THE RESIDENCY REVIEW COMMITTEE FOR EMERGENCY MEDICINE
515 North State Street, Suite 2000 Chicago, Illinois 60654

PROGRAM INFORMATION FORM - EMERGENCY MEDICINE

ACCREDITATION INFORMATION

Date: **4/6/2012**		
Title of Program: **HealthPartners Institute for Medical Education Program**		
Address: **Regions Hospital** **640 Jackson St** **Mail Stop 11102F** **St Paul, MN 55101**		
Program Director: **Felix K. Ankel, MD**	Email: **ankel001@umn.edu**	
Program Coordinator: **Lori J. Barrett, CTAGME**	Email: **Lori.J.Barrett@HealthPartners.com**	
10 Digit ACGME Program ID# (for accredited programs): **1102621144**		
Accreditation Status: **Continued Accreditation**	Effective Date: **2/13/2009**	Number of Approved Positions: **30**
Original Accreditation Date: **8/25/1995**	Accredited Length of Training: **3 year(s)**	
Program Requires Prior GME: **NO**	Last Site Visit Date: **7/23/2008**	Cycle Length: **5.0**

The signatures of the director of the program and the designated institutional official attest to the completeness and accuracy of the information provided on these forms.

---------- Signature of Program Director (and date) ----------

Name: Felix K. Ankel, MD	Signature:	Date:

---------- Signature of Designated Institutional Official (DIO) (and date) ----------

Name: Carl A. Patow, MD, MPH	Signature:	Date:

RESIDENT DUTY HOURS

What percentage of residents will participate in patient safety programs during the current academic year? Leave blank if no residents are on duty for a specific year within the program. *

Year 1 Residents: 100%

Year 2 Residents: 100%

Year 3 Residents: 100%

What percentage of residents participate in interdisciplinary clinical quality improvement programs to improve health outcomes? Leave blank if no residents are on duty for a specific year within the program. *

Year 1 Residents: 100%

Year 2 Residents: 100%

Year 3 Residents: 100%

How often do clinical care needs (in terms of volume and/or complexity of cases) exceed residents' ability to provide appropriate and quality care? Leave blank if no residents are on duty for a specific year within the program. *

Year 1 Residents:

☐ **Extremely Often** ☐ **Very Often** ☐ **Sometimes** ☐ **Rarely** ☑ **Never**

Year 2 Residents:

☐ **Extremely Often** ☐ **Very Often** ☐ **Sometimes** ☐ **Rarely** ☑ **Never**

Year 3 Residents:

☐ **Extremely Often** ☐ **Very Often** ☐ **Sometimes** ☐ **Rarely** ☑ **Never**

Briefly describe your back up system when clinical care needs exceed the residents' ability. *

For each clinical encounter, our residents have a strong safety net of team members, including senior residents, consultants and supervising attending, who are able to provide support and coverage. The ED clinical load is not solely dependent on resident clinical load. EM residents provide care for approximately 40% of total ED volume. Our residents manage between 1.2 to 1.8 patients per hour, depending on PGY level, which is within EM standards. The majority of the rest of the patients are seen by physician assistants and attending physicians. During busy times of the year, such as the summer, extra staff attending are scheduled in our Pod D area to make sure clinical care needs do not exceed the residents' ability. Our department has a minimum of 2 attending MDs on site 24/7 to help assure that residents' clinical care demands do not exceed the residents' ability. The department head or his designee are on call to the emergency department 24/7 and available to activate a staff

MD call-in system when surge volumes exceed departmental capacity. This surge call-in system is not resident-based.

Briefly describe how clinical assignments are designed to minimize the number of transitions in patient care. *

Our residents cover the emergency department 24/7 with defined morning, evening and night transition times. Resident shift length includes a one-hour overlap between shifts to minimize hand-offs and finalize patient care and hand-offs to admitting services.

How do the program and the sponsoring institution ensure that hand-over processes facilitate both continuity of care and patient safety? Please select up to 3 mechanisms: *

- [ ] **Electronic hand-over form (a stand alone or part of an electronic medical record system)**
- [ ] **Paper hand-over form**
- [x] **Direct (in person) faculty supervision of handovers**
- [ ] **Indirect (via phone or electronic means) faculty supervision of handovers**
- [ ] **Senior Resident supervision of junior residents**
- [ ] **Hand-over education program (lecture-based)**
- [x] **Hand-over tutorial (web-based or self-directed)**
- [x] **Scheduled face-to-face handoff meetings**
- [ ] **Other (specify below)**

Only specify if Other is selected

Indicate the ways that your program educates residents to recognize the signs of fatigue and sleep deprivation. Check all that apply. *

- [x] **Didactics/Lecture**
- [ ] **Computer based learning modules**
- [ ] **Grand rounds**
- [ ] **Small group seminars or discussion**
- [ ] **Simulated patient encounters**
- [ ] **On-the-job training**
- [ ] **One-on-one experiences with faculty and attending**
- [x] **Other (specify below)**

Only specify if Other is selected

Orientation discussion

Indicate which sites have the following facilities and amenities available to residents when they are on-call. **Enter a response for each column. ***

Primary Hospital	At all Hospital-call Locations	At some Hospital-call Locations
[x] Sleeping Rooms	[ ] Sleeping Rooms	[ ] Sleeping Rooms
[x] Sleeping Rooms segregated by gender	[ ] Sleeping Rooms segregated by gender	[ ] Sleeping Rooms segregated by gender
[x] Shower/ bath	[ ] Shower/ bath	[ ] Shower/ bath
[x] Secure areas (lockers or rooms that can be locked)	[ ] Secure areas (lockers or rooms that can be locked)	[ ] Secure areas (lockers or rooms that can be locked)
[ ] 24-hour food service (cafeteria)	[ ] 24-hour food service (cafeteria)	[ ] 24-hour food service (cafeteria)
[x] 24-hour food availability (vending machines)	[ ] 24-hour food availability (vending machines)	[ ] 24-hour food availability (vending machines)
[ ] None	[ ] None	[ ] None
	[x] N/A	[x] N/A

Which of the following transportation options does the program or institution offer residents who may be too fatigued to safely return home? Check the one most frequently used option. *

- [ ] **Money for taxi**
- [ ] **Money for public transportation**
- [ ] **One-way transportation service (such as a dedicated facility bus service)**
- [ ] **Transportation service which includes option to return to the hospital or facility the next day**
- [ ] **Reliance on other staff or residents to provide transport**
- [ ] **No transport service provided**
- [x] **Other (specify below)**

Only specify if Other is selected

A call room is available 24/7 for residents who are unable to drive.

Briefly describe how the program director and faculty evaluate the resident's abilities to determine progressive authority and responsibility, conditional independence and a supervisory role in patient care. Specify the criteria, and how the process differs by year of training. *

Residency Policy on Progressive Responsibility
Purpose
Progressive responsibility is expected for each resident over the three year residency program.
Background
Each year has unique expectations and requirements. These are reflected in the educational requirements in the rotation goals and in the promotion criteria. It is expected that self-directed reading is done on a regular basis and is the responsibility of the individual resident.
Residents are encouraged to utilize their faculty advisor and other residents to assist in gaining progressive responsibility. The EM-3 year of residency will culminate with expectations of a high level of clinical case management, but in addition, will come with expectations of advanced administrative, supervisory, and education skills.
Responsibilities
PGY-3
Third year residents are in charge until June 1st at which time, the second year residents will assume the senior resident role whenever they are on duty.
The resident is responsible for the clinical and administrative direction of the department under the supervision of the attending faculty. The resident is responsible for supervising medical students and residents from other services. The resident provides assistance/direction to the EM-1 resident when able. The resident directs trauma resuscitations as per the TTA guidelines. All medical and pediatric resuscitations brought to Regions ED are also led and directed by the senior resident. Under the supervision of the attending faculty, the senior resident will be responsible for maintaining patient flow, supervising/directing paramedic calls, taking transfer calls, and handling any administrative problems that may arise during the shift.
The EM-3 assigned to the ED is responsible for obtaining the ultrasound examination and providing back-up for the second year resident in charge of the airway in all trauma activations.
The EM-3 resident is also responsible for teaching assigned medical student workshops.
PGY-2
The resident is responsible for the evaluation and treatment of all stable patients and unstable or arrested medical patients who are placed in the resuscitation area. The resident does not routinely have responsibility for supervising medical students or residents from other services. EM-2 residents will have the opportunity to consult on paramedic cases which require physician involvement. In these situations, the resident will have calls supervised by a senior resident or attending faculty. The E-2 resident handles all transfer calls in conjunction with faculty or senior resident supervision. EM-2 residents participate in pediatric and trauma resuscitations as directed by the EM-3. The EM-2 resident is in charge of airway management for all trauma activations.
The EM-2 resident is also responsible for assisting the EM-3 with the teaching assigned medical student workshops

PGY-1
The resident evaluates stable patients with no life-threatening problem under the supervision of attending faculty or PGY-3 residents. The senior emergency medicine resident may delegate procedures to the PGY-1 in unstable medical and pediatric patients. During the second half of the year, PGY-1 residents will evaluate patients with potential life-threats who are hemodynamically stable and are placed in the resuscitation area. The PGY-1 resident has no supervisory responsibilities.
Policy Last Updated: June 9, 2011

Excluding call from home, what was the LONGEST averaged number of hours on duty per week, inclusive of all in-house call and all moonlighting worked by ANY resident for the most recent 4-week period: *

72.0

Are residents at the PGY-2-level or above permitted to moonlight? *

Yes

(if yes) Under what circumstances?

Moonlighting Policy
Purpose
To outline the departmental policy on resident moonlighting.
Background
The Department of Emergency Medicine discourages residents from moonlighting. Although the residency will permit moonlighting, such activities are limited according to the following stipulations.
Responsibilities
Resident moonlighting is only permitted in the EM-2 and EM-3 years. The only exception to this is for EM-1 residents teaching for EMS or assisting with UMN workshops. It is the responsibility of the resident to obtain appropriate licensing, DEA certification, credentialing, and to ensure malpractice coverage.
Policy
Residents must abide by the following
1. Residents must have written pre-approval by the Program Director to moonlight. This must be obtained prior to scheduling any shifts, and ideally would be obtained prior to credentialing.
2. Residents must meet all residency promotion requirements to moonlight.
3. Residents must have received passing evaluations for all rotations.
4. Residents must have obtained an in-training score that would put them at or above the 25% percentile on written boards.
5. Any resident on remediation, probation or suspension is prohibited from moonlighting.
6. Residents may not moonlight more than 24 hours per month (excluding moonlighting during vacation weeks.) The total number of hours worked in any week must be <80 (moonlighting plus regular residency duties).
7. Residents may not moonlight while on leave.
8. Moonlighting may not conflict with resident responsibilities.
9. Residents must complete any moonlighting shifts at least 12 hours before they are required to work in the ED or on another service.
10. Residents must notify the Program Director on a monthly basis of any moonlighting they plan to do.
11. Residents must document moonlighting in duty hours tracking system (RMS).
12. Residents may only work in an unsupervised ED in the EM-3 year. Any exceptions to this policy must be approved by the Program Director.
13. Residents may have their moonlighting privileges revoked by the residency if their circumstances change during the course of an academic year.

Policy Last Updated: June 9, 2011

Are PGY-1 residents permitted to moonlight? *

No

(if yes) Under what circumstances?

On average, do residents have 1 full day out of 7 free from educational and clinical responsibilities? *

Yes

What was the LONGEST CONTINUOUS duty shift (in hours) worked by any PGY-1 resident during the most recent 4-week period? *

16

Excluding call from home, what was the LONGEST CONTINUOUS duty shift (in hours) worked by ANY resident at the PGY-2 level or above during the most recent 4-week period? *

24

Do residents have an adequate rest period between daily duty periods and after in-house call (appropriate for their level of training as defined by the specialty specific requirements)? *

Yes

Enter hours to all that apply: *

	Minimum hours free between duty periods	N/A	Minimum hours free after 24-hours of in-house duty	N/A
Beginners (including PGY1 residents)	**9**	☐		☑
Intermediate (as defined in the specialty specific requirements)	**9**	☐	**24**	☐
Final Years (as defined in the specialty specific requirements)	**9**	☐	**24**	☐

Provide an explanation for any instances where the hours free between duty periods are less than 8 hours:

What is the maximum number of consecutive nights of night float assigned to any resident in the program? *

0

Are PGY-1 residents assigned 24 consecutive hours of in-house call? *

No

On average, how many days per week of in-house call (excluding home call and night float) were residents at the PGY-2 level and above assigned for the most recent 4-week period? *

0.2

Briefly describe any ambulatory and non-hospital settings other than the inpatient experience the program uses in the education of residents and how experiences in those settings help prepare residents for independent practice in the specialty: *

Residents are prepared for independent practice through a variety of experiences.
Regions Hospital offers residents a full spectrum of topics in emergency medicine based on the Model of the Clinical Practice of Emergency Medicine. The core curriculum is designed to repeat itself in its entirety on an 18-month basis. As there are several modalities of learning, the didactic curriculum is set up to cover both the depth and breadth of emergency medicine through traditional as well as innovative and interactive means.
Curriculum components include:
Critical Case Conference, a favorite of residents and faculty alike, provides an interactive forum for discussion of a case of educational value. Case discussion is focused not only on the content of the eventual diagnosis, but also on the decision-making process in evaluating critically-ill patients with limited immediate data.
Core Content Lectures reinforce knowledge that is gained on clinical rotations as well as supplement the clinical experience. Lectures are given by faculty members who are experts in a core content area.
Journal Club is held on a regular basis and facilitates discussion of two or three current practice-changing articles in emergency medicine.
Joint Conferences are collaborative conferences held in conjunction with other departments such as radiology, trauma services, critical care, and internal medicine to discuss related areas of interest.
Small Group Sessions encourage interactive learning. Small group simulation days have been incorporated into the curriculum. Residents are divided into three groups and rotate through stations that may include case discussion, simulation or mini-lectures.
Our residency encourages experiences outside the typical EM core content lecture. Residents attend an annual core competencies conference sponsored by HealthPartners IME, procedural competency day in the anatomy lab at the University of Minnesota, and combined simulation experiences with HCMC residents at the University of Minnesota SimPortal. Other conferences include a hand-on splinting workshop with orthopedic surgeons, alumi day conference of case presentations and panel discussions with Regions' graduates, and a combined EM/Trauma Update co-sponsored by HCMC, North Memorial, Mayo and Regions.

The Regions Emergency Medicine Residency also prepares residents for independent practice of emergency medicine through an integrated longitudinal curriculum focused on administration, advocacy, quality, and leadership that spans three years. A foundation of this curriculum is the Resident-of-the-Day (ROD), where

residents are relieved of clinical duties to attend and evaluate administrative meetings, present 7am teaching rounds, observe and evaluate in real time high stakes healthcare delivery scenarios that occur in the ED, such as myocardial infarction and stroke.

Briefly describe residents' use of electronic medical records and how this contributes to their education and preparation for independent practice in their specialty: *

Our residents use the electronic medical record for patient care, education, and preparation of independent practice of emergency medicine. Our emergency department uses the Epic system, which is used in many hospitals where our graduates now work.