

Emergency Care

Goal: Emergency care training includes didactic as well as clinical experiences. Residents receive training in all standard current life support skills and procedures for both trauma and medical emergencies in patients of all ages.

Rotational Experience:

Required Rotations

PGY-1: Emergency Medicine. During the first year of training, residents are required to complete a one month emergency medicine rotation. Residents are supervised by board-certified emergency medicine and/or family medicine physicians at all times. The rotation is located at UMMC Riverside Campus; a Level II facility.

PGY-2: There is no required rotation during the second year of training. Elective rotations are available and arranged by the resident.

PGY-3: Pediatric Emergency Medicine. Third year residents will spend one month working at Minneapolis Children's caring for children of all ages with acute and emergent medical needs.

Elective Rotations

Residents in their second and/or third year of training have the option of doing additional emergency care rotations. These rotations can be two to four weeks long and are arranged by the resident. The following locations are available for rotations:

Regions Medical Center
Hennepin County Medical Center
Fairview University Medical Center – University
Fairview University Medical Center - Fairview

Longitudinal Experience:

Continuity Clinic For the duration of their training, residents are assigned as the primary care provider for a panel of patients. This panel grows in number as the resident progresses through training. As a primary care provider, the resident is expected to provide continuous, comprehensive care to these patients. Residents are expected provide urgent/emergent care to those patients presenting in clinic.

Didactic Sessions:

Organizational Education: Each resident is required to complete Advanced Cardiac Life Support (ACLS) and Neonatal Resuscitation Program (NRP)

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courses during the three years of training. ACLS is repeated prior to graduation.

FPC Lecture Series: Six hours of structured lecture are scheduled throughout the year as part of the FPC Lecture Series. Up to 12 additional hours are possible in crossover topics such as surgical, orthopedic and psych/behavioral lectures that are included in the series.

Rotation-specific Sessions: During the one month ER rotation, the resident attends two 4-hour lecture blocks on emergency medicine topics through Regions level 1 trauma program.

Required Skills:

Upon graduation the resident physician will be expected to be competent in the following skills:

Airway management to include:

Heimlich maneuver	Bag-mask ventilation
Intubation	Use of adjunct airways
Needle thoracostomy	Tube thoracostomy
Initiation of mechanical ventilation	Cricothyroidotomy

Anesthetic Techniques

Local anesthesia	Regional and digital nerve blocks
Intravenous sedation and analgesia	

Hemodynamic techniques

Arterial catheter insertion/blood gas sampling	
Central venous access	Venous cut-down
Intraosseous infusion	

Diagnostic/Therapeutic procedures

Control of epistaxis	Lumbar puncture
Peritoneal tap/lavage	Arthrocentesis
Culdocentesis	Pericardiocentesis
Nasogastric intubation	Throacentesis

Skeletal procedures

Spine immobilization	Traction techniques
Fracture/dislocation immobilization and reduction techniques	

Other

Repair of skin lacerations	Mass casualty triage
Multiple patient management	Grief and loss counseling
Critical incident stress debriefing	

Evaluation

Evaluation of the resident includes many tools used to assess the resident's competence in the six ACGME Essential Competencies as well as the progression of the resident's skills from first through third year. The resident meets quarterly with the advisor to review performance, identify problems and plan for the future.

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In-Training Exam – Given yearly, this exam assesses medical knowledge and the resident is expected to show improvement as he/she progresses through his/her years of training.

Rotation Evaluations – These evaluations are reviewed each quarter with the advisor and consist of written reports on performance and feedback from the rotation faculty. Essential Competencies assessed: medical knowledge, patient care, interpersonal and communication skills and professionalism.

Faculty/Staff Evaluations – These evaluations are reviewed each quarter and include evaluations of performance in clinic, interactions with the nursing and support staff, attendance at required activities and performance in CQI projects. These evaluations also review patient compliments/complaints and compliance with dictation and coding policies. Attention is given to resident well-being and assistance is offered if needed. Essential Competencies assessed: medical knowledge, patient care, interpersonal and communication skills, practice-based learning and improvement, professionalism and systems-based practice.

Self-Assessment – Residents are offered the opportunity to assess themselves through the use of a questionnaire. The questionnaire covers a broad range of medical topics and is useful in identifying areas in which the resident feels more focus is needed. Essential Competencies assessed: medical knowledge, patient care and professionalism.

Periodic Skill Evaluation – Skill proficiency is measured in many ways from periodic skill workshops to OSCE stations to longitudinal evaluation by faculty. Evaluation includes review of complications and monthly M&M conferences. Essential Competencies assessed: medical knowledge, patient care, professionalism and practice-based learning and improvement.

Total Training Time

Total required rotations: 1 month

Total didactic hours per year: PGY-1 at least 38, up to 50

PGY-2 at least 6, up to 18

PGY-3 at least 14, up to 26