

EM Conferences

Purpose

To promote the education of our residents

Responsibilities

The monthly conference schedule is available online on the residency website. Once the schedule is published, any necessary changes are the responsibility of the resident or faculty. Program administration must be notified of all changes.

1. **Workshop Series** These are 4 rotating workshops designed to give the medical students and interns an overview to the skills needed for working in an Emergency setting. EM-1s will attend workshops once during your first ED months. Topics covered are Orthopedics/Splinting, Suturing/Basic wound care, Ophthalmology/Slit lamp, Resuscitation. In the EM-2 and EM-3 years, residents teach these workshops when assigned as the Resident of the Day, or prior to an evening shift if assigned.
2. **Multidisciplinary Conferences** Monthly trauma conference is run by the Trauma Department. Monthly critical care conference is run by the Surgical Critical Care Department. Emergency Medicine/Internal Medicine conference is run by chief residents of both Internal Medicine and Emergency Medicine. EM Grand Rounds is a monthly conference in which speakers from the region and from across the country are invited to speak about EM topics. EM-3s are expected to present at one of the above conferences. Combined conferences with other disciplines may also be held throughout the year.
3. **Critical Case** An interactive case discussion based on the critical cases seen in the Emergency Department. The format for this conference is an open discussion with comments from attendings. Discussion will then revolve around key points in managing these cases. The resident involved in the case will present and provide the follow-up. Consultants may be present to provide specific feedback. Consultant presence should be arranged by the presenters. Once a month, this conference will cover pediatric cases and will be attended by Pediatric Emergency Medicine Fellows as well as Pediatric EM staff.
4. **Resuscitation/"Resusc"** Case discussion based on recent critically ill patients seen in the Emergency Department. The format is more structured than critical case. The resident involved in treating the patient will present the case, and will receive notification Monday that their case has been ranked for presentation Thursday.
5. **Core Content** Core content presentations will be given on an 18 month cycle so each topic is covered twice during 3 years. Faculty members have assigned core content areas and will present topics in their assigned area. There are also assigned core content readings with on-line exams. Suggested correlating reading lists and online resources will be provided monthly.
6. **Small Group Day** Takes place 1-2 times a month. Residents separate into smaller groups and attend multiple different sessions. The goal of this day is for the residents to participate in hands-on, interactive learning and may consist of simulated cases or small group presentations/discussions. Every other month will be a hands on ultrasound session alternating with board review cases.
7. **Ultrasound** Formatted and led by Drs. Zwank, Woster and Kumasaka, these presentations discuss selected cases with actual ultrasound examples. Also workshop format with hands on experience will be provided.
8. **Journal Club** It will be the resident's responsibility to evaluate the paper with emphasis on: materials and methods, statistics, type of study and results. It will be the faculty responsibility to help with the above and to lead the discussion. The papers will be assigned in a rotating fashion.

9. **Regions RAP** Formatted and led by Dr Joe Walter, this session focuses on in-depth evaluation and discussion of online clinical resources such as blogs, FOAM-Ed websites, and podcasts. Evaluation is similar in format to journal club, with residents reviewing resource followed by a group discussion.
10. **QI/MM** Led by Doctor Robert Lefevere. Cases which have gone through formal departmental QI processes will be reviewed and discussed. Both resident and staff cases will be discussed in a confidential manner to improve patient care.
11. **Advocacy Day** Bi-annual conference discussing how residents can participate in advocacy now and in the future. Speakers may include politicians, executives, professors, and other EM physicians involved in advocacy.
12. **Alumni Day** Yearly conference inviting all alumni to return and participate in conference, presenting cases and providing guidance to residents in future career paths.
13. **Combined HCMC/Regions Simulation Day** Yearly conference which brings together EM residents from HCMC and Regions with staff from both facilities in a combined conference day consisting of small group presentations and simulation. The location alternates each year between Regions and Hennepin campuses.
14. **Residency Retreat** Annual retreat which takes place during a conference day. This is an opportunity to discuss the state of the residency as well as brainstorm and discuss plans for the future. The retreat is followed by a team-building recreational activity in the afternoon. All residents are excused from duties during the hours of the retreat and afternoon activities. Attendance is mandatory unless excused.
15. **Power Hour Study Group** Twice monthly core content review session fun by faculty after regular conference hours. Attendance is mandatory for all EM-1s not on vacation/leave within ACGME hours restrictions. Attendance is open to residents of all levels.
16. **G3 Presentaion** Each EM-3 gives a formal academic presentation once during conference, assigned at the beginning of the year. EM-3s are expected to coordinate content and expectations with Kristi Grall well in advance of the presentation.

Policy:

Residents are given protected time off of their clinical responsibilities to attend conferences.

Attendance:

The residency expectation is that residents attend all conferences unless they are on vacation or post-nights when they are expected to attend through critical case conference. Residents must attend mandatory conferences unless excused. Those conferences include: Combined HCMC Sim day, Advocacy Day, Alumni Day, and Grand Rounds guest speakers. The minimum conference attendance for each year is 75%. Up to 12 conference hours can be supplemented per year by completing the asynchronous ALiEM AIR series modules. Documentation of completion must be submitted to the residency coordinator by the resident.

Residents who are post ED night shift are excused from 7:30 conference to allow for patient care and chart completion. Residents who are post ED and SICU night shifts are excused from conferences at 10:00 am.

Residents are allowed 3 tracked tardies each academic year. Beginning with the 4th tracked tardy, the resident will not receive credit for that conference.

Attire:

Residents presenting at conference are expected to wear scrubs or professional attire.

Procedures

Resident attendance will be recorded in New Innovations. Residents are responsible to check attendance and approved hours logged for conference.

Date Last Updated: 8/9/2018