The History of Emergency Medicine in Denver

Speakers:

Dr. Stephen Cantrill
Dr. Ben Honigman
Dr. Vince Markovchick
Dr. Peter Pons
Dr. Peter Rosen

Wednesday, July 5, 2017
Rita Bass, 190 W 6th Ave
Denver, 80204
9:00-11:00am
Refreshments will be served
In the early 1970’s, emergency medicine and the principles of triage, resuscitation and the undifferentiated workup as known today were far from being accepted in the proverbial House of Medicine. The American College of Emergency Physicians was an embryonic organization. ABEM, AAEM, and SAEM did not exist. There was an unexplored frontier awaiting the pioneers of emergency medicine.

In 1974, in part to meet workforce needs at Denver General (DG) Hospital, Cleve Trimbale, a surgeon acting as Director of Emergency Medical Services (DEMS), started a two-year emergency medicine training program after internship. He appointed Kevin O’Keefe, an emergency physician, to serve as the first director of the residency program. In the initial years, the program struggled to find traction under a departmental leadership conflicted with a county system. The University of Colorado School of Medicine chose not to sponsor the program or provide academic appointments for the faculty. So in 1975, with an interim, part-time DEMS, James Brill, the residency merged with another emergency medicine training program at Saint Anthony Hospital in Denver, CO. Despite challenges, Marc Bayer managed to become the first graduate of the Denver General Hospital – St. Anthony Hospital System Emergency Medicine Residency.

But then things changed… In 1977, Peter Rosen was recruited to take over as DEMS and Residency Program Director. He came from the University of Chicago where he had helped to start another residency in emergency medicine. With him, he brought Vince Markovchick, one of his Chicago graduates, and the two served as true pioneers for the specialty in Colorado. Rosen and Markovchick had a vision to train physicians in the fledgling specialty, to own the emergency department, not just visit it; to be experts in what most other physicians did not want to do; to care for patients that many did not want to care for. For many reasons, the program grew in reputation rapidly after 1977. Being one of only a few programs in the country, let alone west of the Mississippi, training positions in Denver were highly sought after. More importantly though, Rosen had a dominant persona, who not only held his own with, but stood up to, the medical establishment for what he thought was best for the care of patients and for training in emergency medicine. He knew what the ‘Biology of Emergency Medicine’ should be and he expected it of his faculty and residents.1 Reflecting back, Peter Pons, a 1979 graduate, wrote ‘Rosen had the vision, Markovchick made it happen.’

By 1983, the class size had grown from nine to eleven; faculty procured their academic appointments from the University of Oregon in return for training the Oregon residents in trauma resuscitation (an agreement in effect from 1978 through 1985); and the residency was strong! Training affiliations existed with Colorado General (now University Hospital), St. Anthony, St. Joseph, The Children’s Hospital of Denver, Porter, and briefly with Swedish Hospital. The opportunities afforded to residents were the most diverse in the country. Future leaders were being produced who were instrumental in changing the face of emergency medicine across the country. The Denver Diaspora was definitively taking form.

In the mid 1980’s, Markovchick, who had been leading the residency program under Rosen, set out to enhance the clinical training. While DG’s curriculum was two years with a required internship, the vast majority of other programs in existence were adopting a three-year training model in emergency medicine without a required internship. Markovchick believed in the foundational importance of the internship year, but also felt the need to expand the clinical curriculum. So in 1985, amidst a national debate on the ideal length of training, Markovchick and the residency faculty elected to assure clinical excellence by adopting a four-year training model (i.e., a one year internship followed by three years of emergency medicine training). That same year the residency forged a new relationship with the University of Colorado School of Medicine, bringing faculty appointments back to Colorado and solidifying a relationship with the University Hospital that would grow considerably over coming decades. DG would continue to train outstanding clinicians and leaders in emergency medicine for years to come.

After formally serving as program director from 1987-1992, Markovchick became the Director of Emergency Medical Services at DGH and Richard Wolfe took the helm of the residency. Wolfe graduated from Denver General in 1988 and served as the residency’s Associate Director before becoming Program Director in 1992. He was a dominant force who led by example, upholding the integrity of the ‘DG way.’ Yet at the same time, he loved the residents and residency like it was his family. His skills weren’t solely appreciated in Denver though, and in 1994 he was recruited away to build a new residency program for the Harvard System at Brigham and Women’s Hospital. To this day, Wolfe still talks fondly of how things were...
done B.I.D., 'Back in Denver.' Wolfe's departure left Markovchick back in charge of the Program until Lee Shockley was versed in the nuances of DG and the program. Trained at Highland General in Oakland, California, Shockley understood the complexities and rigor of a county training program. In addition time spent practicing private emergency medicine in Minnesota allowed him to understand the real needs of emergency medicine graduates to assure success in a changing medical environment. As program director from 1995 – 2004, he brought clinical excellence and sage mentorship. While other residencies across the country were softening their training process and curriculum, Shockley continued to insist on the rigor of the Denver experience. In 2004, he converted the program into a pure four-year residency, which no longer required a preliminary internship. This change allowed for great control and flexibility in the residency’s curriculum, assuring excellence in training. Also, his years as Director were marked by a need for greater fiscal responsibility by the residency. Managed care and cost containment efforts superimposed on a county administration, stressed affiliate relationships and the residency. Despite this, under Shockley’s leadership the program continued to strengthen until he stepped down in 2004.

Once again Markovchick resumed the role of Program Director, while at the same time continuing to serve as DEMS. In 2004, Shockley and Markovchick mentored a motivated, young faculty, Stephen Wolf, to take over the Program in 2005. Wolf graduated from Denver Health (DH) in 2002, and had a remarkable passion for education and respect for tradition and integrity. For 5 years, he led the program with guiding principles of ‘training leaders in emergency medicine’ and ‘fostering wellness.’ He oversaw a partial redesign of the program curriculum that increased the emphasis on teaching, necessitated by the changing needs of the University Hospital as it moved out to its new Fitzsimmons Campus. He also fostered the creation of career development tracks for the residents. Wolf strived to strengthen the bond of the now two main institutions of the residency (i.e., DH and University Hospital). In 2010, the School of Medicine established the Department of Emergency Medicine, solidifying a unified academic department across both institutions. Ben Honigman, a 1979 DG graduate and prior Division Head of Emergency Medicine under the Department of Surgery was named interim Chair of the Department of Emergency Medicine. His goal was to create greater integration between the two main campuses of the Residency Program (DH and University Hospital). With the new department came new opportunities, and in 2010 Wolf stepped down from his role as Program Director, becoming the Director of Education in Emergency Medicine and taking a greater role in the School of Medicine’s Dean’s office.

Finally, in 2010, Maria Moreira, a 2005 graduate, stepped into the Residency Director role. The transition was seamless, as she had served as Associate Director for the previous 5 years. Moreira strives to emphasize clinical excellence while providing for innovation in training and education at a time of increased clinical demands. She believes in the tenets of deliberate practice and the importance of providing challenges in residency to better prepare trainees for their future career. In her first two years, she expanded the residency to 17 residents per class, guided the residency through an ACGME site review, diversified clinical and didactic offerings, fostered the development of innovative resident assessment programs and worked to implement longitudinal learning communities. Moreira has a very talented leadership team and the support of the DH’s DEMS, Christopher Colwell, and the inaugural Chair of the Department of Emergency Medicine, Richard Zane, to forge forward and continue to evolve the program while maintaining the principles that it was built on.

The Denver Health Residency in Emergency Medicine has a very rich history. Residents benefit from diverse clinical experiences, patient populations, and teaching styles of the faculty across the Denver metro area. Graduates of this program have and continue to lead, serving as Department Chairs, Program Directors, Presidents of National Associations, Chief Executive Officers, Fellowship Directors and entrepreneurs. They are involved and represent the specialty with integrity. They demonstrate pride and excellence in what they do, upholding the ‘Biology of Emergency Medicine.’

I find the great thing in this world is not so much where we stand, as in what direction we are moving: to reach the port of heaven, we must sail sometimes with the wind and sometimes against it - but we must sail, and not drift, or lie at anchor.

– Oliver Wendell Holmes (as quoted by Peter Rosen in The Biology of Emergency Medicine)"}


---

**Did You Know?**

Some facts about Emergency Medicine Practice in Colorado in 1985:

As of January, 1984, the College had 53 chapters and a total membership of 11,319. The Colorado chapter ranks 20th in membership. The top five were: California (1271), Texas (784), Ohio (759), Pennsylvania (713), and Illinois (618).

As of January, 1985, there were 2,852 Diplomats of the American Board of Emergency Medicine nationally: 79 from Colorado.