Emergency Medicine Didactic Activities

PURPOSE

To promote the education of our residents.

Responsibilities

The monthly didactic activities schedule is available online on the resident 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 by presenters and facilitators.

1. ***Workshop Series***. These are 4 rotating workshops designed to give the medical students and interns an overview of the skills needed for working in an emergency setting. EM-1s will attend workshops once during their first ED months. Topics covered are Wound Repair, Orthopedics, Airway Management, and Resuscitation. In the EM-2 and EM-3 years, residents teach these workshops when assigned as Resident of the Day, or prior to an evening shift if assigned.

2. ***Multidisciplinary Conferences***. Monthly trauma conference is a joint venture with the Trauma Department. Monthly critical care conference is run by the Surgical Critical Care Department.

3. ***Critical Case***. Once a month, this didactic activity will cover pediatric cases and will be attended by Pediatric Emergency Medicine Fellows as well as Pediatric EM staff.

4. ***Resuscitation/Resus***. Case discussion based on recent critically ill patients seen in the Emergency Department. 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 of residency. 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 rotate through different sessions. The goal of this day for the residents is to participate in hands-on, interactive learning and may consist of simulated cases or small group presentations/discussions.

7. ***Ultrasound***. Formatted and led by Regions EM ultrasound faculty or fellows, these presentations discuss selected cases with ultrasound image and video examples. Additional workshop formats with hands-on experiences will be provided.

8. ***Research Lecture Series.*** Led by faculty involved in research. This lecture series is meant to give you basic skills needed to critically appraise primary literature to incorporate into your practice and continuing education.

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, FOAMed websites, and podcasts.

10. ***Peer Review***. Led by Dr. Rob 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 with the goal to improve patient care. This is in person only.

11. ***Advocacy Day***. Bi-annual conference discussing how residents can participate in advocacy now and in the future. Speakers may include national, regional, or local leaders including politicians, executive directors, organizational executives, professors, and other EM physicians involved in advocacy. This day is also attended by Hennepin Healthcare Emergency Medicine residents. Attendance is mandatory unless excused.

12. ***Alumni Day***. Annual conference inviting all residency alumni to return and participate in didactic activities, presenting clinical cases and providing guidance to residents in future career paths. Attendance is mandatory unless excused.

13. ***Residency Retreat***. Annual retreat which takes place during a didactic activity 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.

14. ***Power Hour Study Group***. Twice monthly core content review session run by faculty during regular conference didactic activity hours. Attendance is mandatory for all EM-1s not on vacation/leave within ACGME hours restrictions. Attendance is open to residents of all levels.

15. ***G3 Presentation***. Each EM-3 gives a formal academic presentation once during a didactic activity day, assigned at the beginning of the year. EM-3s are expected to coordinate content and expectations with Dr. Graci Gorman well in advance of the presentation.

Policy

Residents are given protected time off from their clinical responsibilities for didactic activity attendance. The residency's expectation is that residents attend all didactic activities unless they are 1) on vacation or 2) post-nights when they are expected to attend a didactic activity through resuscitation conference (or peds critical case if the 1st Thursday of the month). The minimum in-person didactic activities attendance is 70% per academic year (ACGME Program Requirements in Emergency Medicine). The residency will monitor resident didactic activity attendance during the year and provide quarterly attendance updates to residents. The residency requires that attendance will be maintained at 70% throughout the year. If didactic activity attendance is not maintained at 70% upon semi-annual review, the resident is required to:

1. Meet directly with the Program Director and Residency Program Manager to identify specific methods to ensure didactic activity attendance requirements.

2. The resident is not eligible for Moonlighting (see Moonlighting Policy) until didactic activity attendance requirements are fulfilled.

Residents are expected to be on time for didactic activities and late arrival may result in loss of attendance.

Remote Attendance

Residents may request credit for in-person attendance with didactic activities that can be attended remotely with written approval by the Program Director and Residency Program Coordinator. Some didactic activities may not have the ability to attend remotely (ex. small groups, trauma tape review, and peer review). Residents should make every effort to request credit prior to scheduled didactic activities. Attendance credit will be considered for extenuating circumstances, particularly those that involve illness, bereavement, or family emergencies and are not intended to significantly supplement in-person didactic activities attendance requirements. Residents will be allowed to identify TWO didactic activity days in an academic year that can be used towards in-person credit for non-extenuating circumstances (personal choice). This is defined as a "Remote Token". Residents should make every effort to notify the residency program coordinator of the use of their Remote Token prior to scheduled didactic activities.

For credit to be given for attending a didactic activity remotely, the resident must:

1. Report attendance via the provided link for each scheduled didactic activity (“attendance check-in”). It is the responsibility of the resident to be aware of the means in which the attendance check-in will occur for each scheduled activity. This may appear as a link in the virtual chat and/or by QR code. This may occur multiple times during a didactic day.

2. Complete the didactic activity evaluation form. It is the responsibility of the resident to be aware of the means in which the evaluation form will occur for each scheduled activity. This may appear as a link in the virtual chat, by QR code, or sent in a post conference email.

Camera use

The residency encourages those in remote attendance to have their cameras on to enhance engagement with didactic activity. At the discretion of the presenter, cameras may be required for participation in some didactic activities.

Attendance Record

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

Date Last Updated: 10/08/2026