

Clinical Rotation Summary

Rotation	Regions Emergency Medicine					
Institution	Regions Hospital			Duration of rotation: Variable		
Year of training	EM1	✓	EM2	✓	EM3	✓

Rotation Liaison: Kelly Barringer, MD, MD

Contact: EM Chief Resident or Lori Barrett - 651-254-3666

Educational objectives:

1. Demonstrate appropriate knowledge and skills to evaluate, stabilize and treat the acute emergency medicine patient. **(PC, MK)**
2. Demonstrate appropriate knowledge and skills to manage common acute and life-threatening emergency medicine problems. This would include management of conditions such as: Acute MI, Acute CVA, respiratory distress, sepsis, altered mental status, agitation, acute ingestions, adult and pediatric trauma, and adult and pediatric medical codes **(PC, MK, PBL)**
3. Demonstrate appropriate differential diagnosis lists for common emergency medicine chief complaints such as: chest pain, abdominal pain, shortness of breath, altered mental status, headache, psychiatric complaint, trauma, and pediatric fever **(PC, MK)**
4. Demonstrate appropriate knowledge and skills in the procedures necessary for the stabilization and management of the acutely ill emergency medicine patient, including but not limited to, airway management, central venous catheterization, orthopedic splinting and reduction, procedural sedation and analgesia, ultrasound, chest tube and needle thoracostomy, intraosseous catheter insertion, incision and drainage, wound care, local and regional anesthesia, and the use of thrombolytic agents. **(PC, MK)**
5. Develop an understanding of some of the financial, psychosocial, and ethical problems confronting the emergency medicine patient and their families. **(PC, MK, IP+C)**
6. Demonstrate the knowledge and skills to interact effectively with consulting services **(IP+C, P, SBP)**
7. Demonstrate the knowledge and skills to safely and effectively hand off emergency medicine patients as needed at shift change **(IP+C, PC, P, SBP)**

Description of clinical experiences:

Residents are assigned to work as mid-level providers in the Regions Emergency Department during their EM-1, EM-2, and EM-3 years. The EM-1 shifts are spread throughout the year during the ED-integrated rotation blocks, and the EM-2 and EM-3 shifts are during 4-week rotation blocks. Residents are supervised by attending staff and have progressive responsibility as they progress through each post graduate year. EM residents are expected to learn to manage an increasing volume of patients with increasing independence as they progress through the residency. There is emphasis on communication with the "5 C's of Consultation" and team-based care.

Generally, EM-1 residents will see and staff patients with the EM attending with a focus on core emergency medicine knowledge and skills, as well as a chance to be exposed to the medical system here at Regions Hospital. EM-1 residents will perform the airway role on all medical airway cases. EM-1 residents have more supervision and less autonomy than later in the academic year. The emphasis during this time is to become familiar with ED operations, basic ED procedures (including airway management,) and core EM principles/knowledge.

EM-2 residents similarly see and staff patients with the EM attending, and progress to learning about flow and efficiency in the ED, as well as performing the airway role on all trauma team activation cases and performing the MD-1 role on all medical and pediatric codes.

EM-3 residents similarly see and staff patients with the EM attending, and also progress to having a supervisory role for students during the entire year and junior level residents and PA's during 'junior faculty' shifts. In addition, EM-3 residents assist staff in taking transfer calls and MRCC on-line EMS calls, work with the charge nurse to help manage ED flow, and are the team leader for all adult and pediatric medical codes as well as all adult and pediatric trauma team activations from 7p-7a (and when surgery can not team lead in the day time).

Description of didactic experiences:

The residents are expected to attend the weekly emergency medicine educational conferences. **(PBL, SBP)**

Evaluation process:

Residents have the opportunity to be evaluated on a daily basis through our resident 'daily shift card' that assesses residents on their performance in the core competencies. For senior level residents, they have the opportunity to be evaluated on their team leadership performance using the 'team leadership evaluation' form. In addition to the daily shift evaluation opportunities, all residents are also reviewed formally by all EM faculty with formal 6 month evaluations through New Innovations. Residents should log the procedures they perform in the New Innovations system. Oral examinations, a national in-training examination and case presentations are also used in evaluating residents.

Feedback mechanisms:

Several times during the year the resident meets with their EM advisor. In addition, the program director will meet with each resident two times each year to review the department evaluation of the resident. More immediate verbal feedback will be provided during clinical activities by EM faculty during and after ED shifts.

Schedule and hours:

Refer to ED Schedule Guidelines in Residency Policies

Rosh Review quizzes for G1s as assigned