

Educational Goals

Vision: To be a premier training program in emergency medicine and inspire residents to make a positive difference in the lives of their patients, the organizations to which they belong, their communities, and beyond.

Mission Statement: Our mission is to train residents, in a supportive environment, to practice emergency medicine, clinically and academically, at the highest level while maintaining the highest standards of ethical, humanistic, and professional behavior.

The emergency medicine residency at Orlando Regional Medical Center is a comprehensive three-year training program designed to allow its residents to demonstrate sufficient professional ability to practice emergency medicine competently and independently.

During the three years of post-graduate training, the emergency medicine resident should become progressively accomplished in mastering the core competencies in the practice of emergency medicine. By graduation, all emergency medicine trainees should be able to provide complete, effective, and compassionate emergency medical care to the entire gamut of patients presenting to an emergency department with the complete spectrum of acute illnesses and injuries. These emergency medicine residents will develop progressive improvement in clinical skills and increasing abilities to manage a substantial number of patients simultaneously, with developed expertise to efficiently make clinical decisions and appropriate patients dispositions. Further, the trainees will be provided with the skills to develop their career through scholarly activity, research, and lifelong learning of evidence-based medicine. This will allow them to become leaders at the local, regional, state, national, and international levels in clinical and academic settings. All Orlando Regional Medical Center emergency medicine residency graduates will be eligible to take and expected to pass the Certifying Written and Oral Examinations given by the American Board of Emergency Medicine.

Summary Goals:

Year One: "Quality": Develop the fundamental skills of the practice of emergency medicine that includes but not limited to:

1. Perform an appropriate focused history and physical exam
2. Demonstrate an appropriate differential diagnosis
3. Develop and carry out basic treatment plans through admission or discharge

Year Two: "Quality and Quantity": Develop skills in efficiency that includes but not limited to above plus:

1. Develop proficiency in multi-tasking
2. Develop and institute more advanced treatment plans
3. Develop and hone resuscitation skills

Year Three: "Clinical Competence": Develop skills in ED management and clinical competence that includes but not limited to above plus:

1. Acquire necessary administrative skills
2. Demonstrate supervisory and teaching skills
3. Demonstrate overall clinical competence in the practice of emergency medicine

Core Competency Goals:

Our overall program goal is that each resident obtain competence in the six areas listed below to the level expected of a new program graduate practitioner. In addition to the expectations listed below, residents are expected to comply with the Orlando Health Code of Conduct (<http://swift/default.cfm>).

ACGME Core Competencies

PATIENT CARE

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- Gather essential and accurate information about their patients
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- Develop and carry out patient management plans
- Counsel and educate patients and their families
- Use information technology to support patient care decisions and patient education
- Perform competently all medical and invasive procedures considered essential for the area of practice
- Provide health care services aimed at preventing health problems or maintaining health
- Work with health care professionals, including those from other disciplines to provide patient-focused care

MEDICAL KNOWLEDGE

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:

- Demonstrate an investigatory and analytic thinking approach to clinical situations
- Know and apply the basic and clinically supportive sciences which are appropriate to their discipline

PRACTICE-BASED LEARNING AND IMPROVEMENT

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- Analyze practice experience and perform practice-based improvement activities using a systematic methodology
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- Obtain and use information about their own population of patients and the larger population from which their patients are drawn
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- Use information technology to manage information, access on-line medical information; and support their own education
- Facilitate the learning of students and other health care professionals

INTERPERSONAL AND COMMUNICATION SKILLS

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:

- Create and sustain a therapeutic and ethically sound relationship with patients
- Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- Work effectively with others as a member or leader of a health care team or other professional group

PROFESSIONALISM

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

SYSTEMS-BASED PRACTICE

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- Practice cost-effective health care and resource allocation that does not compromise quality of care
- Advocate for quality patient care and assist patients in dealing with system complexities
- Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

1. **General Objectives**

Objectives by year of resident and objectives for each type of clinical rotation are detailed.

A. **PGY-1**

The general objective for the PGY-1 year is for the resident to gain familiarity with emergency medicine as a specialty and to comprehend the role of emergency medicine within the hospital and within the community it serves.

Residents are expected to develop basic diagnostic skills in the major disciplines of emergency medicine, surgery, internal medicine, pediatrics, obstetric and gynecology and orthopedics. These basic skills include performing a detailed history and physical examination, the collection of appropriate cost effective laboratory data and radiographs, the performance of appropriate procedures and the formulation of relevant differential diagnosis and treatment plans. By the end of the PGY-1 year, the resident should be able to teach these basic skills and supervise medical students and junior level residents. During this year, residents will receive instruction in the Core Curriculum of emergency medicine. Residents will learn how to perform important invasive procedures under the direct supervision of the attending staff and senior residents. During this year, residents will achieve certification in BCLS, ACLS, ATLS and PALS. Residents will become involved in the teaching of emergency medicine by giving a minimum of two lectures to their fellow emergency medicine residents and attendings. Additionally, residents are expected to think about or initiate their research/scholarly project.

B. **PGY-2**

The general objectives of the PGY-2 year are to develop advanced clinical skills in the evaluation of patients and to develop basic skills in the role of the supervising resident. The resident at this level of training should be able to provide primary care for most emergency patients. The resident should gain a working knowledge of EMS operations and medical direction. The resident should develop skills relating to the resuscitation and management of severely traumatized and critically ill patients. The resident at this level of training should be able to perform invasive procedures including endotracheal intubation, percutaneous central venous access, saphenous vein cutdown, tube thoracostomy, simple and complicated wound care, diagnostic peritoneal lavage, lumbar puncture and arthrocentesis without direct supervision. At this level, the resident should achieve certification as an instructor in ACLS, APLS or ATLS, as well as provide comprehensive high-quality evidence based lectures to their colleagues. Residents are expected to continue work on their research projects and begin abstract preparation for submission to a national conference.

C. **PGY-3**

The general objectives of the PGY-3 year resident are to develop advanced critical skills and to master diagnostic and therapeutic skills that they have learned during the first two years. Additionally, the resident should develop fully

the skills of on-line medical supervision in the Emergency Department. In the role as PGY-3 resident he is clearly identified as the clinical “shift coordinator” responsible for the overall flow of patients through the department. The senior resident in the emergency department fields phone calls from the medical staff and from other institutions wishing to transfer patients. He/she is apprised of all pre-hospital communications and directs all pre-hospital care. During this year the resident will become involved with teaching junior level residents, medical students, nursing staff and EMS. The resident will achieve an understanding of the economics of emergency medicine with specific attention directed in developing management skills. The PGY-3 resident is expected to solidify the awareness and responsiveness to the larger context and system of healthcare, and the ability to effectively manage system resources to provide optimal patient care. Residents at this level are expected to complete their scholarly project prior to completion of the program.

2. **Specific Goals and Objectives**

NOTE: Measurable competency objectives for each year of training are contained in Attachment I.

Attachment II. Contains common measurable competency-based objectives for all PG years in the program.

Attachment III: Describes the process of remediation of deficiencies.

Attachment IV: Summarizes how the competency objectives for each PG year will be assessed.

Attachment V: Contains the Model of the Clinical Practice of Emergency Medicine and this serves as our program model core curriculum.

- A. The program is designed to train competent, mature and respected physicians capable of efficiently recognizing, resuscitating, stabilizing, evaluating and caring for acutely ill or injured patients of all ages.
- B. The program will train residents to recognize the priorities for evaluation and treatment of multiple emergency department patients with different complaints and needs.
- C. The program will train residents to identify those patients requiring emergent consultation with other specialists. Residents will also become trained in arranging for appropriate follow-up care and referral for patients seen in the emergency department as is required by their clinical condition.
- D. The program is designed to train physicians capable and experienced in the management of pre-hospital care of acutely ill or injured patients. In addition, residents will have exposure to the administrative structure of emergency medical services through a close association with the Medical Director of the Orange County EMS system.

- E. The program is designed to provide resident physicians with a full understanding of the emergency medical service system including how the system is managed and how quality assurance in the pre-hospital care setting can be achieved.
- F. The program is designed to instruct the residents in the administration and teaching of emergency medicine. In addition, residents will be trained to understand research methodologies in emergency medicine and how to apply them, both through critical reading and review of research articles and through practical experience with departmental research and scholarly activities.
- G. The program is designed to teach residents an understanding of basic research methodologies, statistical analysis, and critical analysis of current medical literature.
- H. The program is designed to establish and maintain an environment of inquiry and scholarship.
- I. The program is designed to teach residents about the practical aspects of the economics, as well as contractual arrangements of the practice of emergency medicine. In addition, the appropriate interaction between the emergency medicine physician and his professional colleagues on the medical staff is emphasized. The role of the emergency medicine physician on the medical staff, the importance of involvement in medical staff activities and how medical staff committee structure functions is stressed.
- J. The program is designed to emphasize humanism in medicine such that the ethical issues regarding physician-patient interaction, especially as it relates to emergency medicine, is understood.
- K. The program is designed to instruct the residents in the importance of the medical record as a legal document and a risk management tool.
- L. The program is designed to give residents experience in teaching emergency medicine to fellow residents, attending physicians, nurses as well as to medical students and as such is committed to accepting students from the University of Florida, University of South Florida, Florida State University and other LCGME accredited universities for elective rotations in the department.
- M. The program is designed to facilitate the efficient use of various information resources and apply evidence-based medicine to continually update the resident's clinical practice.
- N. The program is designed to teach residents how to effectively communicate with patients, families and other health care professionals, with appropriate feedback to make communications even more effective.
- O. The program is designed to teach utilization of local and community resources to address public health issues such as domestic violence, substance abuse and homelessness, and teach about violence prevention.

- P. The program is designed to demonstrate the fundamental qualities of professionalism, and to feedback on any activities not viewed as entirely professional.
- Q. The program is designed to demonstrate how optimal patient care is provided in the context of the entire health care delivery system by effectively and thoughtfully using available system resources to support the best care possible for patients.
- R. The program is designed to instruct residents in how to provide appropriate patient education about their medical illnesses and injuries, while teaching methods of injury and illness prevention.
- S. The program is designed to allow residents to demonstrate competency in all six of the core competencies (Patient Care, Medical Knowledge, Practice-based Learning and Improvement, Interpersonal and Communication Skills, Professionalism and Systems-based practice).
- T. The program is designed to teach an evidence-based emergency medicine approach.
- U. The program is designed to teach the essentials of the clinical applications of bedside ultrasonography.
- V. The program is designed to utilize high fidelity simulation as an adjunct to the educational curriculum.
- W. The program is designed to instruct residents in the basic principles of emergency toxicology.

3. **Course of Study**

The curriculum for emergency medicine residents will be divided into three major components. These parts are (1) clinical experience, (2) didactic and other instructional modalities, and (3) research.

The clinical experience is a comprehensively planned thirty-six (36) month curriculum that includes clinical experiences in a variety of off-service rotations outside of the emergency department as well as extensive periods of time spent within the emergency department itself.

The clinical experience is designed to give residents meaningful and graduated responsibility for patient care commensurate with their capabilities and growth. By working alongside and under the direct supervision of a competent and enthusiastic group of dedicated emergency medicine faculty, the resident learns by case based bedside teaching and by role modeling. The faculty takes great pride in experiencing the satisfaction of helping young, newly graduated physicians blossom into fully independent practitioners of emergency medicine under their guidance. The close working relationship with the faculty provides the foundation for the resident's clinical experience. In addition, the socio-economically diverse patient population, which is of wide age range and high acuity, provide the clinical material from which the resident derives his clinical experience.

The department feels strongly, that follow-up information on cases seen in the ED is essential for the development of the resident's clinical judgment. The department has several mechanisms to ensure this follow-up information is obtained.

- A. Wounds repaired in the ED and abscesses drained are routinely rechecked in the department in 24-48 hours. Residents schedule patients to return during their own scheduled shift when possible. Suture removals after wound rechecks are scheduled in similar fashion.
- B. The program is designed to allow the resident to understand and apply the principles of continuous quality improvement to patient care
- C. The program shall emphasize effective medical resource utilization, while ensuring appropriate patient confidentiality
- D. Patients with uncommon clinical problems requiring follow-up care are frequently seen once in follow-up by the resident.
- E. Patients admitted to the hospital who have interesting or unusual presentations are kept track of by the resident admitting them by communicating with emergency medicine residents assigned to that admitting service. The teaching resident stays abreast of interesting cases and presents them at M&M, Q&A and case conferences. In addition the present patient management software (Swift MD[®]) is designed to facilitate follow-up on all admitted patients.

The department takes a strong position that the didactic component of the program is of paramount importance for the resident's educational development. Residents are required to attend all of the conference hours and are relieved of any patient care responsibilities within the department of emergency medicine during conference hours such that their attendance may be accomplished. The attending faculty staff provides patient care in the department during the conference hours, which are restricted to the early morning hours when patient census is more manageable. Residents who are on off-service rotations are required to attend emergency medicine conferences as their patient care responsibilities on those other services allow. The program director has communicated with all of the Chief Residents and Program Directors of the off-service rotations such that they are fully cognizant of the need for the emergency medicine residents to attend emergency medicine conference even while assigned out of the department. The emergency medicine residents are encouraged to come to the hospital early enough such that they can complete their patient care responsibilities prior to the emergency medicine conference and can still attend teaching rounds on the various other services at the end of the conference session. The faculty are expected to attend and meaningfully participate in all planned educational experiences. It is the department's philosophy that faculty attendance at conference enhances the quality of the conference by providing a large clinical perspective on almost any topic being discussed. In addition, this is particularly emphasized during the case based conferencing formats of morbidity and mortality, quality assurance conference and case presentation conferences.

The faculty teach approximately one-half of the straight didactic conferences. Residents in the PGY-1, PGY-2 and PGY-3 years prepare two to four didactic conferences each for presentation at departmental conference meetings. The department feels strongly that by having near full attendance at conferences the quality of the conferencing is

dramatically enhanced in that residents and faculty are cognizant of the fact that the entire department will be assembled to hear their presentation and, therefore, the presentations reflect the serious effort that is expended in preparing them.

The department has an active research program. The department feels strongly, philosophically, that many important issues involved in clinical care of the emergency medicine patient can be effectively studied through clinical research projects accomplished within the department of emergency medicine in the community hospital setting. Questions regarding patient care issues that arise during case conferences and didactic conferences, as well as during journal club, are attacked from the perspective of the clinician researcher. In this way, the residents are stimulated to formulate important clinical questions to be answered in the specialty of emergency medicine. Residents are then encouraged with the help of faculty guidance to develop these questions into clinical research efforts. A combination of retrospective studies to evaluate our past experience as well as prospective studies to test new hypotheses are encouraged and developed. The program director has created a research committee within the department of emergency medicine for the purpose of assisting investigators in bringing their projects to fruition without disrupting the care of patients in the department. Nursing staff as well as teaching faculty and the department director sit on the research committee. Projects involving prospective clinical trials within the department are presented to the department research committee prior to their being submitted to the Institutional Review Board (IRB) for approval. Following IRB approval the project is again presented at research committee to facilitate implementation of the project.

Research skills are taught via a variety of formats. Didactic lectures about research study design and statistical methods are incorporated into the core curriculum. In addition to didactic lectures regarding research methodologies, study design, formats and statistical analysis issues presented at conference, the journal club is largely devoted to clinically analyzing the published literature as it relates to these research methodological issues. In addition, the validity of the author's conclusions vis a vis the research design and data presented are analyzed critically. The resident gains further experience in these methodologies by working with faculty preceptors in designing and implementing their own research project during their second and third year. Prior to completing the program, each resident is required to have participated in some scholarly research activity and prepare a manuscript related to the project. The resident may choose to perform a retrospective project with faculty preceptor, or prepare a case report, a review article or a book chapter and review of the literature type manuscript for submission to the program director. All of these activities are designed to result in presentation at scientific meetings and/or publication in peer-reviewed journals.

Year One

I. Clinical Components

A. Goals

1. The PGY-1 resident in emergency medicine spends a total four months in the emergency department on the clinical service. During these four months he/she is intended to gain familiarity with emergency medicine as a specialty. Residents will comprehend the role of emergency medicine physician in the hospital and community it serves. In addition, the resident will learn the emergency medicine approach to patient assessments and intervention. With close faculty supervision the first year resident will begin to develop his clinical assessment tools including the use of a directed history, a through yet directed physical examination and the appropriate and judicious use of the laboratory and radiographic diagnostic services. In addition, the first year resident will begin to learn to master the clinical procedures performed by emergency medicine physicians.
2. The resident will begin to develop basic diagnostic and therapeutic skills in the major disciplines of medicine including surgery, internal medicine, pediatrics, obstetrics and gynecology, and orthopedics.
3. The resident will begin to develop an understanding of the clinical applications of bedside ultrasonography.
4. To develop clinical experience and manual skills in anesthesia.

B. Methods for Achieving Goals

1. During the first month of emergency medicine each resident will receive an orientation period with the department organized by the faculty. This will consist of approximately 40 hours of lectures given only to the PGY-1 residents by mainly core emergency department faculty, focused on providing a strong knowledge base as well as clinical understanding of basic emergency medicine. In addition, the faculty will directly supervise PGY-1 residents and spend additional effort and time with these residents such that they may develop good habits and a strong foundation in their approach to emergency medicine.
2. While on off-service rotations, the resident joins a traditional residency housestaff team in which he/she functions as an integral part of that team in their work and teaching rounds. Qualified board certified faculty from those departments supervise residents on these other services. In addition, the senior residents in the programs of those other services supervise them. The off-service rotations for the PG I year will include trauma/surgery, medicine, anesthesia/ultrasound, orthopaedics, obstetrics and pediatrics.
3. Attendance at the ongoing emergency department conference program and conference offered by other departments. In addition, the PGY-1 resident will present two didactic sessions as part of the department's conference schedule. This will involve thoroughly researching a clinically important topic, preparing a comprehensive handout reviewing the topic

and bibliography and making slides to aid in the presentation. Faculty preceptors insure the quality of this endeavor.

C. Evaluation

1. Daily feedback by supervising emergency medicine faculty.
2. Direct observation of patient care by faculty.
3. Formal written evaluation at end of rotation by emergency medicine faculty.
4. Written evaluation of rotation by EM resident for off-service rotations.
5. Formal testing on annual ABEM in-service exam and departmental quizzes on topics addressed on rotation and didactics.
6. Annual curriculum review by program director, faculty and residents.

II. Didactic Component

A. Goals

1. To receive instruction in a “core” of emergency medicine topics, such that the resident will be able to have an understanding of the critical, clinical presentations such as chest pain, acute myocardial infarction, dyspnea, coma, shock, gastrointestinal hemorrhage, trauma, pediatric emergencies, fever, seizures, diabetic ketoacidosis, wounds, etc.
2. To learn and reinforce performance of important invasive emergency medicine procedures.
3. To receive instruction in the major disciplines on off-service rotations.
4. To achieve certification in basic cardiac life support, advanced cardiac life support, pediatric advanced life support and advanced trauma life support.
5. Become exposed to a nationally recognized faculty in emergency medicine.

III. Research

A. Goals

1. Attendance at didactic conferences.
2. With faculty supervision, PGY-1 residents will participate in the department’s ongoing prospective clinical research projects by entering patients into these IRB approved clinical trials.
3. Gain an appreciation for the components of participating in a scholarly project.
4. Initiate consideration for completion of the scholarly project requirement.
5. To develop an understanding of evidence-based emergency medicine.

Year Two

I. Clinical Component

A. Goals

1. To continue mastering and expanding the clinical techniques of emergency medicine, including cardio-pulmonary resuscitation and advanced life support, EMS medical control, and the care of the acutely ill or injured patient.
2. To learn diagnostic and management skills in the critical care unit including the use of mechanical ventilators, hemodynamic monitoring devices and techniques of nutritional support.
3. To develop diagnostic and management skills in the pediatric intensive care unit including ventilator management, hemodynamic monitoring, and nutritional support of the seriously ill pediatric patient.
4. To develop an improved understanding of the organizational structure as well as functional mechanisms of pre-hospital care.
5. To develop advanced skills at bedside ultrasonography.
6. To gain clinical experience and skills relating to the ultrasound and its role in emergency medical care.
7. To develop a better understanding of the complex surgical patient as well as diagnostic and management skills in the surgical intensive care unit, including surgical tracheostomy, ventilator management, hemodynamic monitoring and nutritional support of the seriously ill surgical patient.
8. To begin participating in the clinical teaching of medical students and rotating PGY-1 residents.

B. Methods of Achieving Goals

1. Six months of clinical experience in the emergency department.
2. Medical critical care rotations.
3. Pediatric intensive care unit rotation.
4. Surgical intensive care unit rotation.
5. Emergency Medical Services System rotation
6. One month of elective time.
7. Resident or medical student assigned to the emergency medicine resident.

C. Evaluation

1. Daily feedback by supervising emergency faculty.
2. Direct observation of patient care by faculty.
3. Formal written evaluation at end of rotation by emergency medicine faculty.
4. Written evaluation of rotation by EM resident for off-service rotations.
5. Formal testing on annual ABEM in-service exam and departmental quizzes on topics addressed on rotation and didactics.
6. Annual curriculum review by program director, faculty and residents.

II. Didactic Instructional Components

A. Goals

1. To reinstruct in a “core” of emergency medicine topics.
2. To reinforce the performance of important invasive procedures.
3. To develop didactic teaching skills.
4. To have contact with and receive instruction from nationally recognized faculty members in emergency medicine.

B. Methods of Achieving Goals

1. Re-orientation month (July) in the department.
2. On-line clinical experience and faculty instruction in the department and animal laboratory.
3. Attendance at the ongoing emergency medicine department conference program and conferences offered by other departments. In addition, the PGY-2 resident will present four didactic sessions as part of this department’s conference schedule. This will involve thoroughly researching a clinically important topic, preparing a comprehensive handout reviewing the topic and bibliography and making slides to aid in the presentation. Faculty preceptors insure the quality of this endeavor. In addition, PGY-2 residents are called on from time to time to present cases at case conference as assigned.

III. Research Component

A. Goals

1. To understand the unique research opportunity and methodologies available in the field of emergency medicine.
2. To develop a discriminating and analytical approach to review of the medical literature.
3. To choose and complete a present scholarly project involving the emergency medicine literature (or begin a clinical or basic project and continue work on it during the PGY-3 year)
4. To learn the skill of formal presentation of a scientific topic to a group.
5. To develop a more in-depth approach to evidence-based emergency medicine.

B. Methods of Achieving Goals

1. Monthly journal club during which the residents of all levels are required to present an analytic review of selected current literature topics.
2. Discussions with individual supervision by the program director and other faculty involved in research projects along with independent work and study.
3. To learn the skill of entering clinical patients into prospective clinical trials.

Year Three

I. Clinical Component

A. Goals

1. To continue mastering and expanding the clinical objectives begun during the first two years.
2. To develop fully the skills of on-line medical supervision in the emergency department.
3. To continue learning efficiency in the diagnostic and therapeutic approach to multiple simultaneous patients.
4. To function as the clinical administrative leader of the department, taking responsibility for patient flow and other administrative problems involved in clinical operation of the department.
5. To gain team leadership experience in resuscitation of the severely traumatized patient.
6. To become fully capable of directing the pre-hospital care of patients being transported by both ground and air advanced life support units. Further, the PGY-3 will gain insight into the operational aspects of the EMS system.
7. To participate in the departmental quality assurance program.
8. To demonstrate competency in bedside ultrasonography.

B. Methods of Achieving Goals

1. Same as discussed for the PGY-2 methods of achieving.
2. Assumption of greater clinical responsibility and more independence in diagnostic/therapeutic decisions.
3. The PGY-3 medical emergency medicine resident is clearly identified by the nursing staff and attending clinicians as the administrative leader of the shift. In this capacity, he is called upon to be responsible to see the critically ill and injured patients upon presentation at the department. He is apprised of all pre-hospital communications with the department and is in charge of interacting and directing pre-hospital care.
4. The PGY-3 resident also is responsible for the management of the overall flow of the department and keeps in constant communication with the charge nurse in this regard. In this capacity, the PGY-3 resident may make patient assignments to all other physician personnel in the department including the attending physicians.
5. The senior emergency medicine resident is the first responder for all multiple trauma patients seen in the emergency department. He/She is assigned to the head of the trauma patient and manages the airway and in conjunction with the senior surgical resident on the trauma team, makes decisions regarding the timing of diagnostic and therapeutic procedures in the multiple injured patient. When simultaneous patients who have separate multiple traumatic injuries arrive in the department simultaneously, the PGY-3 emergency medicine resident runs one resuscitation while the senior surgical resident runs the other. In addition, the senior emergency medicine resident will serve as the point of initial evaluation for all "alert" patients, i.e. STEMI and stroke.

6. Assignments are given to PGY-3 residents by a departmental Q/A coordinator.
7. Participation as a formal “teaching resident” of medical students.

C. Evaluation

1. Daily feedback by supervising emergency faculty.
2. Direct observation of patient care by faculty.
3. Formal written evaluation at end of rotation by emergency medicine faculty.
4. Written evaluation of rotation by EM resident for off-service rotations.
5. Formal testing on annual ABEM in-service exam and departmental quizzes on topics addressed on rotation and didactics.
6. Annual curriculum review by program director, faculty and residents.

II. Didactic/Instructional Component

A. Goals

1. To continue to build on the previously outlined objective for PGY-2 didactic/instructional component.
2. To fine-tune the skills of didactic presentation.
3. To become certified as an ACLS instructor.
4. To become certified as an ATLS instructor.
5. To develop leadership skills in scholarly activities within the department.

B. Methods of Achieving Goals

1. Same as discussed for PGY-2 methods of achieving.
2. Teaching resident rotation plus each PGY-3 resident performs four formal didactic lectures in the ongoing departmental conference series.
3. ACLS instructor course offered.
4. ATLS instructor course offered for residents chosen to accomplish this.
5. Select residents will have the opportunity to be chosen chief resident. In this capacity, he will be responsible for maintaining the department article files, and will be responsible to assist the assistant program director in quality assuring the conferencing of the department. He will assist the teaching resident in conference preparation and organization. The chief resident will work closely with the program director in accomplishing these goals.

III. Research Component

A. Goals

1. To continue those goals outlined under the PGY-2 year.
2. To successfully complete and attempt publication of a scholarly clinical or laboratory project.
3. To demonstrate competency in evidence-based emergency medicine.

B. Methods of Achieving Goals

1. Same as discussed for PGY-2 methods of achieving.
2. Completion of scholarly project requirement prior to program completion.