 Goals of the rotation:

Residents on Emergency Medicine Rotation learn to manage acute medical and surgical conditions specifically with the intent of arranging triage to inpatient management or treatment and discharge.

The Emergency Medicine Department at Regions Hospital Emergency Center is a Level 1 Trauma Center as certified by the American College of Surgeons. An average of over 175 patients per day are evaluated on an emergent/urgent basis covering a wide spectrum of medical, pediatric and traumatic illnesses. The department is staffed 24 hours per day by senior staff physicians who have faculty appointments in Emergency Medicine at the University of Minnesota Medical School. The staff directly supervises each resident physician in the care of each patient.

The resident physician will have the opportunity to see all of the types of patients who present to the Emergency Department. These include: pediatric, psychiatric crisis, acute and urgent traumatic patients. The spectrum of patients includes those with orthopedic, eye, ENT, neurological, urologic and gynecological problems.

The resident physician will have the opportunity to perform necessary procedures on their patients including wound repair, stabilization of fractures, and lumbar puncture.

Resident physicians will be supervised by the regular staff physicians in conjunction with the senior emergency medicine residents. They will present the details of the initial evaluation, and discuss diagnostic and treatment modalities. Procedures will also be directly supervised by the staff physicians.

Consultation from specialty services is available and is obtained when appropriate, and provides immediate feedback on patient problems. Follow-up of admitted patients is at the discretion of each resident physician and provides valuable information on clinical course and outcomes. An extensive quality improvement program is in place and, when appropriate, the resident physician is included in this process.

Objectives of the rotation:

1. Develop an ability to assess acute medical and/or surgical problems in an efficient manner. (1,2,5)
2. Develop an ability to stabilize acute medical or surgical problems in a logical manner when appropriate. (1,2)
3. Develop an ability to perform a focused history and physical examination based on presenting acute complaints and physical signs. (1,2,5)
4. Develop an ability to outline appropriate interventions, differential diagnosis and treatment plans on an individual patient basis. (1,2,3,6)
5. Determine the appropriate services necessary for discharge to home following acute treatment. (3,4,5,6)
6. Communicate with patient’s family and other care givers a plan for care after discharge to home. (3,4,5,6)
In order to meet the above objectives, the resident will:

1. All resident physicians will see patients primarily, under direct supervision of emergency medicine staff physicians in conjunction with senior emergency medicine residents.
2. The resident will have the responsibility to implement stabilizing treatments or procedures, and order and evaluate initial laboratory and radiological studies.
3. The resident will have the responsibility to develop a rationale for the admission/discharge decision for each patient.
4. The resident will have the responsibility to develop treatment and follow-up plans for discharged patients.
5. The resident will have the responsibility to complete patient documentation in a timely manner. All charts must be complete within one week of completion of the rotation.

Schedule of time (where the resident is expected to be each day):

The rotation consists of 18 or 19, 8-hour shifts per month depending on clinic assignments. An attempt is made to equalize the number of days, evenings and night shifts. (All residents will have, on average, one day off in 7 and time off for clinic obligations.)

Educational materials include:

General Medicine and Surgical Texts available in the Emergency Department

Conference Schedule:
Two sets of conferences on a weekly basis are mandatory for successful completion of the rotation. Wednesday morning consists of a 2-hour block, with a weekly critical case conference and an alternating hour of trauma conference or didactic lecture topic in emergency medicine. On Tuesday afternoons, a 1-1/2 hour workshop is held consisting of ophthalmologic evaluation and procedures, orthopedic injuries/splinting, and cervical spine evaluation. A fourth workshop on medical and trauma resuscitation is conducted at the Simulation Center for Patient Safety. Reading material pertinent to these topics is available online for viewing.

Resident Evaluations will include the following:

Resident physicians are informally evaluated during their clinical shifts. A written evaluation is completed at the conclusion of the rotation by several staff members. An evaluation of the rotation by the resident is encouraged.

Key to ACGME General Competencies met by each objective:
1 = Patient Care
2 = Medical Knowledge
3 = Practice-based Learning and Improvement
4 = Interpersonal and Communication Skills
5 = Professionalism
6 = Systems-Based Practice