

# Emergency Medicine Residency, PLSOM, TTUHSC

## Synopsis of Residency Requirements

**To: All Emergency Medicine Residents**

**From: Radosveta Wells, MD**  
**Residency Program Director**

**Date: May, 2022**

---

### **Important links to mandatory rules/regulations/policies:**

1. TTUHSC GME policies and procedures:

[http://elpaso.ttuhs.edu/som/gme/policies\\_procedures.aspx](http://elpaso.ttuhs.edu/som/gme/policies_procedures.aspx)

The TTUHSC Department of EM policies and procedures (fatigue, travel, conference attendance, vacation/sick leave, AEO, promotion) are provided separately in the Resident Handbook.

2. ACGME Program requirements:

<http://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements>

3. ACGME required EM procedures:

[https://www.acgme.org/Portals/0/PFAssets/ProgramResources/EM\\_Key\\_Index\\_Procedure\\_Minimums\\_103117.pdf?ver=2017-11-10-130003-693](https://www.acgme.org/Portals/0/PFAssets/ProgramResources/EM_Key_Index_Procedure_Minimums_103117.pdf?ver=2017-11-10-130003-693)

4. ABEM Milestone Project:

<https://www.acgme.org/Portals/0/PDFs/Milestones/EmergencyMedicineMilestones2.0.pdf?ver=2021-02-24-104718-043>

5. EM Model:

[https://www.abem.org/public/docs/default-source/default-document-library/2016-em-model-website-document.pdf?sfvrsn=8b98c9f4\\_6](https://www.abem.org/public/docs/default-source/default-document-library/2016-em-model-website-document.pdf?sfvrsn=8b98c9f4_6)

Paper version of all the above documents is available at the EM Residency coordinator office.

### **Discipline:**

Because ACGME and RRC demands for increased oversight and professional requirements, the following process for disciplinary action will be implemented.

Mandatory duties that are out of compliance will be linked to the following TTUHSC EM Residency Program disciplinary process and will be placed in the resident's respective educational file:

- ✓ 1<sup>st</sup> Incident: Notice of Concern
- ✓ 2<sup>nd</sup> Incident: Observation
- ✓ 3<sup>rd</sup> Incident: Probation- *for review and approval by the Clinical Competency Committee (CCC) and PDs*
- ✓ 4<sup>th</sup> Incident: Dismissal from the program – *for review and approval by the CCC and PDs.*

Every disciplinary action will be notified to the individual and to the other entities such as the GME office or Texas State Board of Medical Examiners (TMB) as applicable. Any 2<sup>nd</sup> through 4<sup>th</sup> Incidents will be accompanied by the PLFSOM Disciplinary Form, the Performance Deficiency Alert and Review form (PDAR) to show the appropriate core competencies that are noncompliant and/or deficient. If a violation is related to sub-standard performance on any of the six competencies or EM Milestones, the case/ incident will be referred to the PD(s) and/or Clinical Competency Committee for review and approval as well.

**The following table** lists most activities of the residency and will serve as reference. Any questions regarding what is required or the priority of the activity can be directed to the Chief Residents and /or the Program Director (PD)/Associate Program Directors (APDs).

1. Evaluations	Submit within 72 hours to appropriate attending
2. Duty hours	Data entry by end of month – all ICU rotations
3. Journal Club (JC)	Required 75% attendance
4. JC presentation	Present JC topic on Tox (PYG1) and US (PGY2) rotations
5. Thursday didactics	Required 70% attendance per ACGME, including wellness days
6. In-training Exam	End of February - beginning of March
7. Thursday Sims	Assigned sim activities per month – don't be late, see the schedule
8. Thursday Oral Exams	Assigned oral exam activities per month
9. EMS ride outs	On Tox/US; assigned shifts per FMS & Liz
10. EMS Activities: Med Control Calls/Sheets	Required to do 5 proctored EMS calls while in ED during PGY1; ongoing EMS calls PGY2/3
11. ATLS	PGY1
12. ACLS	Required to keep updated during residency
13. PALS	Required to keep updated during residency
14. ACLS instructor course	(Optional) Expected to teach ACLS/PALS/AWLS?ATLS courses
15. Patient Follow-ups	Ten follow-ups for 3 years – in MyEvaluations
16. Trauma Conference	1 <sup>st</sup> and 3 <sup>rd</sup> Thursday at 0700. Must attend 70%
17. Committee	Must show consistent participation in at least one committee or meet all administrative meeting requirements (see below)
18. PI Project	Select a PI project by the end PGY2; must be approved by the appropriate faculty (educ./EMS/Tox/Research/Admin/Sim, etc.); to be completed by the end of April of PGY3. Not required for Chiefs
19. Scholarly Activity	Must select scholarly project by Jan PGY1 year; must be approved by Dr. Watts; brief presentation: November of PGY2; present final project in April of PGY3; complete project prior to graduation
20. Administration (Also refer to the Admin Rotation Syllabus)	EM residents will engage in the following activities: <ul style="list-style-type: none"> <li>• PGY1: <ul style="list-style-type: none"> <li>○ Attend one UMC Nurse Staff meeting</li> <li>○ UMC ED nurse shadowing <ul style="list-style-type: none"> <li>▪ Two hours – shadow patient care RN</li> <li>▪ Two hours – shadow Charge Nurse</li> </ul> </li> </ul> </li> <li>• PGY2 <ul style="list-style-type: none"> <li>○ Attend one UMC Nurse Staff meeting</li> <li>○ Attend one faculty Meeting or one Disaster Com. meeting</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• PGY3 <ul style="list-style-type: none"> <li>○ Attend meetings according to the Admin Rotation Syllabus (chiefs residents exempt from meetings)</li> </ul> </li> <li>• PGY1-PGY3: as applicable, participate in resolution of Patient-Related Occurrences (PROs), quality management referrals, patient complaints, and Root Cause Analyses (RCAs) for encounters in which they were involved.</li> </ul>
21. Travel (conferences)	In PGY3 may attend conferences (ACEP, SAEM, CORD, etc.) ; additional conference to present research, if manuscript in progress: 1) must get approval by PD and Chair; 2) must follow TTUHSC travel policies/procedures
22. Elective (local or out-of-town)	<ol style="list-style-type: none"> <li>1) Must get approval by PD</li> <li>2) Follow GME and DEM policies for out-of-town policies</li> <li>3) Start securing elective rotation 6 months in advance</li> </ol>
23. ED “Transitions of Care”	<ol style="list-style-type: none"> <li>1) SBAR /PSYCH SBAR at shift checkout at 6:45 am and 6:45 pm (variable for AEO) with all residents /faculty</li> <li>2) PGY1s are not allowed to accept handoffs until given permission by PD (usually 4<sup>th</sup> ED month of PGY1)</li> <li>3) SBAR in the EHR from both providers</li> <li>4) Should include all pertinent and updated information</li> </ol>
24. Consultant “Transition of Care”	<ol style="list-style-type: none"> <li>1) Must have approval of supervising faculty to do consult;</li> <li>2) Must give pertinent info via SBAR</li> <li>3) Must document reason for consult, consult service/provider, time of consultation and place consult order in EHR</li> </ol>
25. HER	<ol style="list-style-type: none"> <li>1) Timely completion - by 24 hours;</li> <li>2) Must sign verbal orders at beginning and end of shift but within 96 hours</li> <li>3) Must record EKG &amp; lab findings, ED interpretation of radiographic findings, MDM, diagnosis and disposition</li> <li>4) Must document who supervised procedures</li> <li>5) Must send to appropriate faculty</li> </ol>
26. AEO/WCE teaching	<ol style="list-style-type: none"> <li>1) Must be in good standing in the residency – see policy</li> <li>2) Must not exceed work duty hours for EM</li> </ol>
27. Procedural Logs	Send to the appropriate attending in MyEvaluations within 2 weeks, follow DEM policy
28. Procedures	<p>Minimum numbers for each index procedure prior to graduation:</p> <p>Adult medical resuscitation 45  Adult trauma resuscitation 35  Cardiac pacing 6  Central venous access 20  Chest tubes 10  Cricothyrotomy 3</p>

EM RRC Guidelines:	<p>Dislocation reduction 10  Emergency department bedside ultrasound 150  Intubations 35  Lumbar puncture 15  Pediatric medical resuscitation 15  Pediatric trauma resuscitation 10  Pericardiocentesis 3  Procedural sedation 15  Vaginal delivery 10</p> <p>No more than 30 % of required procedures performed in simulated settings can count toward the requirements, with the exception of rare procedures, namely pericardiocentesis, cardiac pacing, and cricothyrotomy: 100% of these may be performed in the lab.</p>
29. Airway/Cadaver lab (over the 3 years)	Required above our mandatory attendance of 75% given complexity of this type of training to show progression from PGY1 to PGY3
30. EKG exam	End of PGY1
31. Semi-annual evals	Must meet with PD/APDs biannually; meet with advisors quarterly
32. TTUHSC training sessions	Timely completion of these trainings to include e.g. billing and compliance, sexual harassment, safety modules, etc.
33. USMLE Step 3	Must pass USMLE 3/COMLEX 3 before promotion from PGY2 to PGY3 – results must be back before February of PGY2
34. Didactics	Give 2 lectures/year. Complete monthly asynchronous assignments
35. Disaster drill	Must participate in at least one
36. Teaching Responsibilities: Medical Students	A must for PGY2 and PGY3; PGY1 on Orthopedics rotation - give an orthopedic lecture, and on Toxicology – a toxicology lecture; PGY2 on US - US lecture. Teach on task trainers as assigned.

**Definition of RESUSCITATION:**

A major resuscitation is patient care for which prolonged physician attention is needed and interventions such as defibrillation, cardiac pacing, treatment of shock, intravenous use of drugs (e.g. Thrombolytics, vasopressors, neuromuscular blocking agents), or invasive procedures (e.g. cut downs, central line or arterial line insertion, tube thoracostomy, endotracheal intubation) are necessary for stabilization and treatment.