

Emergency Medicine Residency Program

DRAFT

	Lori	Pat	Ankel	Hegarty	Dahms	Taft	Zwank	Knopp	Other Respons.
APPLICANTS									
Web site update	S	S	A	R					S = BDG
Recruitment	S	S	R	A					
Information packets	S	R	I	A					
ERAS installation/updates	S	R	I						IS
Retrieve applicant files	S	R	I	A					
Track requests/applications	S	R	I	A					
Review/score applications	S	S	R	A					
INTERVIEWS									
Invite for interviews	S	S	A	R					
Develop interview schedule	S	R	A	I					
Schedule applicant	S	R	I	A					
Schedule faculty/residents	S	R	A	I					
Itineraries/feedback sheets	S	R	A	I					
Interview/rate applicants	S	S	R	A	S	S	S	S	S = other faculty
Enter feedback scores	S	R	A	I					
Rank applicants	S	S	A/R	I					
Send rank list to NRMP	S	R	A	I					
Contact matched residents	R	R	A						
Match party	S	S	A/R						
ORIENTATION									
Develop schedule for week	S	S	A			R			
ACLS	R	S	A			I			A = CRH
ATLS	S	R				A			
EHS	A	R	I			I			
ED Orientation	S	S	A			R			
Develop rotation schedule	S	S	A		R				S = chief residents
Manual	R	S	A			I			
Resident picnic	S	R	I			A			
MEDICAL STUDENTS									
Yearly schedule - U of M	R		I	A					
Outstate students	R		I	A					
Student schedule	R		I	A					
Orientation	R		I	A					
Pre-test	S		I	A					S=KPK
Ride-alongs	R		I	A					
Shift report cards	R		I	A					S=KH, KPK
Mid-rotation eval	S		I	A/R					S=KH, KPK
Final test	S	R	I	A					S=KH, KPK
Final evaluation	S		I	A/R					S=KH, KPK
Letter to Dean	S		I	A/R					
Workshops	S	S	i	A/R					
ROTATING RESIDENTS									

A=Authority/Accountability
R=Responsibility
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Yearly schedule	S	R	I				A/I		
Resident work schedule	S	S	I				A/I		R=chief residents
Orientation	S	S	I				A/I		R=chief residents
ADMINISTRATION COORD									
Resident contract	S	R	I						A=GME
Payroll	A/R	S	I						
Resident permit	A	R	I						
University of MN paperwork	A	R	I						
Scrubs/labcoats	A	R	I						
Beepers/Mailboxes/Lockers	A	R	I						
Off service notifications	A	R	I				I		
Scheduling	S	S	I		A				R=chief residents
Maintain dictations	S	R	I		A				
Society dues	A	R	I						
Chart completion	S	S	I		A				R=compliance chief
Monthly reports (proc. f/u, conf. attend)	S	A/R	I	I	I	I		I	
Mealcards	A	R							
Vacation tracking	A	S	I/R		I				
Supplies	A/R	S							
CONFERENCES									
Schedule Development	S	R	I			A			
Resident Assignments	S	R	I			A			
Staff Assignments	S	S	I			A			
Outside speaker contacts	S	S	I			A			
Case selection	S	S	I			A			R=Ed Chief Resident
Schedule updates	S	R	I			A			
Room arrangements	S	A/R	I			A			
CME requirements	S	A/R	I			A			
Evaluations	S	R	I			A			
Taping	S	S	I						A/R=BDG
Journal Club articles	S	S	I						A/R=JSH
PROGRAM APPLICATION ROTATION LIAISON									
Faculty information	S	S	A						R=KMI
Facility information	R	S	A						
Curriculum	S	S	A		R	R			
Resident information/stats	R	S	I		A				
Site visit	R	S	A						
LOU's	S	S	A						
Anesthesia	S	S	A			R			
Cardiology	S	S	A			R			
Orthopedics	S	S	A			R			

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Peds Anesthesia (AAPA)	S	S	A/R						
St. Paul Children's	S	S	A		R				
Minneapolis Children's	S	S	A			R			
Toxicology	S	S	A						R=CRH
OB	S	S	A			R			
Plastics	S	S	A			R			
SICU	S	S	A		R				
MICU	S	S	A		R				
EMS	S	S	A						R=RJF
Electives	S	S	A	R					
Selectives	S	S	A/R						
SEXUAL ASSAULT									
Protocol development	S	S	I						A/R=MEC
Resident training	S	S	I						A/R=MEC
Record review	S	S	I						A/R=MEC
ULTRASOUND									
Protocol development	S	S	I				A/R		I=PK
Training	S	S	I				A/R		I=PK
Review	S	S	I				A/R		I=PK
PROVIDER TRAINING									
ACLS	R	S	I						A=CRH
ATLS	R	S	I						
PALS/NRP	R	S	I						
TUTORIALS									
Development		S	I			A			
Schedule		A/R	I						
Track		R	I			A			
PROCEDURE LAB-1ST YEAR									
Development	I	S	I		A/R				
Schedule lab	I	A/R	I		I				I=RAD
Schedule resident	I	A/R	I		I				I=RAD
Funding	S		A/R						
PROCEDURE LAB-2ND YEAR									
Development	I		S		A/R				S=PGK/KB/KH
Schedule lab	I	A/R	I		I				
Schedule resident	I	A/R	I		I				
Funding	I		A/R						
PROCEDURE LAB-3RD YEAR									
Development	S		I		A/R				
Schedule lab	A/R		I						I=RAD
Schedule residents	A/R		I						I=RAD
Funding			A/R						
QUALITY IMPROVEMENT									

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	Lori	Pat	Ankel	Hegarty	Dahms	Taft	Zwank	Knopp	Other Respons.
QI Meetings		S	I			I			A/R=RCL
Chart reviews		R	A	I		I			A=RCL
BUDGET									
Development	S		A/R						
Monitoring	R		A						
Foundation Acct	R		A						
ORAL EXAMS									
Development	S	S	I	S	S	A/R	S		S=KI, MEC, EB
Schedule	A/R		I			I			
Notify residents/services	A/R		I			I			
Maintain record	A/R		I			I			
PROCEDURE LOG									
Development/Maintenance	A/R		A						
Resource/training	A/R	S	I						
Monthly reports		A/R	I						
INSERVICE EXAM									
Contact with ABEM	R	S	A						
Schedule Room	A/R	S	I						
Notify residents/services	A/R	S	I						
Proctor exam	A/R	S	I						
EVALUATIONS									
Gen fac evals of res q.6mo	A/R	S	I						
Composite resident evals	S	S	A	R (G3)	R (G2)	R (G1)			
Promotions committee rev	S		I	I	A/R				
Schedule resident evals	A/R		I						
Gen res evals of fac q.yr	A/R		I						
Composite faculty evals	S		A/R	I					I=KMI
Yearly program evals to residents	R		A/R						
Yearly program evals to faculty	R		A/R						
Composite program eval	S		A/R	I					
Summarize program evals	S		A/R	I					
Gen rotation evals		A/R	I						
Ann composite evals to rotations		A/R	I	I					
EKG test		S						A/R	
COMMITTEES									
Residency Committee			S	S					
Meetings/agenda/minutes	R	S	A						
Library Committee									
Meetings/agenda/minutes	S	R	I	A					
Res/Fac Meetings									
Agenda/minutes/scheduling	R	S	A						
PGY-1 Class									
Agenda/minutes/scheduling	S	R	I	I		A/R			

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PGY-2 Class									
Agenda/minutes/scheduling	R	S	I	I	A/R				
PGY-3 Class									
Agenda/minutes/scheduling	R	S	I	A/R					
GRADUATION									
Criteria	S		A/R		S				
Certificates	A/R	S	A/R						
Ceremony	R	S	A/R						
Summary letter	S		A/R						
Graduate Survey	S		A		R				
DEPARTMENTAL OPERATIONS									
Departmental policies & proced			I		A/R				R=WGC
ED Ops Liaison			I		A/R				
OTHER EDUCATION									
Simulation	S	S	I	A/R					S=JGN, EB
Faculty development			R						A=KMI, S=LM
Resident projects	S		I				A/R	A/R	
Admin Education	S		I						A/R=DZ
Resident Wellness	S		I		A/R				
Resident Remediation	S		I		A/R				
Resident Mentorship									
Advisor Selection		S	I			A/R			
Residency Retreat		S	A/R						
Annual Report	S		A/R						
International Rotations	S		A/R						

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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.