Carolinas Medical Center
Emergency Medicine Residency Program
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Carolinas Medical Center

Emergency Department

There are four treatment areas (55 beds total) within our emergency department:

* **Major Treatment** – High acuity medical and trauma patients, 18 beds, open 24/7.
* **Diagnostics** – Medium acuity, 15 beds, open 24/7.
* **Ambulatory Emergency Center** – Lower acuity medical and ob-gyn, lacerations, abscesses, sprains, strains, simple fractures, 10 beds, open 9a-1a.
* **Children’s Emergency Department** - Patients under 18 that do not meet requirements for a trauma code activation, 12 beds, open 24/7.

Children’s ED  
Trauma Room
Physician Coverage

Major Treatment: Single attending 24/7; double attending coverage from 11am-11pm. PGY3 from 7a-7a; PGY2 from 9a-5a; PGY1 from 1p-11p tiered learning and teaching.

Diagnostics: Single attending 24/7, PGY 2/3 from 9a-5a, ACP from 7a-3a, PGY1 from 1a-7a

AEC: Single attending during all hours of operation
PGY1 11a-9p, 3p-1a, 9p-1a, PGY3 teaching shift 5p-1a weekdays

Children’s ED: Single attending coverage 24 hours per day
PGY1: 9a-7p, 7p-5a, PGY2/3 or Peds PGY2/3: 7a-7a, ACP 11a-9p

Observation unit: Evaluation of suspected ACS, TIA, overnight stays, staffed by ACP 24 x 7

Ancillary Equipment:

Radiology: 24/7 in-house interventional radiology, C-arm fluoroscopy in ED, bedside US (5 machines)
Point of Care Testing: electrolytes, troponin, hemoglobin, cardiac BNP, d-dimer, INR, lactate
Electronic Medical Record, Cerner FirstNet (patient tracking), PowerChart (EMR), computerized physician order entry, 100% electronic documentation via PowerNotes and Dragon voice recognition software.

Ancillary Support: Interpreters, Techs, Respiratory Therapists, MSW, Patient Rep, Child Life, Unit Secretaries

Figure 1: Cerner FirstNet Patient Tracking Board

Figure 2: 90% Page created by CMC emergency physician, incorporated by Cerner
Figure 3 Cerner PowerNote Template

Figure 4: JB and his dragon

Scribes present in Major and Diagnostics, available to residents after 3rd ED month.
Carolinas Healthcare System

Seventh largest non-profit healthcare system in the country (based on number of hospitals in the system)

Owns, leases and manages 35 hospitals in North and South Carolina, 24 urgent care centers, nursing homes, physician practices, home health agencies, radiation therapy facilities, physical therapy facilities, managed care companies and other healthcare related operations, comprising more than 7,460 licensed beds and approximately 60,000 employees.

CMC-Main

Flagship hospital of the system with an annual budget of over $2.4 billion

874-bed (including 234 LCH), community-based teaching hospital, Level 1 trauma center

8 ICU’s: coronary, medical, surgical, trauma, neurosurgical, cardiovascular, pediatrics, and newborn

The Children's Emergency Department was a cornerstone to the launching of the 234-bed Levine Children's Hospital which was completed in October 2007. It is the first ED in the region open 24 hours a day and dedicated to the care of children in a family-centered environment. [www.levinechildrenshospital.org](http://www.levinechildrenshospital.org)

High Patient Volume

~115,000 annually or ~315/day (85,000 Adult and 30,000 Pediatric)

High Patient Acuity

27% are admitted, ~1/4 of these go to an ICU

• 70% from Major Treatment • 22% from Diagnostics • 8% from Children’s ED

Unusually Diverse Payor Mix

<table>
<thead>
<tr>
<th>Payor Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>2%</td>
</tr>
<tr>
<td>Managed Care</td>
<td>24%</td>
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<tr>
<td>Medicaid</td>
<td>23%</td>
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<tr>
<td>Medicare</td>
<td>17%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
<tr>
<td>Self Pay</td>
<td>32%</td>
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</tbody>
</table>

Patient Mix

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>28%</td>
</tr>
<tr>
<td>Surgical/Trauma</td>
<td>24%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>23%</td>
</tr>
<tr>
<td>Ob/Gyn</td>
<td>22%</td>
</tr>
<tr>
<td>Psych/Tox</td>
<td>3%</td>
</tr>
</tbody>
</table>

Annual Trauma Registry

4600 trauma code activations (89% blunt, 9% penetrating, 2% burns / hangings / drownings. Sixth highest trauma volume amongst level one trauma centers in the US.)
CMC EM faculty member Dr. Doug Swanson serves as the Medical Director for EMS in Mecklenburg County. Ground services provided by Mecklenburg EMS Agency (MEDIC) ~ 128,772 responses; 101,101 patients transported for fiscal year ending June 2016

- Aeromedical services provided by MedCenter Air

The Center for Prehospital Medicine is a Division of the Department of Emergency Medicine, and serves as a regional center for prehospital medical oversight, paramedic/prehospital education, disaster and preparedness planning, mass gathering medical support, and other EMS-related activities.

CMC provides on-line medical control for Medic and MedCenter Air ground and flight services.

- **PGY1**: orientation, meet the providers, optional rides with Medic
- **PGY2**: dedicated EMS month includes on-line and direct medical control, shifts with MEDIC and MedCenter Air (voluntary), coverage at Bank of America Stadium (Carolina Panthers), Lowe’s Motor Speedway (NASCAR), interaction with Charlotte Fire Department, EMS Dispatch, Operations Supervisors, EMS Fellow, and Medical Director, teaching opportunity for education courses at EMT and paramedic levels, including experience working with in a high-fidelity medical simulation and human gross anatomy labs
- **PGY3**: elective rotation can include experience with Carolinas MED-1 (as available), ride-along with MCA, on scene medical control, MedCenter Air as the second crew member

**MedCenter Air Ground & Air Transport**

- 4 rotor wing aircraft, EC135 helicopters (March 2010) provide latest in medical and aviation technology (collision avoidance, satellite tracking, environmental control, NVG’s)
- 3 fixed wing aircraft (equipped with all current and proposed State / Federal safety recommendations)
- Multiple critical care ground trucks positioned throughout the region

**Carolinas Med-1 - [http://www.carolinasmed-1.org/](http://www.carolinasmed-1.org/)**

- Two 53 foot tractor trailers, one for patient care and one for support and storage
- Nearly 1,000 square feet of indoor treatment space, deployable tent system adds 250 additional beds
- Six critical care beds, seven general treatment beds, one dental/ENT chair
- Full pharmacy, point of care labs, radiology, ultrasound, environment HEPA filtered to 0.3 microns
- Mobile Level 1 trauma center capabilities, telemedicine uplinks
**Education**

PGY 1-2-3 program with 14 residents per year.

| **PGY 1** | **Curriculum** | **Responsibilities** |
|-----------|----------------||---------------------|
|           | 1 month ED orientation | 20-21 10 hour shifts |
|           | 3 months ED | ED consults only |
|           | 1 month Orthopedics | 5 nights (9p – 9a/month) |
|           | 1 month MICU | 6 nights per month |
|           | 1 month Peds | 9-10 nights/month (7p-9a) |
|           | 1 month Trauma | 5-7 night shifts per month |
|           | 1 month OB/Gyn | No call |
|           | 1 month Cardiology | No call |
|           | 1 month US/Anesthesia | One week of night float/cross-cover |
|           | 1 month Surgery (EGS) | |

| **PGY 2** | **Curriculum** | **Responsibilities** |
|-----------|----------------||---------------------|
| 1 Presentation | 6 months in ED | 10-20 10H shifts |
| 1 month Peds EM | | 16 8H shifts |
| 1 month CCU | No night calls. Leave everyday by 8-9pm. |
| 1 month MICU | Every 3-4th night call |
| 1 month TICU | Every 3-4th night call |
| 1 month Toxicology | 15 home call nights, tox presentation |
| 1 month EMS | WS*, no call |

| **PGY 3** | **Curriculum** | **Responsibilities** |
|-----------|----------------||---------------------|
| 1 month PICU | | Weekdays: alternating Long call (6a-7p); |
| | | Short call (6a-1p) |
| | | - 10x night shifts the entire month (7p-9a) |
| | | - 2 full weekends off |
| 1 Presentation | 3 months electives | International, US, Critical Care, Med Student Teaching, Research, Radiology, Forensics, Administration, Infectious Disease, Simulation Medicine, Cardiology, Community EM (*WS, no call) |

WS* = weekend shifts in the ED (one Saturday and Sunday)

ACLS, PALS and ATLS are offered during hospital wide intern orientation as well as other times throughout the year.

**Resident Requirements**

* Submit one manuscript of publishable quality before graduation.
* Take the yearly in-service exam in February.
* Take USMLE part III during their intern year.
* Complete an exit interview with the Program Director before graduation.
Educational Block Conferences

Through the utilization of a block format, 4 hours of educational conferences will provide optimal resident learning experience that will reinforce clinical education, encourage life-long-learning, accentuate residents as educators, and assist residents in becoming masterful emergency medicine physicians. These educational conferences will be patient centered, interactive, and innovative while steering away from traditional didactics and toward enlightened academic conversations.

**General Topics**
- Core Content covered in varied and interactive ways
- M&M weekly
- Toxicology conference monthly
- Peds – EM conferences 2/month
- Orthopedic conferences given by Ortho Chiefs

**Dedicated Symposia**
- Airway - twice yearly
- Wound Care
- ECG
- How to Find a Job
- Risk Management
- Written Board Review
- Oral Board Review

**Simulation Education**

(The only facility in the region to be both an American College of Surgeons accredited Level I Education Institute and a Society for Simulation in Healthcare accredited simulation center.)
Resident Learning Portal

*Carolinas Electronic Compendium* ([www.cmcedmasters.com](http://www.cmcedmasters.com)) provides high-yield full text educational materials organized by rotation month, and a centralized location for block schedules, shift schedules, schedule requests, journal club articles, patient care protocols such as Code Stroke, Code Sepsis, Code Cool criteria. Resident-run blogs on Orthopedics, Cardiology, Toxicology and Pediatric Emergency Medicine, allow all to benefit from educational pearls encountered as residents rotate on these services.

Journal Club

Monthly at faculty member’s home, designed to identify an evidence based answer to a clinical vignette, 2-3 articles focusing on landmark EM papers.
Fellowship Programs

- Research: Michael Runyon, MD
- Toxicology: Christine Murphy, MD
- EMS: Douglas Swanson, MD
- Ultrasound: Tony Weekes, MD
- Pediatric EM: Stacy Reynolds, MD
- Disaster Preparedness / Operational Medicine: Dave Callaway, MD

Graduate Statistics

The residency program began in 1976. As of June 30, 2015 CMC has graduated 360 emergency physicians. Of these 97 are in academic practice (~27%), and 263 are in private practice (~73%). Over the past 5 years, approximately 26% academic practice; 74% private practice.

ABEM Performance (past 5 years)

Written: 98.5% pass rate vs. 91% nationally
Oral: 98.3% pass rate vs. 96% nationally

Faculty (See separate biographical section)

All are board certified in Emergency Medicine, 14 are dual boarded (Pediatric EM/EM; CCM/EM; Tox/EM) and 1 is triple boarded (Pediatrics/Pediatric EM/EM).

38 Emergency Medicine residency-trained including 4 EM/Pediatric EM trained:
- 14 Carolinas Medical Center – Allen, Antoniazzi, Bullard, Cook, Craig, Garvey, Hawkins, Heffner, Noste, Runyon, Salzman, Swanson, Tayal, Wares
- 1 East Carolina – Scarboro
- 1 Denver Health Med Center – Pearson
- 1 Columbia University – Colucciello
- 1 Henry Ford Hospital – Asimos
- 1 George Washington – Georgetown University - Pelucio
- 3 Indianapolis – MacNeill, Cordle, Snow
- 1 Penn State - Kerns
- 1 North Shore – Beuhler
- 1 Jacobi Medical Center -Weekes
- 1 Maryland - Fox
- 2 Pittsburgh – Gibbs, Reynolds
- 1 Beth Israel – Callaway
- 1 MUSC – Lewis
- 1 Baystate Med Center/Tufts – Patel
- 2 Virginia Commonwealth – Christine Murphy, Geoff Murphy
- 1 Emory – Griggs
- 1 Washington St. Louis - Puchalski
- 1 Cincinnati – Vander Have
- 1 Einstein Philadelphia - Kopec
- 1 Texas A&M - Dragoo
"Can I get into academics if I go to a 3 year program?"

- Jeff VanderMark – 1992, Associate Professor, EM, UT Southwestern
- Jeff Kline – 1993, Vice Chair of Research Department of EM, Professor, Department of Cellular and Integrative Physiology Indiana University School of Medicine, past President, SAEM
- Mike Harrigan – 1996, Assistant Professor EM, UNC-Chapel Hill
- Joel Moll – 1997, Program Director, VCU
- Dave Caro – 1997, Program Director, University of Florida at Jacksonville
- Joanna Oakes – 1999, Associate Professor of EM, U Texas Houston
- Andy Perron – 1999, Program Director, Maine Medical Center
- Manish Patel, MD, MSc – 1999, Assistant Professor of EM, Emory University
- Rawle ’Tony’ Seupaul – 2000, Chairman and Professor of EM, Univ Arkansas
- Christopher Moore – 2001, Associate Professor of EM; Director, Section of Emergency Ultrasound; Director, Emergency Ultrasound Fellowship
- D. Mark Courtney – 2001, Assistant Professor, Department of EM, Northwestern University, Feinberg School of Medicine
- Alan Jones – 2002, Chairman, University of Mississippi, President, SAEM
- Steven Arze – 2003, EM Chair, CMO, VP Medical Affairs, Baylor Medical Center at Garland TX
- Alice Mitchell – 2004, Associate Professor of Research, Indiana University
- Bret Nicks – 2004, Associate Dean, Office of Global Health, Associate Professor, EM, Wake Forest Med
- Mike Fitch – 2004, Associate Professor, EM, Wake Forest
- Matt Neulander – 2004, Assistant Professor, University of Connecticut
- Jen Hannum – 2005, Assistant Professor, EM, Wake Forest
- Jim Fiechtl – 2005, Associate Professor of EM, Vanderbilt University
- Manoj Pariyadath – 2005, Assistant Professor, EM, Wake Forest
- Gregory Sneed – 2006, Ultrasound Director University of Arkansas
- Ross ’Marty’ Vander Noot – 2008, Assistant Professor of EM, Director International EM Fellowship University of Alabama – Birmingham
- Danielle Turner-Lawrence – 2008, Associate Professor, Oakland University-William Beaumont School of Medicine
- Michael Marchick – 2008, Assistant Professor of EM, Assistant Clerkship Director
- Harland Hayes – 2009, Associate Professor, EM, University of Utah
- Malika Fair – 2009, Assistant Clinical Professor of EM, George Washington University
- Anne Daul – 2009, Assistant Professor of EM, Emory University
- Bijal Shah – 2009, Assistant Professor of EM, Emory University
- Katherine Mayer – 2009, critical care fellowship position, Cooper Hospital, Camden, NJ
- Elizabeth Rosenman – 2010, faculty member, Harborview Medical Center, Seattle WA
- Michael Puskarich – 2010, Assistant Professor, Associate Research Director Mississippi University
- Shiloh Gilbert – 2010, Associate Professor, EM, University of Utah
- Dustin Callhoun – 2011, Assistant Professor of EM, University of Cincinnati
- Brittany Murray – 2012, Pediatric Emergency Fellow Children’s Hospital Boston, MA
- Daren Beam – 2012, Research Fellowship Indiana University Department of EM Indianapolis, IN
- Angela Fusaro – 2012, Assistant Professor of EM, Emory University
- Dazhe James Cao – 2013, Medical Toxicology Fellowship, Rocky Mountain Poison and Drug Center Denver, CO
- Erin Noste – 2013, EMS Fellowship CMC
- Katharine Modisett – 2014, Critical Care Fellowship Georgetown, DC
- Peter McCahill – 2014, Operational and Disaster Medicine Fellowship CMC
- Jonathan Bronner – 2014, Assistant Program Director at University of Kentucky
- Revathi Jyothindran – 2015, Administrative Fellow at Baylor Medical Center, Dallas TX
- Lacey King – 2015, Pediatric Emergency Medicine Fellow at Harbor UCLA, CA
- Nicholas Sawyer – 2016, faculty member UC Davis, CA

CMC grads are now research directors at Northwestern (Courtney), University of Mississippi (Puskarich), University of Florida (Marchick), Indiana (Kline), and CMC. EM chairs at Mississippi (Jones) and Arkansas (Seupaul)
Research and Scholarly Activity

Physical Plant:

Cannon Research Center
Opened in 1991
60,000 square ft. facility for small and large animal investigations
Close proximity to ED facilitates processing of clinical lab samples

Departmental Personnel:
4 full-time research coordinators
3 full-time research interns
1 full-time research nurse
Undergraduate research associate program

Research Summary

The Mission of the division of Emergency Medicine Research at Carolinas Medical Center is “to research ways to diagnose and treat life threatening illnesses.” As a result, the scope of interests ranges from social science to cell physiology. Clinicians in the department tend to research disease entities or organ systems relevant to acute care.

Areas of Interest

Michael Runyon, MD – Diagnosis and management of sepsis as well as utilization of diagnostic imaging and diagnosis and treatment of emergency conditions in resource-limited settings
Lee Garvey, MD – Diagnosis and treatment of acute coronary syndromes
Dave Pearson, MD – Cardiac arrest and post-cardiac arrest syndrome focused on the peri-arrest period
Alan Heffner, MD – Emergency airway management, sepsis, shock, cardiac arrest and therapeutic cooling
Mike Gibbs, MD – Airway management, trauma, medical errors
Andrew Asimos, MD – Stroke, seizures, and other neurological emergencies
Stacy Reynolds, MD – Diagnostic imaging of trauma patients
Emily MacNeill, MD – Pediatric Trauma
Tony Weekes, MD – Echocardiography, pulmonary embolism, emergency ultrasound
Chad Scarboro, MD – Pediatric head injury and diagnostic imaging
Mark Bullard, MD – Medical simulation
Christine Murphy, MD - Alternative therapies for calcium channel blocker toxicity, current trends in recreational drug abuse
Doug Swanson, MD – Prehospital care
Erin Noste, MD – Disaster medicine, EMS and global emergency medicine
Russ Kerns, MD – Cardiovascular toxins, snake envenomation and antidotal therapy
Vivek Tayal, MD – Ultrasound, Airway, Health Policy
Margaret Lewis, MD – Ultrasound education and applications
David Callaway, MD – Trauma, disaster medicine, tactical medicine
Kathryn Kopec, DO – Drugs of abuse, envenomation, global toxicology
Chris Griggs, MD – Opioid abuse, pain management in the ED, health policy
Cathy Wares, MD: Neuroprognostication in post-cardiac arrest and simulation education
CMC at SAEM 2016 - Schedule

Wednesday, May 11
Welcome and Award Ceremony – Napoleon Ballroom – 3rd Floor
The Awards Committee and the Board of Directors would like to congratulate the following recipients of the 2016 SAEM Awards. Every one of our winners showed impressive achievements in their categories, and displayed high potential for continuing to contribute to SAEM and emergency medicine in the future. Join us as we recognize the 2016 award winners.

John Marx Leadership
The John Marx Leadership Award honors an SAEM member who has made exceptional contributions to emergency medicine through leadership – locally, regionally, nationally or internationally – and within SAEM. Congratulations to Dr. Jeffrey A. Kline for winning this year’s award!

Jeffrey A. Kline, MD
Professor and Vice Chair of Research
Department of Emergency Medicine
Indiana University

Excellence in Research Award
Alan E. Jones, MD
Chair
Department of Emergency Medicine
University of Mississippi Medical Center

Young Investigators Award
Michael Alexander Puskarich, MD
Assistant Professor
Department of Emergency Medicine
University of Mississippi Medical Center

1:00 – 2:30 pm Lightning Oral – Napoleon Ballroom D3 – 3rd Floor
(3rd abstract in session, estimated presentation time 1:20 pm)
Rapid Cooling to 34⁰C is Not Associated with Improved Neurological Outcome Among Post-Cardiac Arrest Patients
David A. Pearson

3:00 – 4:00 pm Lightning Oral – Napoleon Ballroom D3 – 3rd Floor
(6th abstract in session, estimated presentation time 3:50 pm)
Decreased Time from 911 Call to PCI Among Patients Experiencing a STEMI Results in a Decreased One Year Mortality
Patrick M. Jackson

3:00-4:00 pm Lightning Oral – Napoleon Ballroom D1 – 3rd Floor
(3rd abstract in session, estimated presentation time 3:20 pm)
Resident Education in 2015: National Trends in Clinical Rotation Curricula Among ACGME Accredited Emergency Medicine Residency Programs
Charlotte C. Lawson

Thursday, May 12

8:00 – 9:00 am Lightning Oral – Napoleon Ballroom D1 – 3rd Floor
(4th abstract in session, estimated presentation time 8:40 am)
Comparisons of Clinical Training in 2015: 3- and 4-Year Emergency Medicine Programs
Andrea Goode

Carolina's HealthCare System
8:00 - 10:00 am **E-poster** – Grand Chenier – 5th Floor
Monitor #8
*Radiographic Image Utilization Trends in Children Across a Large Healthcare System*
Jeremiah Duane Smith

9:00 – 10:00 am **Lightning Oral** – Napoleon Ballroom D3 – 3rd Floor
(5th abstract in session, estimated presentation time 9:40 am)
*The Clinical Presentation, Resource Utilization, and Outcomes of Patients with Sickle Cell Disease Presenting to the ED of the Muhimbili National Hospital in Dar es Salaam, Tanzania*
Hendry R. Sawe (Tanzanian Emergency Physician and CMC EM Adjunct Faculty)

4:00 pm – 6:00 pm **Dodgeball** – Hilton New Orleans Riverside Health Club
*Take a break from the business of the Annual Meeting to have some fun as 8 residency program teams battle it out with dodge ball. CMC-EM Residents & Faculty*

**Friday, May 13**
8:00 – 12:00 pm **5th Annual SonoGames®** – Napoleon Ballroom B1-C3
CMC-EM PGY-2 Team: Charlotte Lawson, Michael Mollo, and Andrew Puciaty

10:00 – 11:00 am **Oral Presentation** – Waterbury Ballroom – 2nd Floor
(3rd abstract in session, estimated presentation time 10:30 am)
*Prescription Opioid and Benzodiazepine Overdose: Are Prescribers Being Informed?*
Benjamin Graboyes

8:00 - 10:00 am **E-Poster** – Grand Couteau – 5th Floor
Monitor #6
*Impact of a Standardized Post-Arrest Clinical Pathway and Quality Improvement Tool on Three Receiving Cardiac Resuscitation Centers within a Single Healthcare System*
David A Pearson

11:00 – 12:00 pm **Lightning Oral** – Orpheus – 8th Floor
(4th abstract in session, estimated presentation time 11:30 am)
*Outcomes Associated with Indeterminate and Negative Appendiceal Ultrasounds*
Jeremiah Duane Smith
## Published Resident Academic Projects

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Puskarich (2010)</td>
<td><strong>Sepsis-induced tissue hypoperfusion</strong></td>
</tr>
<tr>
<td></td>
<td><strong>One year mortality</strong> of patients treated with an emergency department based early goal directed therapy protocol for severe sepsis and septic shock: a before and after study.</td>
</tr>
<tr>
<td></td>
<td><strong>Indirect computed tomography venography:</strong> a report of vascular opacification</td>
</tr>
<tr>
<td>Sanjay Iyer (2011)</td>
<td><strong>Utilizing geographic information systems to identify clusters of severe sepsis patients presenting in the out of hospital environment</strong></td>
</tr>
<tr>
<td>Melanie R Artho (2011)</td>
<td><strong>The impact</strong> of emergency medical services on the care of severe sepsis</td>
</tr>
<tr>
<td>Alan Babcock (2011)</td>
<td><strong>Comparison of serial</strong> qualitative and quantitative assessments of caval index and left ventricular systolic function during early fluid resuscitation of hypotensive emergency department patients</td>
</tr>
<tr>
<td>Brent Lorenzen (2011)</td>
<td><strong>The significance</strong> of intermediate range blood lactate elevation in emergency department patients with infection: a systematic review</td>
</tr>
<tr>
<td>Andrew Albers (2011)</td>
<td><strong>Whole blood</strong> lactate kinetics in patients undergoing quantitative resuscitation for septic shock</td>
</tr>
<tr>
<td>Paul Musey (2012)</td>
<td><strong>Characteristics of STEMI</strong> patients who do not undergo PCI after prehospital cardiac catheterization lab activation</td>
</tr>
<tr>
<td>Daren Beam (2012)</td>
<td><strong>Detection of lipopolysaccharide</strong> in patients presenting to the emergency department in septic shock</td>
</tr>
<tr>
<td>Zachary Kahler (2012)</td>
<td><strong>Effect of weight</strong> based volume loading on the inferior vena cava in fasting subjects: A randomized, prospective double blinded trial</td>
</tr>
<tr>
<td>Eric Schenfeld (2012)</td>
<td><strong>Prehospital initiation of</strong> therapeutic hypothermia in adult patients after cardiac arrest does no improve time to target temperature</td>
</tr>
<tr>
<td>Abhiram Reddy (2012)</td>
<td><strong>E-Point Septal</strong> Separation Compared to Fractional Shortening Measurements of Systolic Function in ED Patients: Prospective Randomized Study</td>
</tr>
<tr>
<td>Chrystan Skefos (2013)</td>
<td><strong>A characterization</strong> of code STEMI activations by location type</td>
</tr>
<tr>
<td>Sam Montgomery (2013)</td>
<td><strong>Single nucleotide</strong> polymorphisms (SNPs) in emergency department patients with repeated admissions for sepsis</td>
</tr>
</tbody>
</table>
Jaclyn Davis (2013) Prognostic value of peripheral venous oxygen tension to predict an abnormal initial central venous oxygen saturation in emergency department patients undergoing quantitative resuscitation for septic shock.


Katharine Modisett (2014) Incidence and Outcomes of Adult Cardiac Arrest Associated with Toxic Exposure Treated with Therapeutic Hypothermia (ToxiCool).


Karina Reyner (2015) Urinary obstruction is an important complicating factor in patients with septic shock due to urinary infection.


Angela Johnson (2016) Interobserver and Intraobserver Agreement on Qualitative Assessments of Right Ventricular Dysfunction With Echocardiography in Patients With Pulmonary Embolism.

Carolinas Medical Center
Department of Emergency Medicine
2015-2016 E-mail Address List

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