Children’s Hospital of Philadelphia</td>
<td>June</td>
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Critical Care
Munish Goyal, MD

Washington Hospital Center is home to the busiest ED in Washington, D.C., with more than 83,000 annual patient visits. The patient population is diverse and includes the full spectrum of critically ill patients. We are an American College of Surgeons Level I Trauma Center, an NIH Regional Stroke Center and a designated ST-elevation myocardial infarction receiving hospital for Washington, D.C. EMS. More than 2,000 patients are admitted to an intensive care environment from the ED annually. We strive to teach our trainees how to identify and optimally care for patients with time-sensitive critical illness. We have recently expanded our training options with this goal in mind.

This year, we accepted our second EM graduate into our Internal Medicine-based Critical Care fellowship. This two-year fellowship is structured to follow all of the guidelines set by the ACGME and ABIM but also incorporates two months of ED-based resuscitation. We have also created a resident elective in “resuscitation” that is designed to provide a focused one-month exposure to the initial management of critically ill patients. Residents respond to patients identified by the primary team in the ED and assist with the resuscitation. They receive weekly didactics and are supervised by one of four EM faculty members who have completed a critical care fellowship in addition to EM residency training.

To augment our existing hypothermia program, we recently established the MedStar Alliance for Therapeutic Hypothermia (MATH). The MATH team is a multidisciplinary group dedicated to improving the outcome of patients who suffer from the post-cardiac arrest syndrome. Our first recently completed goal was to completely revise the Hospital Center’s therapeutic hypothermia guidelines. We are in the process of establishing a formal relationship with the Center for Resuscitation Science at the University of Pennsylvania to collaborate on QA and research projects.

Emergency Preparedness

By virtue of our location in the nation’s capital and a proven history of leadership in emergency preparedness, our program has the benefit of attracting individuals dedicated to the goal of readiness for any and all threats. Indeed, ACEP’s 2008 National Report Card on the State of Emergency Medicine ranked D.C. the #1 “state” for disaster preparedness. Because Washington Hospital Center offers the District’s only ACS Level I Trauma Center, serves as the regional Burn Referral Center and houses the busiest emergency department in the city, our contributions to this ranking are not trivial. The June 2009 D.C. Metro accident that killed nine passengers and brought 76 to surrounding hospitals was a reminder to everyone that mass casualty incidents can occur at any moment.

All successful operations rely on motivated individuals, and ours is no exception. Both Washington Hospital Center and Georgetown University Hospital are privileged to have experienced emergency preparedness leaders on staff:

In addition to serving as the director of the Physician Regulatory Issues Team at the Centers for Medicare and Medicaid Services, Dr. William Rogers (Georgetown University Hospital) is the operational medical director for the National Park Service, a position which holds the responsibility of planning medical support for the annual Fourth of July festivities on the National Mall. Dr. Rogers maintains his service to the D.C. National Guard and has a distinguished career in both military and civilian medicine.

Dr. David Marcozzi (Washington Hospital Center) serves as director of All-Hazards Medical Preparedness Policy for the White House National Security Staff and works clinically with residents every Monday. This past April, he arranged a residency trip to the White House complex to meet with individuals who work at the highest levels of government, setting policies that affect our nation’s ability to respond to disasters, man-made or natural.

In July 2009, Dr. Alexander Garza (Washington Hospital Center) was appointed by President Obama to oversee all medical and health planning concerns within the U.S. Department of Homeland Security. He was confirmed by the U.S. Senate to the post of assistant secretary for Health Affairs and chief medical officer, where he remains to date. He maintains frequent contact with the program and has arranged a Disaster Preparedness elective at the Department of Homeland Security for medical students and residents.
Health Policy and Organized Medicine

Kevin Reed, MD

Health policy is a vital component of the residency for both faculty and residents. In 2009-2010, Dr. Michael Ybarra, one of the current chief residents, served as president of the American Academy of Emergency Medicine Resident and Student Association (AAEM/RSA). In this position, he was involved in advocating for emergency medicine residents on important issues such as the major health care overhaul bill, the proposed ACGME duty hour changes and board certification issues with state medical boards. He remains involved in the organization as the current immediate past-president.

Numerous faculty members have also remained active in health care policy and organized medicine over the past academic year. Dr. Kevin Reed and Dr. Eric Chang continue to serve on the executive board for ACEP’s D.C. Chapter, serving as president and secretary, respectively. The D.C. Chapter works for the highest principles of the specialty to benefit both its physicians and the patients they serve. In addition, the D.C. Chapter advocates for legislation positive to emergency medicine and policies addressing local issues. A successful reception was held as part of ACEP’s 2010 Leadership and Advocacy Conference, where members met with Gordon Wheeler, ACEP’s associate executive director for Public Affairs. At the same conference, Dr. Ethan Booker and Dr. Justin Gatewood organized a health care policy forum that brought together experts to discuss the changing face of health care in the United States. Looking forward, we will continue to be a part of health care policy on a local, regional and national level.

National Committee Representation

AAEM

Educational Committee .................................................................Jon Davis and Kevin Reed
RSA Communications Committee, chair .........................................................Teresa Ross

ACEP

Aeromedical Transport Section, chair-elect ........................................Ethan Booker
EM Practice Committee .....................................................................................Kevin Reed
EMS Committee .................................................................................................Julie Vieth
Reimbursement Committee ........................................................................Ethan Booker
Research Committee ............................................................................................Dave Milzman
Research Forum Planning Committee ............................................................Dave Milzman

CORD

Academic Assembly Planning Committee ..............................................Jeff Love and Gillian Schmitz
Board of Directors .............................................................................................Jeff Love

SAEM

Faculty Development Committee ..............................................................Dave Milzman
GME Committee ...............................................................................................Jon Davis
Program Committee ............................................................................................Autumn Graham and Dave Milzman
Informatics
E. Gregory Marchand, MD
Kevin Maloy, MD

Informatics has always had an important role in the Emergency Departments at Washington Hospital Center and Georgetown University Hospital, and this is truer now than ever. Many projects are underway, both in practical use and ongoing research.

We are migrating from the Azyxxi Universal Information System (UIS) to Amalga throughout MedStar Health this year, with the Emergency Department taking the lead on testing and proving concepts. This makes sense in that the ED is the birthplace of Amalga; however, it has also proven challenging as we have developed so many unique uses of Azyxxi that the migration is an arduous task, but one we hope to see completed by the end of the calendar year.

In other areas, we are using video streaming technology to allow real-time video consultation with our interventional cardiologists about challenging cases in the ED. We can show them the EKG and discuss with them (live) the aspects of concern. They are able to review the tracing and participate from anywhere via cell phone. Soon it will also expand to consultations with the stroke team.

Research continues finding innovative ways to use available technologies to enhance safe, effective patient care in the hospital. We are developing alert systems to warn of potentially dangerous conditions for individual patients, as well as the department as a whole. These alerts may be based on lab results, medical history and current medicines, as well as on the department status (i.e., overcrowding, high acuity, abnormal spike in normal presenting complaints, etc). How these alerts are effectively delivered to providers is a research area of great interest to the group.

We are also using informatics to improve the patient experience. With data from our computer systems, displays have been developed to inform patients and visitors of anticipated wait times, as well as identify their care team. We will continue to explore uses of technology to better inform patients about aspects of their care while in the Emergency Department and provide education about important health issues.

Pediatrics
Susan O’Mara, MD

We want our residency graduates to be confident in their pediatric skills, and we believe confidence comes from frequent, high quality pediatric experiences. To this end, we include dedicated month-long pediatric rotations across our three-year curriculum and also incorporate pediatric care in the months our residents spend in the Emergency Departments at both Georgetown University Hospital and Washington Hospital Center.

Specific pediatric rotations include a month in the high-acuity Pediatric ICU at Inova Fairfax Hospital, two months in the Pediatric Emergency Department at Shady Grove Adventist Hospital, and one month in the Pediatric Emergency Department at Inova Fairfax Hospital. In addition, pediatric emergency care is integrated into every shift at Georgetown’s Emergency Department, where 15% of the patients are children. In previous years, our residents spent two dedicated months in the Emergency Department at Children’s National Medical Center (CNMC); these shifts are now incorporated into Washington Hospital Center’s ED months. As a result, our EM-1s and EM-2s spend approximately 20% of their shifts on a Washington Hospital Center ED month in the CNMC ED. This change in our curriculum allows our residents to experience the seasonal variability that is unique to pediatrics.

Our didactic program incorporates pediatric topics regularly. The attendings at our partner institutions are board certified in pediatric emergency medicine, and we are fortunate that so many of them are enthusiastic teachers who contribute to our didactics frequently. The particular emphasis we place on pediatrics allows our residents to achieve the highest level of clinical and academic competence across the age and disease spectrum.
Simulation
Sangeeta Wood, MD
Kevin Reed, MD

Simulation plays a vital role in our residency program. New knowledge, behaviors, skills and understanding are best acquired by doing. Simulation provides residents with the tools to foster such learning through innovation and teamwork. The SiTEL Clinical Simulation Center has become an inseparable partner in educating our EM residents, medical students and faculty.

During the past year we have focused on several areas:

Medical Student Education
During their required EM clerkship, all fourth-year medical students undergo training that teaches basic and vital procedural skills often lacking from previous rotations. Examples include airway management, central line placement and suturing techniques.

Residency Education
Incorporation of simulation into our residency curriculum is well-received by residents. Intensive intern orientation and quarterly simulation-based didactic sessions allow us to teach both routine and “orphan” procedures, and to assess basic and advanced skills in critical care scenarios. Individual assessment of residents provides real-time feedback and the opportunity to address procedural deficiencies in a “safe” setting. A new simulation elective for residents was developed this past year, with its first resident completing the rotation successfully.

In addition, residents are scheduled for individual simulation sessions at least once every two months. Topics are level-based and include procedural sedation, transvenous pacing, obstetric emergencies, and pediatric resuscitation and advanced airway management.

Research
We have developed and trained our residents in multiple novel models for EM-related procedures and have presented related abstracts at regional and national meetings in 2009. In addition, our first manuscript focusing on high-risk obstetric training has been submitted to the Academic Emergency Medicine Journal.

With a planned expansion of SiTEL to larger, off-site simulation facilities in Washington, D.C., the ability to provide additional training programs will be greatly enhanced. We will continue to seek innovative models to guide the future of EM resident simulation training.

Ultrasound
Michael S. Antonis, DO, RDMS
Carolyn A. Phillips, MD, RDMS
Kerri Layman, MD

The use of ultrasound in the Emergency Department is a necessary and life-saving skill for every emergency medicine specialist. Our residency program is committed to training aspiring specialists in the art of emergency department ultrasound. From orientation forward, emergency medicine residents gain valuable experience with the diverse and high-acuity patients seen at both Georgetown University and Washington Hospital Center. Five Sonosite® M-Turbo™ ultrasound platforms — equipped with seven endovaginal probes, five cardiac probes, five vascular probes and five generalized abdominal probes — provide the necessary tools. All images acquired are stored onto the Microsoft Amalga electronic medical record through wireless DICOM technology, so there is no need for thermal images or paper charting. During their three-year residency, residents learn clinically-based, focused bedside ultrasound in real-time, under the instruction of EM attending physicians and EM ultrasound fellows.

The growth of ultrasound in emergency medicine and in our department led to the genesis of our Emergency Medicine Ultrasound Fellowship in 2009. Our first fellow graduated this past July, and Dr. Kerri Layman now serves as the site director at Georgetown University. We have since expanded the program to three fellows and currently span both MedStar South in D.C. (Washington Hospital Center and Georgetown University Hospital) and MedStar North in Baltimore (Union Memorial and Franklin Square Hospitals). This arrangement allows the fellows to work at an academic, regional tertiary care facility (South) and a community emergency department (North).
The ultrasound fellowship has also enabled us to host a joint quarterly journal club with the George Washington University Emergency Medicine Ultrasound Fellowship program. The Capitol Ultrasound Consortium (www.capitolultrasound.com) provides a setting to discuss current journal articles and present case studies from each institution, as well as from the Greater Capitol Region. The ultrasound fellowship also allows the opportunity to teach fourth-year Georgetown University and visiting medical students (two per month) who seek further knowledge in focused bedside emergency ultrasound.

Didactic teaching is supplemented by the direct application of ultrasound in the department for clinical decision making in patient care. Residents receive one-on-one instruction at the bedside to obtain and recognize quality images with the assistance of the EM attending physician. Resident and attending physician ultrasound images are reviewed by the ultrasound director and associate director for technical and interpretive evaluation with written feedback on the obtained images during weekly quality assurance reviews. Each emergency medicine resident’s ultrasound numbers are also reviewed during the resident’s semi-annual evaluation with the program director. Upon completion of residency, documentation is provided from the ultrasound director for future emergency medicine ultrasound credentialing.

Medical Student Clerkship
David Lane, MD

Georgetown University School of Medicine has one of the longest standing required clerkships in emergency medicine in the country. Our residents and faculty believe that emergency medicine is a vital component of medical education, exposing students to the full spectrum of acute pathology. We see the EM clerkship as a capstone seminar for the medical school experience — a chance for students to practice and refine their abilities as future physicians. EM medical students see a wide variety of undifferentiated patients and actively participate in rapid assessment, stabilization, diagnosis and treatment. Our students care for patients in close conjunction with EM residents and attending physicians; most shifts provide one-on-one teaching with the EM attending, accelerating the student’s development as a future physician. Through the years, we have persistently sought feedback from our students to improve and fine-tune the operations and experience of our clerkship.

Currently, the four-week rotation for Georgetown and visiting senior medical students includes the following:

**Clinical shifts** in two distinct urban emergency departments, providing an impressive diversity of patient encounters within the same city (Washington Hospital Center and Georgetown University Hospital)

**Simulation lab** with central line, intubation, ultrasound and suture stations — an anticipated session with hands-on training activities

**Focused small group teaching shift** with a senior EM resident — a new addition this year that combines teaching at the bedside of active ED patients with discussions of radiology findings, electrocardiograms and unique cases

**Toxicology session** at the National Capitol Poison Center — an opportunity to see the Poison Center in action, as well as review and discuss common poisoning cases

Weekly **Georgetown University/Washington Hospital Center EM residency lecture series**, including many nationally recognized grand rounds speakers.
A Selection of Regional and National Faculty Initiatives

Dr. Jon Davis
Guest editor for the upcoming “Male Genitourinary Emergencies” issue of *Emergency Medicine Clinics of North America*, which has provided an opportunity for authorship, professional growth and collaboration with senior emergency physicians with expertise in the content area for several of our junior faculty members.

Dr. Heather Devore
Medical director of the Washington, D.C. Sexual Assault Nurse Examiner (SANE) program, who was recognized by the U.S. Attorney’s Office of the District of Columbia as part of the 2010 National Crime Victims’ Rights Week for her contributions to advancing the rights of sexual assault victims.

Dr. Jeff Love
Founder and director of the MERC at CORD Program — through a series of workshops and a mentored education research project, this national program provides professional development in education research for emergency medicine educators.

Dr. Munish Goyal
The “MedStar Alliance for Therapeutic Hypothermia” is a multidisciplinary group that has completely revised our hypothermia guidelines and cooling process. We are extending our program to the pre-hospital arena by working to regionalize resuscitated cardiac arrest patients to the appropriate resuscitation centers. We are also working on the other end of the spectrum by partnering with National Rehabilitation Hospital to standardize the rehabilitation evaluation process.
### Abstracts/Posters

<table>
<thead>
<tr>
<th>Author(s)</th>
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<tbody>
<tr>
<td>Bendeck K, Layman K, Phillips C, Antonis M</td>
<td>Rate and Outcome of First Trimester Indeterminate Pelvic Ultrasounds in an Urban Emergency Department. 2009 ACEP Scientific Assembly, Boston, MA.</td>
</tr>
<tr>
<td>Davis J, Churosh N, Borloz M, Howell J</td>
<td>Knowledge of Self-injectable Epinephrine Technique Among Emergency Medical Services Providers. 2009 ACEP Scientific Assembly, Boston, MA.</td>
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<tr>
<td>Frohna W</td>
<td>Physician-led Care Team in Triage – A Golden Solution to Crowding. 2010 SAEM Annual Meeting, Phoenix, AZ.</td>
</tr>
<tr>
<td>Goodwin TL, Phillips C, Antonis MS</td>
<td>Initiation of an Ultrasound Quality Assurance Program in an Emergency Department Greatly Increases Number of Scans by Attending Physicians. 2010 AAEM Scientific Assembly, Las Vegas, NV.</td>
</tr>
<tr>
<td>Gouvernayre A, Delasobera B, Davis J</td>
<td>Heart Rate Does Not Correlate with Pain Score at Time of ED Triage. 2010 SAEM Western Regional Meeting, Sonoma, CA.</td>
</tr>
<tr>
<td>Neuner M, Layman K, Meltzer A, Corcoran J, Chopard M, Place R</td>
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<td>Detecting College Students at Risk for Alcohol-Related Injuries: The CAGE, bMAST, and History of Trauma. 2009 ACEP Scientific Assembly, Boston, MA.</td>
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### Scholarly Works

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Publications


Scholarly Works


Books and Book Chapters


As the 2010-2011 chief residents, we would like to introduce you to our program, a three-year experience that provides unparalleled training in emergency medicine. Washington Hospital Center is a busy urban trauma and tertiary care center. With an annual census of 83,000 and an admission rate of 26%, the Hospital Center is the largest hospital in the heart of the nation’s capital and home to the only American College of Surgeons Level I Adult Trauma Center in Washington, D.C. Across the city, Georgetown University Hospital (GUH) is a major academic medical center and home to world-renowned adult and pediatric transplant programs. The GUH ED cares for a diverse group of patients.

These two EDs are our primary training sites and care for remarkably different patient populations with distinctly different pathologies, training us to be well-rounded emergency physicians. Both institutions provide one-on-one attending-to-resident teams for focused learning opportunities. Third-year residents run an entire ED team at Washington Hospital Center and are responsible for teaching interns and students.

We feel that our program offers our residents remarkable support, not only in ensuring excellent clinical instruction, but also in facilitating resident attendance at national conferences. Our department funded all PGY-3 residents to participate in the 2009 American College of Emergency Physicians (ACEP) Scientific Assembly in Boston, MA and all PGY-1 residents to attend the 2010 Society for Academic Emergency Medicine (SAEM) Annual Meeting in Phoenix, AZ. In addition, Washington Hospital Center’s Office of Graduate Medical Education will cover travel and registration expenses for any resident with research accepted at a regional or national conference. Every year, department-funded summer and winter retreats, attended by all of the residents and many of the faculty, help to bring the classes together for team building and to appreciate the extracurricular strengths of each.

With our program entering its fifth year, we are pleased to note that resident feedback continues to shape the program’s development. We recently integrated Children’s National Medical Center (CNMC) ED shifts into our yearlong curriculum to ensure continuous exposure to pediatric illnesses. Our residents’ education has also been bolstered by the addition of new ultrasound and critical care fellows who deliver one-on-one teaching. In addition, we have increased the urgent care and sports medicine opportunities available.

These are just some of the highlights from our program this year. We are thrilled with our residency experience, and as the chief residents, we are dedicated to making this year a great one!
The Intern Orientation Program (IOP) at Washington Hospital Center and Georgetown University was a sweeping success and a great way to introduce our newest residents to the hospitals, the D.C. area, and their new home! The design and curriculum of the IOP is unique from other residency programs, and the four-week schedule allows ample time for active learning, hands-on procedure and simulation labs, integrated learning workshops and resident wellness. Some highlights include:

**Simulation:** The interns were introduced to our state-of-the-art simulation center and integrated their ACLS/ATLS/PALS training with resuscitation scenarios and procedure training, including lumbar puncture, tube thoracostomy, advanced airway management and central line insertion.

**Didactic Workshops:** Morning lectures were interactive and case-based, and introduced core topics. The residents reviewed EKGs and radiographs, and discussed order sets and the appropriate selection of antibiotics, fluids and pressors in the ED management of common chief complaints. The afternoon sessions included hands-on training and skill labs for suturing, use of the slit lamp and fiberoptic scope and splinting, with descriptions of fracture characteristics and standard management of orthopaedic injuries.

**Team building:** We offer some unique opportunities to understand the roles and responsibilities of the people who comprise our ED team. Interns have assigned shifts with nurses to understand their critical role in our department and develop strategies to increase efficiency and communication with staff early in their training. The first-year residents also have a handful of ED shifts to learn the computer system and the admission and discharge process, as well as to familiarize themselves with the department and staff before embarking on their first “real” shift. Teambuilding exercises also include a resident and faculty scavenger hunt around D.C., a resident retreat and obstacle course, and some good meals, pool parties and journal clubs hosted at faculty homes.
Residents

Class of 2013

Lauren Elizabeth Arnold, MD
Medical School: Georgetown University
Hometown: Orlando, FL

Shannon Graf, MD
Medical School: University of Maryland
Hometown: Bethesda, MD

Erinn Hama, MD
Medical School: Georgetown University
Hometown: San Jose, CA

Clare Johnson, MD
Medical School: University of Virginia
Hometown: Atlanta, GA

Judy Lin, MD
Medical School: Brown University
Hometown: Bayside, NY

Jennifer McBride, MD
Medical School: University of California, Irvine
Hometown: San Martin, CA

Melissa McGuire, MD
Medical School: Georgetown University
Hometown: Massapequa, NY

Neal Shelley, MD
Medical School: Medical University of South Carolina
Hometown: Conway, SC

Class of 2012

Dana Kindermann, MD
Medical School: Robert Wood Johnson Medical School
Hometown: Moorestown, NJ

Sofie Morgan, MD
Medical School: Vanderbilt University
Hometown: Conyers, GA

Teresa Ross, MD
Medical School: University of Maryland
Hometown: Baltimore, MD

Emily Siegel, MD
Medical School: Drexel University
Hometown: Sacramento, CA

Mai Takematsu, MD
Medical School: Juntendo University
School of Medicine
Hometown: Tokyo, Japan

Julie Vieth, MD
Medical School: University of Leeds (England)
Hometown: Potsdam, NY

Miles Whitman, MD
Medical School: University of Virginia
Hometown: Baltimore, MD

Lauren Wiesner, MD
Medical School: Drexel University
Hometown: Bethlehem, PA
Class of 2011

Matthew Borloz, MD  
Chief Resident 2010-2011  
Medical School: University of Virginia  
Hometown: Virginia Beach, VA

B. Elizabeth Delasobera, MD  
Chief Resident 2010-2011  
Medical School: Stanford University  
Hometown: McLean, VA

Tress Goodwin, MD  
Medical School: Stanford University  
Hometown: San Diego, CA

Robert Katzer, MD  
Medical School: Temple University  
Hometown: McLean, VA

Melat Lemma, MD  
Medical School: University of Virginia  
Hometown: Alexandria, VA

Jennifer Rogers, MD  
Medical School: SUNY Stonybrook  
Hometown: Buffalo, NY

Danielle Silverman, MD  
Medical School: Tufts University

Michael Ybarra, MD  
Chief Resident 2010-2011  
Medical School: Georgetown University  
Hometown: San Diego, CA

Faculty in the Department of Emergency Medicine

Program Leadership

Mark S. Smith, MD, FACEP  
Chair, MedStar Emergency Physicians  
Professor & Chair of Emergency Medicine,  
Georgetown University School of Medicine

Jeffrey N. Love, MD, FACEP  
Residency Program Director  
Professor and Vice Chair of Academic Affairs

Jonathan E. Davis, MD, FACEP  
Associate Program Director, Georgetown  
University Hospital  
Associate Professor of Emergency Medicine

Rahul Bhat, MD  
Assistant Program Director, Washington Hospital  
Center, Assistant Professor of Clinical Emergency Medicine

Autumn Graham, MD  
Assistant Program Director of Education  
Emergency Medicine Attending Physician

David R. Lane, MD, FACEP  
Clerkship Director  
Assistant Professor of Clinical  
Emergency Medicine
New Faculty (since July 1, 2010)

Rollin J. (Terry) Fairbanks, MD, MS, FACEP
Director, National Center for Human Factors Engineering in Healthcare
Emergency Medicine Attending Physician

Jonathan Hall, MD
Emergency Medicine Attending Physician

A. Zach Hettinger, MD, MS
Emergency Medicine Attending Physician

Lisa Jacobson, MD
Emergency Medicine Attending Physician

Kevin Maloy, MD
Emergency Medicine Attending Physician

James Palma, MD
Emergency Medicine Attending Physician

Faculty

Michael S. Antonis, DO, RDMS
Assistant Professor of Clinical Emergency Medicine
Director of Ultrasound Program and Fellowship

Louis Asaro, MD
Emergency Medicine Attending Physician

Jason M. Bellows, MD
Assistant Professor of Clinical Emergency Medicine

Shewit Bezabeh, MD, MPH
Emergency Medicine Attending Physician

Ethan Booker, MD
Emergency Medicine Attending Physician

Patrick Cullinan, DO
Emergency Medicine Attending Physician
Surgical Critical Care Attending Physician

Liesl A. Curtis, MD, FACEP
Assistant Professor of Clinical Emergency Medicine

John DeSimone, MD, FACEP
Professor of Clinical Emergency Medicine
Associate Medical Director, Georgetown University Hospital

Heather DeVore, MD
Emergency Medicine Attending Physician

Jeffrey S. Dubin, MD, MBA
Assistant Professor of Clinical Emergency Medicine, Vice Chair, Department of Emergency Medicine, Washington Hospital Center

William Frohna, MD
Chairman, Department of Emergency Medicine, Washington Hospital Center

Brendan R. Furlong, MD, FACEP
Chief of Service, Emergency Medicine, Georgetown University Hospital, Associate Professor of Clinical Emergency Medicine

Alexander G. Garza, MD
Assistant Secretary for Health Affairs and Chief Medical Officer, Department of Homeland Security, Emergency Medicine Attending Physician, Director of Military Programs
Faculty

Justin Gatewood, MD  
Emergency Medicine Attending Physician

Kullen Gebreyes, MD  
Assistant Professor of Clinical Emergency Medicine

Eric G. Glasser, MD, FACEP  
Associate Professor of Clinical Emergency Medicine, Assistant Director of Operations, Department of Emergency Medicine, Georgetown University Hospital

Munish Goyal, MD, FACEP  
Director, Emergency Intensive Care

Michelle Grant-Ervin, MD  
Emergency Medicine Attending Physician

Korin B. Hudson, MD  
Director, GERMS  
EMS Rotation Coordinator, Assistant Professor of Clinical Emergency Medicine

Latrise Jefferson, MD  
Emergency Medicine Attending Physician

Sangeeta Kaushik, MD  
Emergency Medicine Attending Physician

Sunil I. Madan, MD, FACEP  
Medical Director, Department of Emergency Medicine, Washington Hospital Center  
Assistant Professor of Clinical Emergency Medicine

Jasmine Malek, MD  
Assistant Professor of Clinical Emergency Medicine

E. Gregory Marchand, MD, FACEP  
Director, Informatics  
Associate Medical Director, MedSTAR Transport  
Assistant Professor of Clinical Emergency Medicine

David Marcozzi, MD  
Senior Medical Advisor, Office of Preparedness and Emergency, Operations, Department of Health and Human Services  
Emergency Medicine Attending Physician

Norine McGrath, MD  
Emergency Medicine Attending Physician

David P. Milzman, MD, FACEP  
Associate Professor of Clinical Emergency Medicine

Susan R. O’Mara, MD, FAAEM  
Assistant Professor of Clinical Emergency Medicine

Julian Orenstein, MD, FACEP, FAAP  
Site Coordinator, Shady Grove Adventist Hospital

Carolyn Phillips, MD, RDMS  
Assistant Director, Ultrasound Program and Fellowship  
Emergency Medicine Attending Physician

Martin Pitts, MD  
Assistant Professor of Clinical Emergency Medicine

Kevin C. Reed, MD, FACEP  
Assistant Professor of Clinical Emergency Medicine

William Rogers, MD, FACEP  
Emergency Medicine Attending Physician  
Medical Officer, Centers for Medicare and Medicaid Services Director, Physicians Regulatory Issues Team, Centers for Medicare and Medicaid Services

Tina G. Rosenbaum, MD  
Assistant Professor of Clinical Emergency Medicine

Amir Sakla, MD, FACEP  
Emergency Medicine Attending Physician
Diane M. Sauter, MD, FACEP, FACMT
Assistant Professor of Clinical Emergency Medicine

Gillian Schmitz, MD
Emergency Medicine Attending Physician

Amit Shah, MD
Medical Officer, Office of Device Evaluation, US Food and Drug Administration
Assistant Professor of Clinical Emergency Medicine

Sanjay Shewakramani, MD
Emergency Medicine Attending Physician

Janet A. Smereck, MD, FACEP
Assistant Professor of Clinical Emergency Medicine

Todd Templeman, MD
Emergency Medicine Attending Physician
(Board Certified Emergency Medicine and Internal Medicine), Director of International Medicine Program

Jennifer Thompson, MD
Emergency Medicine Attending Physician

Sangeeta Wood, MD
Director, Simulation Program
Emergency Medicine Attending Physician

Christopher Wuerker, MD
Assistant Professor of Clinical Emergency Medicine

(Not pictured) Toby Litovitz, MD, FACMT
Executive Medical Director, National Capital Poison Center
Professor of Emergency Medicine

Fellows

Kirsten Bendeck, MD
Faculty / Ultrasound Fellow, 2010-2011
(incoming), Residency Program: Georgetown University / Washington Hospital Center

Jamie Jenkins, MD
Faculty / Ultrasound Fellow, 2010-2011
(incoming)
Residency Program: Stanford / Kaiser

Genese Lamare, MD
Faculty / Critical Care Fellow, 2010-2012
(incoming), Residency Program: Georgetown University / Washington Hospital Center

Kerri Layman, MD
Faculty / Ultrasound Fellow, 2009-2010
(graduating), Residency Program: Georgetown University / Washington Hospital Center

Elizabeth Pontius, MD
Faculty / Ultrasound Fellow, 2010-2011
(incoming), Residency Program: Georgetown University / Washington Hospital Center
**Program Alumni**

**Class of 2010**

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Kirsten Bendeck, MD</td>
<td>Genese Lamare, MD</td>
</tr>
<tr>
<td>Joelle Borhart, MD</td>
<td>Michael Morgan, MD</td>
</tr>
<tr>
<td>Alice Gouvernayre, MD</td>
<td>Beth Pontius, MD</td>
</tr>
<tr>
<td>Jon Hall, MD</td>
<td>Robin Roland, MD</td>
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**Class of 2009**

<table>
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<tr>
<td>Nancy Churosh, MD</td>
<td>Kevin Maloy, MD</td>
</tr>
<tr>
<td>Tina Ellison, MD</td>
<td>Maria Neuner, MD</td>
</tr>
<tr>
<td>Neil Gulati, MD</td>
<td>Scott Osborn, MD</td>
</tr>
<tr>
<td>Kerri Layman, MD</td>
<td>Cory Wittrock, MD</td>
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Special thanks to Matthew Borloz, MD, for serving as the chief editor of the Emergency Medicine Residency Program's 2010 Annual Report.
Georgetown University Hospital
Washington Hospital Center
MedStar Health

Georgetown University Hospital / Washington Hospital Center
Emergency Medicine Residency Program
110 Irving St., NW, Suite NA1177, Washington, DC 20010
www.georgetownemergencymedicine.org

Nancy Kenny, Residency Coordinator
Phone: 202-877-8080 • Fax: 202-877-7633 • E-mail: nancy.l.kenny@medstar.net