

DEPARTMENT OF EMERGENCY MEDICINE
DESCRIPTION OF PROGRAM PROGRESSIVE RESPONSIBILITY:

The residency program is designed to allow for progressive responsibility in the areas of supervision, clinical responsibility, teaching and administration.

EM2s take-on additional responsibility during their second year of residency. During their adult Emergency Medicine rotations they are scheduled for 9-12 hour shifts totally approximately 180 hours per 4 week block. As senior residents, a large number of their shifts will be in the Trauma Bay (critical care area) to provide continuous 24 hour coverage in this area. They are responsible for the airway management of all trauma and critically ill medical patients triaged to the Trauma Bay as well as additional procedural skills such as complex laceration repair, regional nerve blocks, and procedural sedation performed under the supervision of the attending EM physician. EM2s are expected to act as team leaders in non-traumatic arrest patients and communicate with patients' families when patients are either critically ill or have died. As senior residents they are now expected to be responsible for communication with the pre-hospital teams under direct auditory supervision by the EM attending or the EM3. When the EM2 is scheduled for shifts on the East side of the ED, they will generally have an EM1 working with them whom they can supervise, accept presentations from, and help them start managing their patients when the EM attending is not immediately available. The EM2 is also responsible for teaching a minimum of two conferences per year (journal club, research conference, or specific teaching conference). They are also responsible for creating a project that requires quality improvement and thus learning about the administrative background to enhance the functionality of the department. During the EM2 year, it is expected that the resident will continue work towards the completion of their research project in the EM3 year. They also provide on-line medical control

In the Pediatric Emergency Department, an Emergency Medicine resident of either the first, second or third year are scheduled to work 10 hour shifts. 1-2 EM residents are scheduled per day. These residents are supervised by the Pediatric Emergency Medicine faculty and do not have a direct supervisory role in the Pediatric Emergency Department. Upper level residents are expected to participate in all acute pediatric medical and trauma cases and to coordinate the care of critically ill pediatric patients under the direct supervision of the Pediatric EM attending.