

## Barrett, Lori J

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**From:** Fritzlar, Sandy J  
**Sent:** Wednesday, July 19, 2006 3:28 PM  
**To:** Colletti, James E; Patten, Lane C; Klinkhammer, Martin D; Fritzlar, Sandy J; 'sandyfritzlar@hotmail.com'  
**Cc:** Ankel, Felix K; Gunnarson, Teri M; Hegarty, Cullen B  
**Subject:** NCS Proposal - Needs discussion!

Hi All. Here is a revision of the current NCS proposal. Included are all options for the NCS shift during the first half of this academic year. Nothing has been decided about what will be the NCS resident responsibility and what will not be their responsibility. Please note the conflicts already seen with the current proposal. This is a long and somewhat painful email - but PLEASE read it and give input... Sandy

### NON-CLINICAL SHIFT

#### PURPOSE:

To enhance and diversify the residents' experience and knowledge base in a variety of areas through the implementation and maintenance of a scheduled Non-Clinical Shift (NCS) on every Tuesday.

#### GENERAL GUIDELINES:

- The G3 Resident scheduled on Amion as "NCS" will start their shift no later than 8:00AM.
- The resident will assume the responsibility for teaching the education workshops to medical students, interns, and rotators.
- The NCS resident on Tuesdays will also be the facilitator for one of the critical case presentations the following day. The resident will be responsible for the brief presentation accompanying their critical cases. The resident is also encouraged to gather other information, follow up data, equipment, or anything else which would augment the educational experience of the critical case(s).

#### THE MORNING SCHEDULE WILL CONSIST OF ONE OF THE FOLLOWING:

1. **Regions Medical Student/Rotator Workshops:** The resident will be responsible for teaching the medical student workshop from 2-3:30PM. The following dates are scheduled for the 1<sup>st</sup> half of the year:

Aug 1 <sup>st</sup>	Med trauma (AKA Sim Center, see below)	Kevin Smith
Aug 8 <sup>th</sup>	Ortho	Beth Wicklund
Aug 15 <sup>th</sup>	C-spine	Lane Patten
Aug 22 <sup>nd</sup>	Eye	No NCS resident???
Aug 29 <sup>th</sup>	Med trauma (AKA Sim Center, see below)	Sandy Fritzlar – volunteering to cover NCS
Sept 5 <sup>th</sup>	Ortho	Beth Wicklund
Sept 12 <sup>th</sup>	C-Spine	Emily Mason
Sept 19 <sup>th</sup>	Eye	Sandy Fritzlar
Sept 26 <sup>th</sup>	Med trauma (AKA Sim Center, see below)	Martin Klinkhammer
Oct 3 <sup>rd</sup>	Ortho	Heidi Lako
Oct 10 <sup>th</sup>	C-spine	Heidi Lako
Oct 17 <sup>th</sup>	Eye	Kevin Smith
Oct 24 <sup>th</sup>	Med trauma (AKA Sim Center, see below)	Emily Mason
Oct 31 <sup>st</sup>	Ortho	Joe Madigan
Nov 7 <sup>th</sup>	C-Spine	No NCS resident???
Nov 14 <sup>th</sup>	Eye	Martin Klinkhammer
Nov 21 <sup>st</sup>	Med trauma (AKA Sim Center, see below)	Roseanne Ekstrom
Nov 28 <sup>th</sup>	Ortho	Joe Madigan
Dec 5 <sup>th</sup>	C-Spine	Sandy Fritzlar
Dec 12 <sup>th</sup>	Eye	Kevin Smith
Dec 19 <sup>th</sup>	Med trauma (AKA Sim Center, see below)	Joe Madigan
Dec 26 <sup>th</sup>	none	

2. **Simulation Center:** On designated Tuesdays, the resident will report to the Sim Center at 8:00 a.m. for simulation training and/or teaching sessions. The simulation experience will be coordinated by one of the staff physicians intimately involved in sim center teaching, training, and experience. The lead physician is Cullen Hegarty. The following dates (8a-4pm) are scheduled for the 1<sup>st</sup> half of the year:

July 11 <sup>th</sup>	2 sessions	Sandy Fritzlar
Aug 1 <sup>st</sup>	2 sessions	Kevin Smith
Aug 29 <sup>th</sup>	2 sessions	Sandy Fritzlar – volunteering to cover NCS
Sept 26 <sup>th</sup>	2 sessions	Martin Klinkhammer
Oct 24 <sup>th</sup>	2 sessions	Emily Mason
Nov 21 <sup>st</sup>	2 sessions	Roseanne Ekstrom (also covering Rotator Orientation?)
Dec 19 <sup>th</sup>	1 session	Joe Madigan (also covering Rotator Orientation?)

3. **GMEC Meetings:** The resident will attend the monthly GMEC meeting if they are scheduled for a NCS on that Tuesday. The meetings are held at 7AM in the Board Room on the 3<sup>rd</sup> Tuesday of the month. The follow dates are scheduled for the 1<sup>st</sup> half of the year:

Aug 15 <sup>th</sup>	Lane Patten
Sept 19 <sup>th</sup>	Sandy Fritzlar
Oct 17 <sup>th</sup>	Kevin Smith
Nov 21 <sup>st</sup>	Roseanne Ekstrom
Dec 19 <sup>th</sup>	Joe Madigan

4. **Rotator Orientation:** The resident will teach a wound care / suture workshop for the off-service rotators as part of the rotators orientation to the emergency department. These workshops will start at 8AM in the EMD and will take ~60 to 90 minutes depending upon the skill level of the rotating residents. The following dates are scheduled for suture workshops for the 1<sup>st</sup> half of the year:

July 25 <sup>th</sup>	Emily Mason
Aug 22 <sup>nd</sup>	No NCS resident – will need PA coverage???
Sept 19 <sup>th</sup>	Sandy Fritzlar
Oct 3 <sup>rd</sup>	Heidi Lako
Nov 14 <sup>th</sup>	Martin Klinkhammer
Nov 21 <sup>st</sup>	Roseanne Ekstrom (also covering Sim Center?)
Dec 12 <sup>th</sup>	Kevin Smith
Dec 19 <sup>th</sup>	Joe Madigan (also covering Sim Center?)
Jan 9 <sup>th</sup>	Roseanne Ekstrom

5. **UMN Procedure Labs:** The resident will teach procedure labs at the UMN to medical students.

There are NO Tuesday procedure labs scheduled at the UMN.

6. **IF NCS resident does not have a mandatory experience scheduled for that morning, that resident is responsible for determining their morning experience.** They should email Jim Colletti to inform him of their selected morning experience. The following are examples of possible activities or experiences they could pursue:

- a. ILMA experience: The resident could gain ILMA experience if there are any available ILMA patients at the outpatient surgery center.
- a. Ultrasound experience: The resident may check to see if a staff physician involved with ultrasound education is available for ultrasound teaching (Kurt Isenberger and Peter Kumasaka). The resident could also teach medical student(s) and/or intern(s) the basics of ultrasound and performing the FAST exam. Ultrasound could be performed on ED patients, inpatients, or volunteers. The other participants must have available free time and participation must be acceptable to the off-service attending physician(s) or emergency department staff physician responsible for supervising that participant.
- a. Radiology experience: The resident could choose to read plain films or CT's with one of the morning radiologists with their approval.
- a. They could contact one of the ultrasound technicians and observe formal ultrasound technique to enhance their ultrasound experience and expertise.

- a. Research Project: The resident could use their time to work on their research project (i.e. collect data, chart review, data analysis, etc).
- a. Other: They may arrange or organize another experience that would be beneficial to their residency experience and future career. This must be pre-approved by Asst Residency Director Jim Colletti.

The resident may need to make arrangements prior to the start of the NCS on Tuesday (i.e. contact intern on anesthesia or an interested medical student to arrange ultrasound teaching, contacting Pat or Outpt surgery center about available ILMA's, etc).

**Barrett, Lori J**

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**From:** Dahms, Rachel A  
**Sent:** Monday, August 13, 2007 2:44 PM  
**To:** EMD Residency Committee  
**Subject:** Non-clinical shift discussion

All,

There has been some drift in what the 3rd year non-clinical shift (NCS) is supposed to be (see attached for current duties and a bit more info). I met with a Chief recently and we discussed some of the possible changes and issues these changes would generate. It seems that with the changing of conference to Thursdays, it makes sense to switch the NCS to Wed. Cullen has preliminarily OK'd switching the student workshops to Wed also starting in January, and there is a preliminary OK from the Sim folks to switch student sim to Wed also.

*My thoughts (and I welcome any discussion about this, or bringing up alternatives or issues) are that:*

**NCS changes to Wednesday starting Jan 1**

**NCS resident is in charge of Critical Case discussion the following Thursday**

**NCS resident remains in charge of student workshops or sim activities that day**

**NCS resident is expected to be physically present for some time period (how long? I think 4-6 hours, but this is open for discussion) on the NCS day**

**If working on research or other duties, could be excused from this requirement in advance to work at home for part of the day**

**(FYI, amion counts an NCS as a 10-hr shift, just like any other—this is up for debate also!)**

**The remainder of time on the NCS day could be used for elective educational or admin duties—extra US experience, anesthesia practice, directed reading, etc. This needs to be arranged by the resident prior to the shift.**

**NCS resident is required to submit plans for the NCS day to us (?Cullen or me?) by the Friday prior to the NCS shift. If not submitted then... (lightning smites the offending resident—or perhaps an extra shift or make-up duty somewhere?)**

**NEW—NCS resident is responsible for student interviews/lunch/tours as needed that Wednesday, when not doing the workshop/sim activities?**

**The resident on Admin or Tox is responsible for attending the GME meeting on the 3<sup>rd</sup> Tuesday of the month at 7 AM—this would cover 7-8/12 months but leave 4-5 unattended. ?if the extra 4-5 would be uncovered, covered by the chiefs, or covered by a free second or third-year depending on schedules?**

I was going to bring this up for discussion at the ResComm meeting but we ran over. Feel free to reply to the group with your thoughts!

[Rachel Dahms, MD](#)  
*Assistant Residency Director*  
*Emergency Medicine*  
*Regions Hospital*

# Non-Clinical Shift Discussion

## **Current NCS responsibilities**

Student workshops at 12:30 OR  
Sim center student workshops at 8:00

GME meeting at 7AM, third Tuesday

?Critical case presentation for the following Wednesday  
Current seniors voted to have day-shift on conference day do Crit Case

Intermittently, UMN teaching labs for students  
?if for pay or if \$\$ goes into residency funds

+/- Anesthesia, US, other focused study (?reading)

Catch-up on paperwork, logs, scholarly activity

## **NCS problems**

Physical presence not always happening  
NCS on Tuesday may not be Day shift on Thursday for Critical Case  
?skipping conference if not working that day  
Variability of experience depending on the day  
No accountability besides student workshops

## **NCS redefinition?**

Change days to Wednesday?  
Would involve changing student workshops, sim center  
Would miss GME meetings  
May mesh with UMN labs better  
Then need to clarify \$\$ and time issues  
Keep NCS Tuesday?  
Change scheduling so NCS resident is on Days Thursday, or keep separate?  
Require physical presence? How long?  
Require plans submitted to Asst Director 1 week in advance?  
Put in portfolio

**Need to disseminate/clarify expectations for residents**

# Resident Staffing Calculations for the ED

All residents work 10 hour shifts in the Regions ED with a goal of 45 hours clinical per week.

## G1s

14.2 weeks of ED within ED-I.

This is adjusted for 2 weeks of vacation taken mostly from EMS and Ultrasthesia, 1 week from another service.

Off Service = 5.78 weeks SICU, 4 weeks Ortho, 2 weeks Cards, 2 weeks Hospitalist/etc, 4 weeks OB-GYN, 4 weeks MICU, 4 weeks Plastics, 4 weeks Mpls Kids.

29.78 weeks off-service plus 6 weeks EMS/Ultrasthesia throughout the year 35.78 weeks off-svc, plus 2 weeks vacation = 37.78 weeks total NOT in the ED

14.2 weeks in the ED, 4.5 shifts/week = 63.9 shifts per intern per year, or 639 hours each in the ED.

For all 9 residents this is **5,751 hours of ED coverage from the interns over the whole year.**

## G2s

26.44 weeks in the ED

This is adjusted for 2 weeks of vacation taken from ED months.

Off-service = 5.78 weeks in the SICU (*one G2 does 2 rounds in the SICU, but this evens out with the G3s*), 5.78 weeks SPKids (*8 hour shifts, ~31 shifts per 5.78 weeks or 40.4 days, which equals 42.9 hours per week*), 4 weeks Community, 4 weeks Tox/Admin, 4 weeks MICU. 23.56 weeks off-service plus 2 weeks vacation = 25.56 weeks total NOT in the ED

26.44 weeks in the ED, 4.5 shifts/week = 118.98 shifts per G2 per year, or 1,189.8 hours each in the ED.

For all 9 residents this is **10,708.2 hours of ED coverage from the G2s over the whole year.**

## G3s

34.22 weeks in the ED.

This is adjusted for 2 weeks vacation from the ED.

Off-service = 5.78 weeks in the SICU, 4 weeks Elective, 3 weeks Community, 1 week Peds Ansesth, 2\* weeks St Paul Kids integrated (*\*31 SPK shifts worked by each G2 = 279 shifts, leaving 86 worked by the G3s, or 9.5 shifts each over the year, which is about 2 weeks worth—it is actually 1.68 weeks based on 45 hour per week, but I used 2 for my math. In previous years SPKids has been calculated as 4 weeks in SPKids, but this doesn't match current reality.*) 15.78 weeks off-service plus 2 weeks vacation = 17.78 weeks NOT in the ED

32.44 weeks in the ED, 4.5 shifts/week = 145.98 shifts per G3 per year, or 1,459.8 hours each in the ED.

For all 9 residents this is **13,138.2 hours of ED coverage from the G3s over the whole year.**

## Total ED clinical coverage needs:

8 10 hour shifts per day

3 G3 shifts, D, E, N

3 G2 shifts, D, E, N

1 G1 shift E

1 Swing N Shift shared by G1, G2, G3

80 hours of coverage per day x 365 days = **29,200 hours of coverage needed per year.**

5751 hrs from the G1s, 10,708 hours from the G2s, and 13,138 hours from the G3s = **29,597 hours provided from the residents at 45 hours/week**

**Available staffing of 29,597 resident hours compared to 29,200 hours of minimal ED coverage leaves 397 hours excess.**

## Adjustments and other math considerations...

- **~1 NCS per week** = 10 hours per shift\* (*\*debatable*) over ~47 weeks\*\* = 470 hours from G3s.  
*\*\*Not needed when we have Thursday holidays, IME events, ITE, residency retreat, Trauma Conference, Mock orals*
- **Chief differential** = 1 shift per chief per ED month, 8 shifts per chief per year, 32 shifts per year, 320 hours total that can be subtracted from the G3 coverage.
- **JFacs** in the second half of the year.....
- **Backup** consists of 2 “10-hour shifts” per day, one for G1 and one for G2+G3. Backup covers 24 hours but is currently calculated as a 10 hour shift whether the resident is called in or not. 20 hours per day of backup coverage is 730 shifts or 7300 hours per year. Backup comes from ED and off-services both, so most of this comes from off-service
- **St Paul Kids** is covered for one 8 hour shift per day by the G2s and G3s, so 365 shifts = 2920 hours per year. G3s work 23% of the shifts, G2s work 76%.
- **Ditzel shifts** are currently counted as entire shifts.

We have some flexibility with resident **start/stop times for shifts**, as long as it doesn't affect the PA schedules. We can also address the **G2 on A concern** and whether G2s should work more on Echo. Then there is the issue of rotator and student scheduling as it relates to coverage, which is a whole topic in itself....

## Misc other scheduling issues and topics for discussion... or just mulling over...in no particular order

- Mandating **vacation** from non-ED months provides more flexibility for scheduling clinical and non-clinical duties, but decreases off-service exposure and experience.
- The coverage of **SP Kids** is a little different than previous years. This will also change if we go to 10 hour shifts there.
- This past year we eliminated G1 **off-service shifts** completely.
- **NCSs** are currently calculated as **10 hour shifts**. We may want to increase accountability or presence so this matches reality.
- **Backup shifts**, when taken from the ED, are calculated as **10 hour shifts**. Residents “get credit:” for working the shift whether they are called in or not.
- **Days “OFF”** are now added to the schedule.
- Resident-of-the-day, or **ROD shifts** could be used for admin/quality/educational purposes.
- Going to **10 interns**, keeping all other things unchanged, gives us another 63.9 ED shifts over the year, for a total of 6390 hours of coverage from all 10 over the year.
- For hours calculations, **EMS, Ultrasthesis, NCS, and backup are all 10 hour shifts**.
- Previous year’s calculation sheets have had goals of 47.25 hours/week for the G1s and 44.6 for G2s and G3s, not **45 hrs/week** across the board.
- We limited strings of shifts to 5 in a row this year, which was a change.

**Templated scheduling** has been discussed---this would have to take into account multiple tricky issues, but is definitely possible.

- Vacations from the ED are a major one, since the dates of vacations can change.
- Transitions on and off service are another, especially on rotations with eve or nights at the end or for residents who end the ED block on eves or nights.
- The balance of backup/pull taken from the ED varies depending on the # of each level of resident in the ED, plus how many residents are on backup/pull rotations (*classically Cards/Hosp, OB, Tox, Community. Also ED-I shifts on EMS, Anesth. NEVER elective, SICU, MICU, Plastics, Ortho. RARELY SP or Mpls Kids.*)
- With the current system of backup covering night, day, and eve there are limitations on shifts that can be worked before and after backup shifts.
- The schedule also has to account for ED-I needs for EMS and US day preferences, and for blocking a few Anesthesia shifts together at the beginning of the year.
- We currently try to have residents work a similar breakdown of shifts (D, E, N, swing) over the year.
- Residents like a weekend off per month but this has never been promised.
- Some residents would prefer to work 4-5 shifts in a row; some would like to only work 2-3.
- We may add shifts or nonclinical duties with Intern #10.
- And some of this past year’s block scheduling needs to be changed because we found some fat and skinny points as Aaron did the hours.
- Additionally, we may want to address maternity/paternity leaves as these effect the staffing levels—do we mandate that leaves come from non-ED time like Tox or Community or Electives and how does this affect backup/pull and ED staffing?
- Based on a few discussions, do we want to look at blocking night shifts into weeks or months at a time?.
- The schedule should always advance forward in general (days then eves then nights) but does this mean 1D, 2E, then 1N shift, or 4 D shifts then a day or two off then 3E shifts, then a few days off, then a sting of nights?
- I believe many people dislike doing a night shift, sleeping for their day “off”, then coming back onto a day shift.

## Barrett, Lori J

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**From:** Kim, Kara S  
**Sent:** Monday, June 07, 2010 8:49 PM  
**To:** Ankel, Felix K; Dahms, Rachel A; Barrett, Lori J; Anderson, Patricia K - ER; Roth, Eric B; Davidson, Katharine E; Kim, Kara S  
**Subject:** ROD Activities & Assignments

Hi everyone,

**Below is a draft list of ROD assignments and activates so far. The ROD days will be incorporated in the schedule starting July and I will ensure the ROD does not work the evening or night shift prior to their assigned day. Are there activities or meetings that I've missed? Is there anything else you would add?**

### **ROD (Resident of the Day) - Initial assignments only to Mon, Tues, and Wed:**

ROD PGY - 1 Monday (EDI Resident),

ROD PGY - 2 Tuesday (Toxicology Resident)

ROD PGY - 3 Wednesday (NCS Resident)

#### Activities for all PGY Residents:

Attend scheduled administrative meetings (Is there a current list or calendar of ongoing admin meetings available?)

Partake in additional administrative activities per Dr. Zinkel's and Dr. Ankel's determination

Work on Quality Improvement Projects

Work on Resident Projects/Scholarly Activity

Teach at UMN labs for students intermittently

Complete Addition Ultrasounds or intubation with anesthesia (if feasible)

Complete CORD tests

Complete paperwork, Duty hours, Logging procedures

Be the back up person for their class on that day

Complete CORD tests

Complete PEER 7 questions

Complete Oral Board review

Give a 5-10 minute presentation on a topic at AM sign-out (I have had mixed feedback on the AM presentations. Mostly residents and staff have said they are burned out at this time in the morning & probably would not retain the information. Should we sent out an email or survey soliciting feedback, or just make a decision one way or the other? What do you all think?)

#### Tuesday ROD

Attend 7am GME meeting Every 3rd Tuesday of the month

#### Wednesday ROD

Teach Student workshops at 12:30

Teach Simulation Center Student workshops at 8:00

Prepare Critical case for the next day (this resident will be assigned to the day shift for Thurs, so they can give a presentation)

Give Critical Case Presentation on Thursday

Prepare Licensure paperwork

I hope all is well!

-Kara