

The Old Brown Coat

This issue dedicated to our women in emergency medicine

Issue 27 University of Illinois Emergency Medicine Residency Alumni News May 2010

Where Women Reign Supreme...

As Pat Lee ('93) was promoted to chair at Illinois Masonic last July, women are now in major leadership roles at all three hospitals in our residency. Helene Connolly ('83) has been chair at Mercy Hospital since 1986 and Liz Orsay has been UIC medical staff president since Oct 2008.

Pat Lee made a quick ascent up the administrative ladder, becoming operations director and vice chair at Illinois Masonic in 2001, just 8 years after completion of her residency. Always highly respected as resident, then attending, Pat was recognized as an outstanding clinician from all who worked with her. The mantra "What would Pat Lee do?" became a standard query when ER docs were faced with challenging clinical dilemmas. She quickly earned similar respect in the administrative realm, as the "heir apparent" to advance as chair(woman). Among her many accomplishments during her term as vice chair and now chair, she presided over and endured a major, 2 year "forever" ED renovation (completed last year), implementation of IBEX, fast track and forward triage. All this despite an increasing patient census of 42,000 (at last count), with a burgeoning staff and faculty to match. Pat says her greatest achievement is that of the ED behavioral health process, born out of "lean practices rapid improvement events." They developed a true team approach, partnering with the Chicago Police Department, hospital security, mental health professionals, nursing and medical personnel to develop a system which increases both the safety and dignity of the psych patients they serve. Now these patients are met at the ambulance door by security, a physician and a behavioral specialist and assessed in a remote area away from the chaotic, overstimulating ED. Pat attributes much of her

success to her friend and mentor, Richard Feldman, who graciously stepped aside as chair, now serving as EMS director there. Richard



reports that he was happy to relinquish the responsibilities of the chairmanship, while offering continued support, guidance and encouragement to Pat. He reports that she is doing a stellar job in her new position. "All reviews have been incredibly positive."

What does Pat enjoy the most about her new role? "Taking data and making a change. It's nice to have a voice that allows me to the right the wrongs."

Helene Connolly, also one of our own grads, made an even swifter rise to the top. A 1983 grad, she was promoted to Associate Director in 1985 (!), then interim chief in 1986, following the unexpected death of Hal Jayne and Gary Strange's move to residency director. She became division chief in 1987 (under the department of surgery), a mere 4 years post graduation. Within one year, the ED division became a separate department with Helene as chair in 1988. She humbly credits her meteoric leap to "being in the right place at the right time."

She has shown staying power with many successes to her credit over the past 24 years as chief. Some of the more significant of her TNTC accomplishments include the development of a fast track (aka MEC) in the mid 80's, years before anyone else thought of it. Patient census has steadily increased from the low 30K to 54K, and the department underwent a major renovation in 2004. Helene faced many

challenges on the way in, noting a sense of satisfaction as each one was surmounted.

Helene credits her success to many things, including the leadership of Gary Strange, her predecessor, building strong alliances with nursing and administration and getting to know and establishing a good working relationship with the people at Mercy at all levels. “We built a good team and I benefitted from



hiring so many of our grads.”

Helene is also an ICEP past president and remains committed and active in the organization. She continues to work clinically, keeps up a good attendance record at Thursday morning conferences and she serves as a role model for administrative expertise and stamina.

Of course, all of this would not be possible without our First Woman and Founder, Vera Morkovin who started this program and residency in the late 1970's. She also had the distinction of being the first female general surgery resident trained at Cook County Hospital.

Since the beginning of our program, many women have served honorably amongst us. Other women currently in leadership roles include Paula Willoughby-Dejesus (operations director), Janet Lin ('02, director of the international medicine fellowship), Carissa Tyo ('06, IM/EM program director), Valerie Dobiesz('91, UIC education director), Heather Prendergast (research director and chair of the acute cardiac care committee) and Lisa Gehm ('88, UIC medical student coordinator).

We salute these women and many others that are not mentioned here and who have served in leadership roles in our program and that have contributed to its greatness.

This residency has invested in women and is now reaping the rewards. We appreciate our male colleagues, having accommodated our schedules, families and pregnancies along the way. Were it not for the unwavering support of our friends and colleagues, we would not be where we are today –(mostly) in charge!

Karyn Chermel

1945–2009

It is with much sadness that we learned that Karyn ('87) passed away following a long illness on December 6, 2009. The following is a Chicago Tribune article written about her by Joan Giangrassse Kates.

As an emergency room physician for several Chicago-area hospitals, Dr. Karyn Chermel saw her fair share of misery. But the Chicago native knew there were many in the world who had it far worse, particularly those caught in the crossfire of countries in crisis. Determined to do something about it, Dr. Chermel became a volunteer with Doctors Without Borders, an international relief organization that provides medical assistance to more than 60 countries, 20 currently in conflict.

“Her work took her to places where there was no food, no heat, no sanitation, nothing,” said her twin sister, Sharon Carey. “But she loved helping people and she was good at it.”

Dr. Chermel, 64, died Sunday, Dec. 6 at her home in La Grange, of complications related to a series of strokes she suffered a few years ago.

In the early 1990's, Dr. Chermel traveled to Bosnia to provide medical care to hundreds of victims of the war in areas where bombings occurred frequently, family members said.

“She was incredibly brave, but would always downplay the work she did overseas,” said Dr. Patricia Lee, chair of emergency medicine at Illinois Masonic Medical Center in Chicago. “She'd talk about the wonderful feeling that comes with helping others and being where you are needed the most.”

In 1999, Dr. Chermel was part of a Doctors Without Borders group in Bosnia whose work “in providing medical assistance to populations in danger” was recognized with the Nobel Peace Prize.

She also helped set up primary care centers in war-torn areas of Angola with the International Medical Corps, another relief organization, during the 1980s.

Born Karyn K. Kennealy, Dr. Chermel was raised on Chicago's South Side and graduated from the Academy of Our Lady Catholic High School. She attended St. Mary's College in Winona, Minn., for two years, before completing a nursing program at Oak Park Hospital. Later

she received a medical degree of UIC and completed her internship at Mercy Hospital in Chicago.

Earlier in her career, Dr. Chermel worked as an ED physician at Oak Park Hospital and Illinois Masonic. Most recently, she worked in the EDs of Westlake Hospital and Loretto Hospital.

Emergency Medicine Development in Uganda

This was a challenge spearheaded by UIC faculty and international medicine fellow grad, Stacey Chamberlain. She is one of the founders of Global Emergency Care Collaborative, which helped create Uganda's first functioning emergency department at Nyakibale Hospital. Her story was featured in a radio broadcast on April 1st on WBEZ Chicago Public Radio's World Focus program. In addition to setting up the physical emergency department in the existing hospital, Dr. Chamberlain and colleagues trained six emergency nurse practitioners (ENPs) during a six month long program. These specially trained nurses run this ED, seeing patients and consulting MD's only as needed, such as for admissions or OR cases. These ENPs will train the next class of nurses to become the next ED health care providers, making this a sustainable program. More details can be found on the website: www.globalemergencycare.org. Currently, they are looking for senior emergency medicine residents, fellows and attendings to participate in one month rotations to assist in training.

Dear John,

Last March I spent two weeks working at the devastated Haiti University Hospital in Port-au-Prince. I was part of a small team from Chicago coordinated through International Medical Corps. It was a humbling, rewarding experience.

Along with a number of physicians and nurses from around the country, we spent 12-hour days (and sometimes nights) working in 3 large



tents designated as the ER. Most of the buildings on the hospital campus were destroyed or unusable, and about 20 tents housed the medical wards, MICU, pre-op and post-op surgical wards, pediatrics, ob-gyne; two existing operating rooms were rarely used (no running water, poor light, intermittent electricity, unsterile conditions). In front of the first ER tent a small wooden table and half a dozen chairs delineated the triage area. From here the line of people waiting for our early morning arrival stretched several blocks, and would keep us busy all day.

It was hot inside the tents—a humid 110 degrees. We reminded each other to keep drinking and take periodic breaks, to “pace



ourselves,” lest we succumb to dehydration or exhaustion as some earlier volunteers had.

Patients line up outside clinic in Haiti

I arrived about 6 weeks after the earthquake, when the nature of medical care was shifting from acute quake-related trauma to more chronic care. In addition to treating anemia, AMI, heart failure, strokes, liver failure and ascites, asthma/COPD exacerbations, we were also removing casts put on immediately after the quake. Another transition occurring at this time was the return of Haitians doctors and nurses to the hospital, many of whom had been forced to go elsewhere. A crucial part of our mission was to work with them and encourage the resumption of their medical practice.

We treated a number of tropical diseases such as typhoid, malaria, and their complications. With the help of a tropical disease handbook and a bedside serum test (who knew?) we diagnosed many cases of cerebral malaria (fevers + seizures) and started them on IV quinine and clindamycin... and hoped to find a bed in the ICU tent.

Given the Spartan conditions, unpredictable shortages, we worked with whatever we had at hand-- improvising a treatment plan based on the tools and medicines we had available that day. Some days it seemed that the best we could do

was far short of the care we were used to delivering in the states.

One day a 12-year-old boy developed typhoid peritonitis and needed surgery promptly. He had already been seen by a Haitian surgeon who was reluctant to take him to surgery because of the poor conditions in the operating room. At the same time, hospital rules prevented us from transferring him to a better equipped facility near the airport. Our ER team worked feverishly to resuscitate him and—at the patient’s nadir, with a blood pressure of 60/30-- finally convinced the surgeon to take him to the OR. He survived and was doing well at our departure.

More than once we watched a patient in respiratory distress decompensate despite our best efforts to temporize them, knowing intubation was not an option without a ventilator available. Similarly, without a CT scanner, we could do little for acute strokes except refer them to PT/OT and have them return home where families would look after them. Patients and their families were always grateful-- even when we felt helpless, the families were polite and thankful for our efforts.



We sometimes forgot that those around us did not have the advantages we had. One hot day, tired but determined to forge ahead, I gently reprimanded my translator for his lapse in attention to the patient I was interviewing; he apologized and explained that because it had rained last night, he had not had any sleep under his tiny tarp. He also mentioned that he hadn’t had any water yet today. Needless to say, I was the one who was embarrassed, and remembered to share my water next time.

My colleagues during this sojourn included a number of dedicated physicians whose impressive skills, selflessness and stamina were an inspiration to me. These physicians showed that they were determined to do the right thing

for patients and would put their own needs aside to go the extra mile to help someone in need. Their generosity and resourcefulness quite literally awed and humbled me. I returned home exhausted but exhilarated and grateful for this opportunity to serve,

John Williams medwright@gmail.com



The first Haitian team: Kristiana Kaufmann, Stacey Chamberlain, Eugene Oh, Mark Jasper, Janet Lin, Jim Concannon.

VOLUNTEERS STILL NEEDED

The Chicago Medical Response for Haiti and International Medical Corps are seeking EM physicians and nurses to work at the University Hospital in Haiti through June. The deployments are two weeks, leaving and returning on Thursdays. Please contact Janet Lin (JLin7@uic.edu) or Stacey Chamberlain (chamberlain.stacey@gmail.com) for further information.

Congratulations to Drs. Lin and Chamberlain for their Institute of Medicine of Chicago’s Global Humanitarian Award in recognition of their collaboration in this effort.

More Alumni Achievements

Author and researcher, Steve Trzeciak (’01) published his sepsis resuscitation work, his grand rounds topic for our Faculty Alumni Day in the fall of 2008. The article entitled “Lactate Clearance vs Central Venous Oxygen Saturation as Goals of Early Sepsis Therapy” appeared in the February 24th issue of JAMA. Of course, those attending that lecture or reading their

November 08 issue of the Old Brown Coat were already in the know on this subject.

We continue to be most amazed and fiercely proud of the contributions that our alumni make to medicine and humankind. Kudos Steve!

Hollywood comes to the ED

Big stars and a major film crew filled our ED recently for an upcoming pilot about a female Chicago police chief played by Jennifer Beals of "FlashDance" fame (that's her in the photo below)... Filming took over the UIC Hospital ED for a (thankfully not too busy) Sunday morning.



FINDING HAPPINESS IN THE ED:

Happiness is:

- an afebrile neonate
- a most entertaining manic in room 14
- midnight pizza deliveries
- a negative d-dimer
- an empty waiting room
- home made brownies on the night shift
- a sleeping sickler with a good pulse ox
- paramedics watching your backs
- medical students that want to sew and drunks that need sewing
- your favorite charge nurse
- finding a recent EKG, unchanged
- transporters galore
- senior residents galore
- M&Ms before your shift

Time to Go!

It's been a great ride and it's time to move on. This is my last issue as editor of The Old Brown Coat. That role will be assumed by my fellow writer, John Williams ('95), supported by his accomplice, George Hossfeld ('83). It has been a privilege and a pleasure to share in the stories of our residency and alumni. Twenty seven issues is a lot of news, gossip and unsubstantiated rumors to spread. Many, many thanks for the news, pictures, emails and voices of support that you have extended to me over the years.

Liz Orsay (LOrsay@uic.edu)

A note from John:

Attention all graduates: please email us your current contact information and keep us updated on your life and work! Keep those notes and photos coming!

medwright@gmail.com



Chicago Nightscape



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