Denver Health Medical Center
Residency In Emergency Medicine

Document Type:	**Job Description**
Program:	**Denver Health Medical Center Residency In Emergency Medicine**
Program Director:	**Bonnie Kaplan, MD**
Year of Training:	**EM-1**
Last Revised:	**2/2021**

I. Prerequisites

The first year Emergency Medicine Resident (EM-1) must:

A. Be a graduate in good standing from an accredited allopathic or osteopathic medical school.

B. Be selected for residency training by the Program Director with input from the Program Advisory Committee.

C. Possess an active State of Colorado physician-training license through the State of Colorado's State Board of Medical Examiners, Department of Regulatory Agencies, Division of Registrations.

D. Meet any and all employment requirements by Denver Health and Hospital Authority, including but not limited to a criminal background check.

II. Curriculum:

Please note that the EM-1 clinical curriculum is not static. It is dynamic and may change from resident to resident. The overall goal of the EM-1 curriculum is designed to lay a sound foundation of clinical practice and competency, on which the curriculums of the EM2-4 levels may build. As such the typical EM-1 curriculum is as follows:

Adult Emergency Medicine	20 weeks
Pediatric Emergency Medicine	6 weeks
Medical Intensive Care Unit	8 weeks
General Medicine	4 weeks
General Surgery	3 weeks
Orthopedics	3 weeks
Emergency Cardiology	2 weeks
Anesthesia	2 weeks
Ultrasound	2 weeks
Vacation time	3 weeks

III. Clinical:

The EM-1 Resident will have both Emergency Medicine clinical rotations as well as Non-Emergency Medicine clinical rotations ("off-service"). All of the Emergency Medicine clinical rotations are staffed by one or more Board Certified or Board Eligible Emergency Medicine faculty at all times. The Emergency Medicine attending staff provides on-site supervision at all times for all Emergency Medicine residents. When the EM-1 resident is rotating on an "off-service" clinical rotations, it is the responsibility of that department to provide appropriate and adequate attending supervision in accordance with their own departmental policies and procedures. Additionally, that supervision must be consistent with that provided for all residents of the same level of training on the same service.

The EM-1 resident will maintain a full time clinical load in the residency as scheduled by the Chief Emergency Medicine Residents and approved by the Residency Program Director. Further, the EM-1 resident will assume sick-call responsibilities in accordance with the Denver Health Medical Center Residency in Emergency Medicine's Sick Call Policy and Procedure when assigned.

The EM-1 resident will review and understand the DHMCREM Goals and Objectives Curriculum and all applicable Clinical Rotation Summaries relative to their rotations.

On all "off-service" clinical rotations, the EM-1 resident operated under; (1) the direction and guidelines outlined in each individual rotation's Clinical Rotation Summary; and (2) the policies and procedures of DHMCREM.

On all Emergency Medicine clinical rotations, the EM-1 resident operates under the direction and guidelines outlined in the respective EM rotation's Clinical Rotation Summary. Additionally, the EM-1 resident is responsible for the following physician

tasks guidelines when indicated:

A. **Graduated clinical responsibility for the EM-1:**

a. **Denver Health Emergency Department and University of Colorado Hospital:**
During the first week of the residency, the EM-1 residents are orientated through a series of administrative and clinical lectures. The primary role of the EM-1 working in the ED is that of the intern resident. The EM-1 resident is expected to perform histories and physicals on trauma patients, pediatric patients, and complex medical cases, formulate treatment plans. These plans are to be discussed in detail with the supervising EM senior resident or attending prior to execution. The EM-1 resident is to perform all indicated procedures, interpret diagnostic studies and make dispositions plans on their patients under the direct supervision of the EM senior resident or Attending. As such, they are expected to present all cases to the EM senior resident or the EM attending physician. The EM-1 resident is to spend equal time on the medicine and trauma/resuscitation sides of the ED. The medicine side tends to treat moderate acuity medicine, overflow trauma, pediatric, obstetrical, gynecological, ophthalmological, and ENT patients. The trauma/resuscitation side tends to treat both minor and major trauma, orthopedic, and neurologic patients. Although the resuscitation rooms for major trauma and critically ill medical patients are on this side the EM-1 residents do not primarily care for these patients, unless they are providing continued care of a patient that is decompensated in the ED. On average the EM-1 resident will manage 3 – 6 patients at a time, depending on their ability. EM-1 residents work an estimated 20 9-hour clinical shifts per month in the ED.

b. **Private or community setting emergency departments:**
Residents do not rotate through the private or community hospital emergency departments as EM-1.

B. **Supervisory lines of responsibility for the care of patients for EM-1 residents:**

i. At Denver Health, either the on-duty EM attending or the EM-4 (senior) resident supervises all patient care activities performed by the EM-1 on shift.

ii. At University Hospital, either the EM attending on duty or the EM-3 (senior) resident on duty supervises all patient care activities performed by the EM-1 on shift.

C. **Prehospital care:** Participate actively in prehospital care; provide direct patient care and with prehospital medical providers assimilate information from prehospital care into the assessment and management of the patient. The EM-1 residents may, on occasion, be expected to provide medical care at mass gatherings, special events, disaster scenes, or disaster drills (mock disaster scenes for training purposes) as an extension of the emergency department. This will be done under the supervision of one or more Board Certified or Board Eligible Emergency Medicine faculty, either on-site or on-line.

D. **Emergency stabilization:** Conduct primary assessment and take appropriate steps to stabilize and treat patients.

E. **Performance of focused history and physical examination:** Communicate effectively to interpret and evaluate the patient's symptoms and history; identify pertinent risk factors in the patient's history; provide a focused evaluation; interpret the patient's appearance, vital signs and condition; recognize pertinent physical findings; perform techniques required for conducting the exam.

F. **Modifying factors:** Recognize age, gender, ethnicity, barriers to communication, socioeconomic status, underlying disease, and other factors that may affect patient management.

G. **Professional and legal issues:** Understand and apply principles of professionalism, ethics, and legal concepts pertinent to patient management.

H. **Diagnostic studies:** Select and perform the most appropriate diagnostic studies and interpret the results. Perform the following diagnostic procedures when indicated:

Anoscopy
Arthrocentesis
Bedside ultrasonography
Cystourethrogram
Lumbar puncture
Nasogastric tube
Paracentesis
Pericardiocentesis
Peritoneal lavage
Slit lamp examination
Thoracentesis
Tonometry

I. **Diagnosis:** Develop a differential diagnosis and establish the most likely diagnoses in light of the history, physical,

interventions, and test results.

J. **Therapeutic interventions:** Perform the following procedures and nonpharmacologic therapies and counsel when indicated:

Airway Techniques

Airway adjuncts
Heimlich maneuver
Intubation
1. Nasotracheal
2. Orotracheal
3. Rapid sequence

Mechanical ventilation
Percutaneous transtracheal ventilation

Anesthesia

Local
Regional nerve block
Sedation – analgesia for procedures

Blood and Component Therapy Administration

Genital/Urinary

Bladder catheterization
1. Foley catheter
2. Suprapubic

Testicular detorsion

Head and Neck

Control of epistaxis
1. Anterior packing
2. Cautery
3. Posterior packing/balloon placement

Laryngoscopy
1. Direct
2. Indirect

Needle aspiration of peritonsillar abscess
Removal of rust ring
Tooth replacement

Hemodynamic Techniques

Arterial catheter insertion
Central venous access
1. Femoral
2. Jugular
3. Subclavian
4. Umbilical
5. Venous cutdown
6. Supraclavicular

Intraosseous infusion
Peripheral venous cutdown
Peripheral intravenous access

Obstetrics

Delivery of newborn
1. Abnormal delivery
2. Normal delivery

Other Techniques

Excision of thrombosed hemorrhoids
Foreign body removal
Gastric lavage
Gastrostomy tube replacement
Incision/drainage
Pain management (See Anesthesia)
Physical restraint
Sexual assault examination
Trephination, nails

Wound closure techniques
Wound management

Resuscitation
Cardiopulmonary resuscitation (CPR)

Skeletal Procedures
Fracture/Dislocation immobilization techniques
Fracture/Dislocation reduction techniques
Spine immobilization techniques

Thoracic
Cardiac pacing
1. Cutaneous
2. Transvenous
Defibrillation/Cardioversion
Thoracostomy

Universal Precautions
Any other technical procedure directed by the properly credentialed Emergency Medicine Attending on duty.

K. **Pharmacotherapy:** Select appropriate pharmacotherapy, recognize pharmacokinetic properties, and anticipate drug interactions and adverse effects. Write prescription and orders, in accordance with the Denver Health Medical Center's policies and procedures:

1. Prescriptions filled within the Denver Health Pharmacies do not require an attending signature.
2. Prescriptions to be filled outside Denver Health must be co-signed by an appropriately licenses physician.

L. **Observation and reassessment:** Evaluate and reevaluate the effectiveness of a patient's treatment or therapy, including addressing complications and potential errors; monitor, observe, manage, and maintain the stability of one or more patients who are at different stages in their work-ups.

M. **Consultation and disposition:** Collaborate with physicians and other professionals to evaluate and treat patients, arrange appropriate placement and transfer if necessary, formulate a follow-up plan, and communicate effectively with patients, family, and involved health care members.

N. **Prevention and education:** Apply epidemiologic information to patients at risk; conduct patient education; select appropriate disease and injury prevention techniques.

O. **Documentation:** Communicate patient care information in a concise manner that facilitates quality care and coding. Write or dictate Emergency Department Patient Encounters, Observation Notes, Progress Notes, Histories and Physicals, Discharge Summaries, and any other documents required by the departments in which the resident provides clinical service. Emergency Department Patient Encounters are cosigned by an Emergency Medicine Attending Physician.

P. **Multi-tasking and team management:** Prioritize multiple patients in the emergency department in order to provide optimal patient care; interact, coordinate, and educate members of the patient management team; utilize appropriate hospital resources; have familiarity with disaster management.

Q. Other clinical duties as assigned by the Emergency Medicine Attending on duty.

IV. Teaching:

The PGY-1 Emergency Medicine Resident (EM-1) will:

A. Develop bedside teaching skills by actively participating in the teaching of medical students on clinical rotations.

B. Other teaching duties as assigned by the Residency Program Director.

V. Administrative:

The PGY-1 Emergency Medicine Resident (EM-1) will:

A. Attend and fully participate in the New Resident Orientation Program at both DHMC and UCHSC.

B. Participate in the Residency's Evaluation Program by receiving and acting upon the periodic evaluation (evaluations from clinical rotations) and the semi-annual Peer Review/Quality Assurance Letters of evaluation.

C. Participate in the Residency's Evaluation Program by writing the annual Residents Evaluations of the Residency Program,

Clinical Rotations, and Faculty.

D. Attend the Residency Advisory Committee meetings, clinical obligations allowing.

E. Assist the Residency Program Director in maintaining an updated version of the Denver Health Medical Center Residency in Emergency Medicine web site.

F. Maintain an active State of Colorado physician-training license through the State of Colorado's State Board of Medical Examiners, Department of Regulatory Agencies, Division of Registrations.

G. Other administrative duties as assigned by the Residency Program Director.

VI. Academic:

The PGY-1 Emergency Medicine Resident (EM-1) will:

A. Participate on a regular basis with student and intern rounds when they occur during a shift in the ED and by providing didactic lectures.

B. Demonstrate active involvement in emergency medical education, including attendance at all of the residency's planned didactic conferences, clinical obligations allowing.

C. Participate n the Follow-Up Activity by maintaining a personal log of follow-up cases and submitting the log for periodic review by the Program Steering Committee.

D. Maintain a personal procedure log and submit the log for periodic review by the Program Steering Committee.

E. Take the annual American Board of Emergency Medicine (ABEM) In-Training Examination.

F. Participate in the EM Tests and ABEM article review by completing scheduled test series or article reviews.

G. Attend and fully participate in the Residency's Class-Specific Educational Retreats.

H. Attend and fully participate in the Residency's special educational offerings, including Journal Clubs and the Ultrasound Curriculum, clinical obligations allowing.

I. Participate in the Residency's Mentoring Program.

J. Work on an acceptable Scholarly Activity Project as deemed acceptable by the Program Steering Committee's Scholarly Activity/Research Subcommittee.

VII. References:

The Denver Health Medical Center Residency in Emergency Medicine Goals and Objectives Handbook.

The Denver Health Medical Center Residency in Emergency Medicine Clinical Rotation Summary Handbook.

The Denver Health Medical Center Residency in Emergency Medicine Program Information Form submitted to the Accreditation Council for Graduate Medical Education Residency Review Committee for Emergency Medicine.

The Denver Health Medical Center Residency in Emergency Medicine's Advancement and Graduation Criteria Policy and Procedure

Denver Health Medical Center Residency in Emergency Medicine's Sick Call Policy and Procedure

Hockberger RS, Binder LS, Graber MA, Hoffman GL, Perina DG, Schnieider SM, Sklar DP, Strauss W, Viravec KR, Koenig WJ, Augustine JJ, Burdick WP, Henderson WV, Lawrence LL, Levy DB, McCall J, Parnell MA, Shoji KT. The model of the clinical practice of emergency medicine. Ann Emerg Med. June 2001; 37:745-770

I have received and understand this EM-1 Job Description of the Denver Health Medical Center Residency in Emergency Medicine and understand its role in DHMCREM's ADVANCEMENT AND GRADUATION CRITERIA.

Resident Print Name **Date**

Resident Signature **Date**