Welcome to the Emergency Medicine Resident and Hyperbaric Medicine Fellow Program

CONTENTS

MISSION STATEMENT

The faculty of the Department of Emergency Medicine strives to excel as leaders in the specialty of Emergency Medicine. We are devoted to providing excellent care at any time, to any patient in need of emergency medical services both in the Emergency Department and in the greater community. We are determined to optimize the medical care and well being of all patients by working within the Medical Center in a spirit of cooperation.

We are committed to educational excellence in training physicians, students of medicine, allied health professionals, and the lay public in the prevention and management of acute illness or injury.

We will advance the quality of emergency care everywhere by contributing new knowledge and skills obtained through active biomedical research and innovation in the practice of Emergency Medicine.

PROGRAM BACKGROUND

In the late 1960's and early 1970's, the Emergency Department at Hennepin County General Hospital was challenged to meet the needs of its area residents for improved emergency health care. In 1971, Claude Hitchcock, M.D., then Chief of Surgery, appointed one of his staff surgeons to head the new Department of Emergency Medicine as a section of the Department of Surgery. Ernest Ruiz, M.D., who accepted the position, served as the Department of Emergency Medicine's Chief of Service until his resignation in July 1992. When Dr. Ruiz accepted that position, he realized that many major challenges lay ahead. Hildred Prose, R.N., the Emergency Department nursing director at that time, provided invaluable support in meeting those challenges and helped develop the programs that were to have a great impact on the hospital and the community.

In 1971, Dr. Ruiz read an article in a magazine (he thinks it was *Newsweek*) about a new training program in Emergency Medicine in Cincinnati. Dr. Ruiz thought this was an excellent idea and took steps toward starting a new training program in Emergency Medicine at Hennepin. Two surgery residents, Robert Long, M.D., and Patrick Lilja, M.D., chose to become the first residents of Hennepin County General Hospital's new residency program in this specialty. It was only the second such Emergency Medicine residency program available in the United States in 1972. The residency has flourished since that time. Graduates have accepted leadership positions in many of the busiest hospitals in the country, ensuring many improvements in emergency care throughout their communities and beyond.

PROGRAM DESCRIPTION

The HCMC Emergency Medicine Residency Program is a three year program based at the Hennepin County Medical Center. Curriculum highlights include a focus on critical care (MICU, general surgery, neurosurgery and cardiology), toxicology, EMS, community experience at North Memorial Medical Center (NMMC) and other rotations including pediatrics,

orthopedics, and a selective month. Other resident experience highlights include trauma management, airway management, ultrasound certification, a variety of procedure experiences and Hyperbaric Medicine management. The unique PGY-3 Pit Boss role allows the third year residents to be responsible for the evaluation and management of all patients in their team center. PGY-3 residents supervise all patient care delivered by medical students, physician assistants and junior residents, as well as provide care directly to a small number of patients. PGY-3 residents also have a significant teaching and administrative role in the ED including being responsible for the management, patient flow, and triage of the ED. Progressive responsibility for patient management

PGY-1 RESIDENTS

PGY-1 residents provide primary care to non-critical patients in the ED. They are responsible for performing a history and physical examination and formulating a treatment plan. They present every patient to either the senior resident or faculty. Specifically, they are required to present and review every step of care. Preferentially, this case presentation should be to the senior resident. As competency is achieved, a transition to PGY-2 responsibilities may occur in the last quarter of the academic year.

PGY-1 residents are not expected to supervise medical students or physician's assistants in the ED.

PGY-2 RESIDENTS

PGY-2 residents will have a more independent role, and will be responsible for primary patient evaluation and management of non-critical and semi-critical patients. PGY-2 residents will initiate evaluation and treatment independently in these patients with oversight by the senior resident and/or faculty. Direct faculty and senior resident oversight is expected earlier in case management as the complexity of medical decision making increases.

PGY-2 residents will assist the PGY-3 residents in the management of critically ill or injured patients. The resident's role in the stabilization room will be dictated by the supervising PGY-3 resident. The PGY-2 resident may primarily manage a stabilization room case at the discretion of the PGY-3 resident and faculty. PGY-2 residents perform procedures commensurate with their level of training under close supervision of the PGY-3 resident and faculty. As competency is achieved, a transition to PGY-3 responsibilities in critical cases may occur in the last quarter of the academic year. PGY-2 residents may respond to EMS base station calls after required credentialing.

PGY-2 residents are not expected to directly supervise PGY-1 residents, medical students, or physician's assistants in the ED. PGY-2 residents will have limited teaching responsibilities for the medical students and PGY-1 residents.

PGY-3 RESIDENTS

PGY-3 residents are responsible for the evaluation and management of all patients in their team center in the ED. PGY-3 residents supervise all patient care delivered by medical students, physician assistants and junior residents, and by providing care directly to a small number of patients. Supervision of care entails obtaining a history and physical examination directly from the patient, and being involved in all the diagnostic and therapeutic management decisions made by more junior residents and students.

PGY-3 residents are supervised by faculty. PGY-3 residents seek faculty advice on the care of any patient as the need arises. PGY-3 residents will provide primary care for all critically ill or injured patients and manage EMS base station calls.

PGY-3 residents have a significant teaching and administrative role in the ED. They are expected to teach medical students and junior residents about the patients they are managing. Administratively, PGY-3 residents are responsible for the management, patient flow, and triage of the ED.

KEY CONTACTS

Richard Gray, MD Program Director: EM Residency Program, Co-Director: EM/IM Residency Program:

Office Phone: 612-873-2399

Pager: 612-336-9058

Danielle Hart, MD Associate Program Director:

Office Phone: 612-873-6114

Pager: 612-589-7539

Mary Hirschboeck, Program Coordinator:

Office Phone: 612-873-5645

Margaret Miller, Program Coordinator

Office Phone: 612-873-4906

Chief Residents:

Matt Rau, MD, Pager: 612-336-0345

Megan Schott, MD, Pager: 612-530-8897

Nick Simpson, MD, Pager: 612-336-2961

Chief Residents Pager: 336-0040

Scheduling Team

Nancy Newkumet 612-873-4908

Teresa Rader 612-873-3481

Administrative Office 612-873-5683

Emergency Department

Team Center A 612-873-3132

Team Center B 612-873-2772

Team Center C 612-873-3160

ROTATIONS

All resident clinical scheduling in the Hennepin County Medical Center Emergency Department is made in compliance with ACGME, RRC-EM and Institutional guidelines.

ROTATION DISTRIBUTION GUIDELINES

- The schedule will tentatively be distributed 2 weeks prior to the start of the scheduling block noted below.
- After the initial schedule distribution, there will be a 2 day review period. During this time, scheduling concerns should be forwarded to edschedulerequest@hcmed.org.
- The schedule will be considered finalized after this 2 day period unless notified by the Emergency Department Scheduling Team.
- The final schedule will be distributed by Nancy Newkumet.

ROTATION INTERVALS

The Emergency Department PMP schedule is made in seven (7) blocks. These blocks and deadlines for off-time requests are as follows:

ED Schedule Block	HCMC Rotation Blocks	Schedule Dates Included in Block	Time-Off Request Deadline
1	1	6/25/13-7/21/13	5/20/13
2	2-3	7/22/13-9/15/13	6/24/13
3	4-5	9/16/13-11/10/13	8/12/13
4	6-7	11/11/13-1/5/14	10/7/13
5	8-9	1/6/14-3/2/14	12/2/13
6	10-11	3/3/14-4/27/14	1/27/14
7	12-13	4/28/14-6/24/14	3/24/14

HYPERBARIC OXYGEN (HBO) CHAMBER CALL

Residents are expected to complete the HBO certification course prior to the completion of their PGY-1 training. This course is held annually in the spring and dates are determined by Dr. Adkinson. Medical clearance is required prior to the training "dive."

If a resident is unable to dive due to medical reasons, the training course should be completed excluding the dive experience.

PGY-2 and PGY-3 residents will cover HBO Call for up to four (4) weeks per year as arranged by the Chief Residents.

HBO Call consists of "First Call" and "Second Call." Residents on First or Second Call will be available by pager at all times during their call week. They are expected to be available within 30 minutes of contact and able to dive or work in the ED.

If the First Call resident is unable to dive, it is their responsibility to coordinate, from the on call list, the resident able to attend the dive. The exception to this is after a dive, a provider is unable to dive again for a period of time determined by the length of that dive. In this case, it is the resident's responsibility to notify the ED of the time they are available to dive again in order to shift dive responsibilities to the Second Call resident. If the resident has not notified the ED of their inability to dive, they will be responsible for arranging coverage for the dive.

This process applies to the Second Call resident if they are unable to dive as a result of having already performed a dive.

If a resident is unable to "dive" for medical reasons, on call responsibilities will be to replace another able resident from their clinical duties in order to dive.

The HBO call schedule is available on Amion

Any changes to the published schedule made more than 24 hours (and less than 7 days) prior to the start of the call day need to be communicated to the Chief Residents by email. The hospital operator needs to be notified of this change as well at 612-873-3000.

Any changes to the published schedule made less than 24 hours prior to the start of the call day need to be communicated to the Chief Residents by direct contact. The hospital operator (612-873-3000) and the ED (612-873-3132) need to be notified by phone.

SCHEDULING

DEPARTMENTAL NOTIFICATION OF CONFLICTS

Program Coordinators and/or Program Directors will be notified by email of approaching scheduling deadlines approximately 1 week in advance. Off service (rotating residents) should notify the Emergency Department Scheduling Team regarding any of their residents who are on-call the day before their EM rotation or have clinic responsibilities during their Emergency Medicine rotation at via e-mail at **edschedulerequest@hcmed.org**.

UNEXPECTED SHORT TERM LEAVE POLICY

The unexpected Emergency Department short term leave policy does not apply to short term disability, rather clarifies unanticipated or recurrent missed clinical experiences not covered by the Institutional Leave of Absence Policy.

Residents need to inform their program and the Emergency Department (ED) as soon as possible to allow for the best planning and least inconvenience to the ED and program surrounding unexpected Emergency Department short term leave. This includes medical illnesses and family or personal emergencies. Emergency Department short term leave is defined as a leave that is less than seven (7) days and/or less than 25% of the ED rotation. Short term leaves of more than two (2) days must be discussed with the resident's Program Director in addition to the ED administration. This policy applies to all unexpected short term leave of any duration less than seven (7) days and does not apply to leaves of longer duration. Refer to the Institutional policy on leaves of absence.

Residents who are unable to attend a scheduled shift in the ED, for any reason, must contact the Emergency Medicine Chief Resident on call on the Chief Resident pager, 612-336-0040. The Chief Resident must be contacted PERSONALLY as soon as possible prior to the start of the scheduled shift. This pager number is also available through the ED at 612-873-3132. Coverage will be arranged by the ED if this policy is utilized. A resident may choose to make coverage arrangements on their own accord.

The Emergency Medicine Chief Residents will notify the ED rotation director, the Emergency Medicine Program Director and a rotating resident's Program Director of any leave taken.

If your leave encompasses two (2) or more shifts, you will be scheduled to work additional shifts to avoid an "incomplete" grade on your rotation. In order to receive a formal rotation grade, at least 75% of the originally scheduled number of shifts must be attended and the resident must be present for at least 75% of the scheduled clinical experiences.

Emergency Department coverage will be arranged as follows:

For PMP coverage, in descending order of availability:

1. The shifts will be covered using the EM back-up system

If the back-up system is overwhelmed:

2. The PGY-3 resident on their elective rotation will work the unexpected leave shift in place of their assigned clinical shift up to a maximum of three (3) shifts per rotation.

3. An available PMP will be sought for moonlighting coverage if neither of these residents is available. If more than one (1) shift needs to be covered in this manner, the resident taking short term leave will be expected to return coverage for a shift from the working PMP.

4. If each of these mechanisms for coverage fails, an EM Chief Resident will cover the shift as a moonlighting PMP.

For "pitboss" coverage, in descending order of availability;

1. The PGY-3 resident on their elective rotation will work the unexpected leave shift in place of their assigned clinical shift up to a maximum (3) of three total PMP and senior resident shifts per rotation.
2. The PGY-3 resident on STAB week will work the unexpected leave shift so long as it does not conflict with medical student lectures or procedure labs.
3. An available PGY-3 resident will be sought for moonlighting coverage if neither of these residents is available. If more than one (1) shift needs to be covered in this manner, the resident taking short term leave will be expected to return coverage for a shift from the working PGY-3 resident.
4. If each of these mechanisms for coverage fails, an EM Chief Resident will cover the shift as a moonlighting "pitboss".

A PMP shift is defined as a clinical shift where the provider does not function as a supervisory physician, for example, PMP Team Center A, Team Center B, Team Center C (PGY1-3), ED Ortho, etc.

This policy is intended to be an outline for the emergent coverage of unexpected short term leaves. Changes may be implemented at any time by the Emergency Department if necessary, in order to accommodate unanticipated circumstances.

SPECIAL VACATION CONSIDERATIONS AND EXCEPTIONS

***Block schedules and vacations will be selected in the Winter/Spring of the preceding academic year.**

PGY-1 and 2

- Refer to Scheduling guidelines below.
- No vacation over last Wednesday of February.

PGY-3 YEAR

- Refer to Scheduling guidelines below.
- If vacation time occurs during a Conference Week, the resident taking vacation is responsible for ensuring coverage of his/her teaching, lab, and conference responsibilities.
- No vacation over the last Wednesday of February.

ANNUALLY PROHIBITIVE DATES FOR VACATIONS AND LEAVES

Vacations and leaves will not be granted during the following intervals:

- The first and last 2 weeks of the academic year.
- Major Holidays, including:
    - 4th of July weekend
    - Labor Day weekend
    - Memorial Day weekend
    - Thanksgiving week (Monday through Monday)
    - December 21st through January 3rd
- The Society for Academic Emergency Medicine (SAEM) Annual Meeting – May 14-17, 2014
- HCMC G1 Education Day (RED Training Day), TBA
- HCMC G2 Education Day (BLUE Training Day), TBA
- Annual EM In-Training Examination, Wednesday February 26, 2014
- Annual Mock Oral Board Examination, April 2 and April 9, 2014

Back-Up System

Providers will work up to two back-up shifts per month.

The back-up shift is 24 hours long, 7a -7a.

Providers will be scheduled for either a non- night shift or off the day following the back-up shift.

RESIDENT SCHEDULE REQUESTS - SINGLE DAY REQUESTS

- Deadlines for single day requests must be submitted prior to the above time-off request dates, listed on page 7.
- An email requesting single, non-consecutive single days off must be forwarded to edschedulerequest@hcmed.org. All single day requests start at 7:00 am of the requested day off and the return time is 7:00 am of the next day.
- Requests must be submitted in writing by the resident. No phone or verbal requests will be accepted.
- The email link, edschedulerequest@hcmed.org can be used to prevent unacceptable turnaround times when changing services or departmental events. For example, this can be used to notify the ED scheduler that the resident will be post call on the first day of the rotation.
- Up to one request off PER BLOCK (not per month) can be honored.
- Single day requests off are NOT permitted in a month in which vacation is granted.
- Requests for the last day of a rotation cannot be considered.
- Requests using this format will not reduce the number clinical of shifts during a rotation.

RESIDENT ON-CALL ON THE LAST NIGHT OF ROTATION

- It is the resident's responsibility to notify Nancy Newkumet if they will be immediately post call on the first day of the rotation. Residents who have last night call before they start their ED rotation will be protected as per ACGME, RRC-EM and HCMC Institutional guidelines.
- The ED should be notified within the deadlines outlined above.
- Residents will have scheduling consideration for "on call" activities when starting an ED rotation but NOT when leaving the rotation. When a resident is scheduled for the 11 PM to 8 AM shift on the last day of their ED rotation, it is their responsibility to notify the next service that they need protection on their first day, per HCMC policy.
- Per ACGME Duty Hour guidelines, residents may be scheduled for any ED shift after a 10 hour scheduled period out of the hospital.

PROCEDURES

Residents are expected to use EPIC to enter and track all of their HCMC based procedures EXCEPT vaginal deliveries. The Procedure Logger at **www.new-innov.com** is for all procedures performed on patients outside of HCMC and for recording all vaginal deliveries. This includes procedures performed at North Memorial and Region's Hospital (if applicable) rotations, and during Simulation experience. Progress in the number and type of procedures will be analyzed by the Program Director and provided to the resident during their semi-annual review.

The following is a list of procedures (and number) that are required by the Emergency Medicine Residency Review Committee for successful completion of an Emergency Medicine training program. All procedures performed by residents should be logged and tracked for patient care and training experience without regard to RRC graduation requirements.

- **Numbers include both patient care and laboratory simulations**

HCMC Ultrasound Credentialing Requirements

Adult medical resuscitation	45
Adult trauma resuscitation	35
Cardiac pacing	6

Central venous access	20
Chest tubes	10
Conscious sedation	15
Cricothyrotomy	3
Dislocation reduction	10
Intubations	35
Lumbar Puncture	15
Pediatric medical resuscitation	15
Pediatric trauma resuscitation	10
Pericardiocentesis	3
Peritoneal lavage	3
Vaginal delivery	10

Ultrasound credentialing must be completed in the PGY-1 year of training for EM categorical residents and by the end of the PGY-2 year for EM/IM combined residents. Residents should show progression throughout the PGY-1 year. At least 50% of the required examinations must be submitted and reviewed by May 1st in order to be in good standing and eligible for academic leave. Examinations performed during the credentialing process must be directly proctored by either an EM faculty or credentialed EM senior resident. A total of 200 exams are required.

Examination	**# Required**
FAST	**25**
Cardiac	**25**
Aorta	**25**
OB/GYN Transabdominal	**25**
OB/GYN Transvaginal	**25**
Gallbladder	**50**
Renal	**25**
TOTAL	**200**

Each of these exams must be reviewed and approved by the ultrasound faculty prior to accepting the study for credentialing. The Portal- US website is used to store, review and provide feedback on these examinations.

Important additional details are provided in the Ultrasound Credentialing Manual.

SCHOLARLY ACTIVITY, TEACHING RESPONSIBILITIES AND CONFERENCES

RESIDENT SCHOLARLY ACTIVITY REQUIREMENT

Residents are required to complete a "scholarly" project during their residency. The scholarly activity requirement may be met, but not limited to, one of the following. All scholarly activities must have Program Director approval.

- Basic Science Research Study
- Prospective Clinical Research Study
- Retrospective Chart Review with completed manuscript
- Completed Literature Review with manuscript
- Completed Case Report with manuscript
- QA project with completed manuscript
- Examples of others:

- Design and build new equipment
- EM based podcasts
- Videotape of procedures, x-ray reading, etc.

All projects should be accomplished in conjunction with a HCMC ED faculty. The Research and Program Directors will monitor the progression of resident projects during their residency. See the Research Manual for more details. PGY-3 residents will be expected to formally present their project to the faculty and residents in the spring of their third year.

Resident Research Manual
Drs. James Miner and Michelle Biros have compiled a resident research manual for review. It contains both general and specific guides to performing research at HCMC. Residents are encouraged to familiarize themselves with this manual, even if they are not performing a research project for the project requirement.

RESIDENT DIDACTIC TEACHING RESPONSIBILITIES

All residents will be expected to:

- Teach medical students/interns in the animal lab on procedure days.
- Be responsible for Critical Care and Chief Complaint Conferences presentations during "Stab" week as senior resident.
- Present at Core Content, Social Journal Club, Stab Conference, Noon Conferences, and didactic sessions as scheduled.
- Deliver the weekly medical student lecture while on stab week

CONFERENCES

*Required conferences

TUESDAYS Once A Month

7:00 pm Social Journal Club *** First Tuesday** of the month at a faculty member's home.

8:00am-10:00am Pediatric Emergency Medicine Interhospital Conference –**Second Friday of the month at various hospitals in the Twin Cities**

WEDNESDAYS Once A Month

Noon – 1:00pm EM Cardiology Conference – **Fourth Wednesday** of the month

THURSDAYS

6:30am - 7:30am Ruiz Reading Group (mandatory for PGY-1 residents)

7:30am - 9:00am 1. Critical Care (Stab) Conference*

9:00am – 10:00am 2. Core Content Lecture*

10:00am - Noon 3. Rotating*:

a. Research/Toxicology

b. Specialty (EKG, Radiology, Airway, U/S, Proc)

c. Case Based Learning and Improvement

d. Chief Complaint Conference

e. Evidence-Based Medicine

f. Small Group Interactive Learning Sessions

g. Oral Board Review

h. EM/IM Conference

i. Iatrogenic Complications Series

12:00pm – 1:00p Week of the Month

#1. Pediatric Case Conference*

#2. Resident Meeting*

#3. Small Group Interactive Learning Sessions*

#4. Pediatric Subspecialty Conference*

FRIDAY

8:00am-10:00am Pediatric Emergency Medicine Interhospital Conference –**Second Friday of the month at various hospitals in the Twin Cities**

Conference Attendance Requirements

Residents are expected to attend all scheduled conferences when not conflicted by critical patient care activities. All off service departments are aware of the conference block on Thursday morning. Residents are relieved of all non-critical patient care responsibilities on Thursday's from 7:30am to 12:00pm, or 1:00pm. Please keep in mind that patient care is our primary responsibility followed immediately by Resident medical education.

The overall conference attendance requirement is >70% for residency tenure. ≥ 75% conference attendance is encouraged. Please refer to the conference attendance policy for specific details.

EVALUATIONS

A resident is evaluated at the end of each rotation by the medical staff. Evaluations are returned to the Program Director, maintained in the resident's file, distributed to the residents, and are reviewed at the resident's semi-annual evaluation.

In addition; the annual ABEM in-training examination, departmental oral boards, animal procedure lab, 360 degree evaluations, CORD standard direct observational assessment tool, and input from departmental faculty are utilized in reviews. The Program Director and his/her designee meet with each resident on a semi-annual basis, and based on the resident's progress, may promote the resident to the next year of training. Residents may also be placed in remediation, on suspension, probation, or dismissed based on the judgment of the Program Director. Residents have access to an appeal mechanism and due process as outlined in their contract and in accordance with the institutional policy.

OFF-SERVICE ROTATION EVALUATIONS

EM Residents will have an evaluation completed for every off-service rotation performed. These off-service rotation evaluations will be performed primarily by the attending physician who is directly supervising the resident. Specific areas such as patient care, clinical judgment, physical examination, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, case presentations, record keeping, professionalism, systems-based practice, and overall clinical competence will be numerically assessed. Evaluations will be performed in electronic (New Innovation's Residency Management Suite) format. Evaluations will be printed and maintained in the resident's portfolio, kept in a locked and confidential cabinet. Residents will be able to view their individual file at any time. Residents are encouraged to view their evaluations immediately. All evaluations will be accessible on-line at www.new-innov.com. Evaluations will track class comparisons and longitudinal progress of the individual resident.

EMERGENCY MEDICINE ROTATION EVALUATIONS

Resident assessments will be sought from department faculty in the form of Shift Evaluations.

SHIFT EVALUATIONS

Emergency Medicine Faculty will receive an electronic general competency-based shift evaluation form three times weekly. Rotating, competency based, evaluations will be solicited from faculty working with EM residents in the Emergency Department for all shifts during that day. A numerical grading system will be used, and specific comments are encouraged. All evaluations will be accessible on-line at www.new-innov.com.

Residents are encouraged to be proactive in their education, seeking timely feedback on their performance in addition to these evaluations

CERTIFIED COURSES

All EM residents are evaluated whenever they participate in an organized didactic course, including APLS, ACLS, ATLS, BLS, and ACLS Instructor courses. Residents are expected to pass each of these courses.

CORE CONTENT LECTURE EVALUATIONS

All EM residents will have a written evaluation performed on their lecture presentations. This consists of a compilation of feedback from conference participants

OVERALL EVALUATIONS

Residents will be evaluated on their participation and responsibility in all other aspects of their training, including Hyperbaric Oxygen Call, conference participation, and conference preparation (e.g. critical care, chief complaint, journal club).

FACULTY COUNCIL EVALUATIONS

EM residents' progress, particularly when concerns arise from the above evaluation methods, or based upon individual faculty experience, will be discussed at faculty council meetings at least semi-annually.

EDUCATIONAL COMMITTEE EVALUATIONS

Prior to resident semi-annual reviews, resident progress will be evaluated and assessed by the Educational Committee. Key areas of individual resident strengths and areas to improve will be identified and future goals and objectives will be defined.

CONFERENCE ATTENDANCE

EM residents will have their conference attendance monitored and compiled. It is the resident's responsibility to insure they have been logged into each conference they attend. Residents are expected to have a conference attendance rate of >70% in order to successfully complete the training program, >75% attendance is encouraged. Please refer to the specific conference attendance policy.

EMERGENCY MEDICINE REQUIRED READING CURRICULUM

This curriculum is designed to facilitate a structured reading schedule during the three years of Emergency Medicine training. The Ruiz Reading Group will systematically guide residents through the Tintinalli text and the Educational Reading Curriculum will guide residents through the Rosen's (and Roberts and Hedges) textbooks. All residents are strongly recommended to complete these during their training in order to adequately prepare for clinical practice as well as the Board Certification examination.

Online CORD testing has been associated with the annual reading assignments. Residents are required to perform and submit all of the associated tests prior to their semi-annual reviews. Residents who display adequate comprehension of the material with scores of $\geq$75% on the annual ABEM In-Training examination may choose to continue with the suggested testing but will not be required to formally submit these tests.

Residents who score under the 16th percentile for their level of training will be required to submit CORD tests on a monthly basis with Key Learning Objectives from each assigned chapter. These will be submitted and reviewed with the resident's faculty advisor and/or Program Director.

WRITTEN EXAMINATIONS

Periodic written examinations may be given and utilized for evaluation purposes. The web site http://www.cordtests.org is available to all EM residents nationally, and has system specific and in-training practice examinations that may be taken at the resident's leisure. Resident ID and password will be provided by the Program Coordinator. There are two types of internet tests, "practice" and "scored." A "practice" test gives residents the answer and reason for the answer. The "scored" tests do not provide immediate resident feedback and the results of the test are automatically emailed to the Program Director. Residents are urged to take both practice and scored tests. Results are not factored into evaluations, but the fact that residents took the test and are utilizing the service is noted. The scored tests are required as a component of the reading curriculum outlined above.

CORE COMPETENCY ASSESSMENT

There are a number of forms that will need to be completed by residents in order to document the teaching and successful completion of the general competencies during residency training process. The current forms are as follows:

HCMC Case Based Learning and Improvement Root Cause Analysis Form

HCMC Case Based Learning and Improvement Case Form

HCMC Chief Complaint Conference Form

HCMC Journal Club Overview Form

HCMC Resident Quality Assurance Review Form

HCMC Systems Based Practice Form

Reading Group Form

In addition, all case and didactic presentations, literature reviews, and other educational/academic projects should be copied or emailed to the Program Coordinator for review and tracking in the resident's academic portfolio.

360 DEGREE EVALUATIONS

Residents will have 360 degree evaluations performed once per year by emergency medicine team members. These evaluations will focus on professionalism, interactions with patients, and resident performance within the Emergency Department healthcare team.

S-DOT (STANDARDIZED DIRECT OBSERVATIONAL ASSESSMENT TOOL)

Residents will have a minimum of one S-DOT evaluation performed each academic year. Additional observational assessments will be performed as needed based on resident performance.

SEMI-ANNUAL EVALUATIONS

Each resident will meet with the Program Director or an Associate / Assistant Program Director at least twice per year in a formal evaluation and feedback process. The results of all of the above resident evaluation methods will be reviewed with the resident. These evaluations occur in December and January, and May and June of each year. More frequent formal evaluation and feedback will be done as needed on an individual basis.

Residents and faculty are encouraged to approach each other informally to provide on-the-job feedback as often as possible.

Residents are encouraged to view their individual residency portfolio and various "reports" (conference attendance, evaluation summaries, and procedure logs) on www.new-innov.com frequently, and not wait for their semi-annual evaluations.

PATIENT FOLLOW-UPS

Residents must complete follow-ups on three discharged patients and three admitted patients **per ED rotation**. Patient follow-ups do not need to be completed in the PGY2 ortho rotations, NMMC rotations, Regions rotations or selective months. Residents can obtain their patient list in epic. Patient follow-ups are completed in the Log Books section of New Innovations. Reports will be run from New Innovations to track your entries. All patient follow-ups will be reviewed by faculty.

ANNUAL EXAMINATIONS

IN-TRAINING EXAMINATION

All EM residents will take the annual in-service examination. The results of this examination will be used in assessing individual resident's medical knowledge base, but are not considered in overall resident evaluation. Residents are expected to score at or above the 16th percentile for their individual post graduate training year.

DEPARTMENTAL CLINICAL ASSESSMENT EXAMINATION

All EM residents will participate in this department oral examination. The results of this examination are utilized to evaluate the resident. EM PGY-1 residents have not generally participated in this type of examination and as a result, more emphasis is placed on the experience rather than performance. Passing grades are anticipated from the EM PGY-2 and 3 residents.

RESIDENT PROMOTION, GRADUATION, AND DISMISSAL

ACADEMIC STANDING

Residents must be in good academic standing in order to progress as anticipated over the course of their 36 month training. Academic standing is an assessment of overall performance as determined by the Educational Committee. This includes an evaluation of all ACGME competencies, conference attendance, procedural documentation, progress in the ultrasound credentialing program, performance of required readings and CORD testing, patient follow-up, duty hour documentation and the required scholarly project. Academic standing is discussed at each semi-annual review.

The decision to promote residents to the EM PGY-2, EM PGY-3, or to graduate from the program are made during the May/June semi-annual resident evaluation. The decision to promote or graduate a resident is based on all of the above listed evaluation data. No single criteria is utilized (e.g., In-training Examination Results) as a benchmark for promotion or graduation. However, the most important data utilized in the decision to not promote or not graduate a resident is the judgment of the Program Director, Chief of Service, and the faculty based on the clinical competence of the resident. Based on the sum total of all the evaluation data available, the Program Director will make the final promotion/graduation decision. In the event of a possible "no promotion" or "no graduation" decision by the Program Director, the Program Director will discuss the decision with the Chief of Service, Assistant Chief of Service, and the Assistant Program Director. Additionally, the Program Director will present the issue at a Faculty Council meeting for discussion among all faculty before the decision is finalized.

Possible actions taken after complete resident evaluation include; continuation of the training program as planned, resident remediation, probation, additional training requirements (residency extension), suspension, and dismissal.

All residents enter into an annual contract with Hennepin County Medical Center, regardless of the expected duration of their training program. These annual contracts must be signed and received PRIOR to March 1st. **In order to be eligible for promotion to, and contract renewal for the PGY-3 year, and in addition to the above requirements, residents must have completed, passed and provided their score for the USMLE Step III examination on or before February 15th of their PGY-2 year.** Emergency Medicine positions are ongoing "categorical" positions, PGY1 through PGY3. The Emergency Medicine residency consists of 36 months of training. Emergency Medicine/Internal Medicine "combined" positions consist of 60 months of training. Residents will be promoted from each level of training after satisfying all requirements for that training level and offered subsequent annual contracts through program completion unless:

- They are dismissed or their contracts are not renewed based on academic performance which is below satisfactory;
- They are dismissed or their contracts are not renewed based on non-academic behavioral violations;
- They are ineligible for a continued appointment at the time renewal decisions are made based on failure to satisfy licensure, visa, immunization, registration or other eligibility requirements for training; or
- Their residency program is reduced in size or closed.

Program closure or reduction in number of positions is addressed in the institutional policy. In the event of program closure or reduction, the Department of Emergency Medicine will make every effort to assist the residents in locating another training program to complete their residency.

SELECTIVES

Selective time is scheduled for one (1) rotation block in the PGY-3 year. Various opportunities exist within the current system for enhancing resident education. Please feel free to talk to the Program Director or faculty about selective opportunities.

Residents should have their selective requests in to the Residency Coordinator and approved by the Program Director at least three (3) months prior to the scheduled start date of the selective.

The following is needed before approval of an elective:

- Goals and Objectives
- Supervisor
- Evaluator
- Schedule of Activities
- What activities will be involved in during the rotation. Clinics, call (if applicable), rounds, etc.

Hennepin County Medical Center Selectives

The current established selective opportunities are as follows. Other selective rotations will be considered on an individual basis by the Program Director.

- United Hospital Emergency Medicine
- Abbot Northwestern Emergency Medicine
- Amplatz Children's Hospital
- HCMC Radiology
- HCMC Quality Improvement and Patient Care Research
- HCMC Critical Care Rotation
- HCMC Forensic Medicine
- HCMC Toxicology
- HCMC Pit Boss
- HCMC Pediatric Emergency Medicine
- HCMC Hyperbaric Medicine
- HCMC Educational Elective
- HCMC Aero-medical rotation
- Other HCMC clinical electives

Outside Hennepin County Medical Center Selectives

Selectives outside of HCMC will be considered under the following guidelines:

- HCMC is not able to provide the type or quality of selective that is wanted by the resident. The rotation needs to be performed within the curriculum confines of another academic department at the outside institution. It is preferred that this department be an Emergency Medicine department with a residency program in EM.
- The outside rotation should be well established as either an integral part of the outside academic departments curriculum or a selective of such a department.
- The outside rotation will not necessarily need the above stipulations if performed with an HCMC ED faculty. For example, a resident may elect to travel with faculty on an International Medicine Selective.
    - Two (2) International Medicine Selective opportunities are available per year. These selectives may be arranged through department contacts or with resources outside of the institution. No financial resources for travel are currently available. International medicine selectives must be supervised by a board certified Emergency Physician. These selectives have several pre-requisites that must be met for academic credit, salary and benefit eligibility. Contact the Program Director as early as possible when considering an International Medicine Selective; a minimum of six (6) months is often necessary.

Unacceptable Selectives

- Reading selectives
- Research publication preparation or presentation selectives
- Research selectives, unless specifically arranged with the Research and Program Directors that combine research and patient care linked directly to a specific patient.

Special Considerations

The Program Director may stipulate that a given resident do a certain selective as needed to help correct any deficiencies in the residents training.

If a selective is not chosen with sufficient lead-time, one will be assigned by the Program Director.