## **TECH TALK**

## So long, and thanks for all the fish

BY ALEX FLAXMAN, MD, MSE, BETH ISRAEL MEDICAL CENTER/ALBERT EINSTEIN COLLEGE OF MEDICINE, NY - EMRA TECHNOLOGY COORDINATOR



Technology continues to exponentially infiltrate medicine. Two years ago, I wrote my first column on PDA's and the increasing use and reliance upon them thanks to graduating medical students like me. Since then, my medical school has gone from banning PDA's to requiring one. In residency, it was the rare resident who did not use one.

Responding to rising demand, PDA software makers have expanded. Epocrates has grown from giving away free software (selling your usage data) to also selling a more feature-ridden program (still selling your usage data). Many texts offer PDA versions (e.g. "5 Minute Clinical Consult"), while other sources exist only in electronic format (e.g. PEPID).

Electronic Medical Records (EMR's), initially too unwieldy, have established their foothold in today's healthcare environment. Growing faster in ED's than hospital-wide, participating in, or even just watching, the EMR industry sort itself out in the coming years should be amusing, to say the least.

Next generation sonograms are here. Higher tech patient care devices, such as non-invasive CVP monitoring are growing. Simulations are improving and already significantly impacting residency training.

My two years of ensuring EMRA has a technology plan has consistently demonstrated one thing: as our generation completes residency, the face of medicine will change, driven by our desire and need for more and more sophisticated technology. Whether it's electronic prescriptions, EMR's, PDA references, ultrasound machines, electronic radiology read overnight in another time zone, or USB memory sticks that can store an entire MRI, we want and use it all. Software and hardware developers take note: we want this stuff and we're willing to pay for it. To those more senior, please incorporate and assimilate technology where it improves and accelerates patient care. It helps the patient and facilitates our learning from you. Whether you like technology or not, those of us who rely on it are coming.

## SWAN SONG

My last column would be remiss without thanking those who have been a part of my EMRA experience. First, a special thanks to my residency directors - Kai Stürmann, Paul DeSandre, and Saadia Akhtar - and the current and past chiefs whose support allowed me to serve.

Thank you to the Board officers and staff with whom I worked, especially to those who unswervingly supported EMRA technology or worked directly on it: Jeremy Cushman, Jeremy Rogers, Yi-Mei, Tomoko Sampson, and the entire

website committee.

I appreciate the editing services provided by friends and family, especially Dan Handel, EMRA Secretary and EM Resident editor, who always listened and got the job done.

Thank you also to my guest columnists, Stephen Cady and George Krucik, and to those who contributed to my articles or guided my research: Steve Kalman, Paris Lovett, Mike Shir, and Robert Wenig.

It has been my pleasure and honor for the last two years to serve on the EMRA Board as your technology coordinator and to write this column. Thank you for the opportunity.

So long, everybody, and thanks for all the fish. ■

EMRA would like to congratulate and welcome your newly elected board members!

President Elect :
Aisha Liferidge, MD
University of Maryland Medical System

Vice Speaker:

Josie Bowen, MD

University of North Carolina, Chapel Hill

Secretary / EM Resident Editor:

C.C. Halloran, MD

University of Rochester, New York

Academic Affairs Representative:
Gillian Rickmeier, MD
University of North Carolina, Chapel Hill

Technology Coordinator:

Sven Inda, MD

Iniversity of Cincinnati, Ohio

OCTOBER/NOVEMBER 2005 PAGE 5