

**DUTIES AND RESPONSIBILITIES
EMERGENCY MEDICINE RESIDENT – PGY-1**

- a. The emergency medicine resident training program will emphasize development of emergency medicine skills with emphasis on internal medicine, general surgery, obstetrics/gynecology, pediatrics, neurology, ICU, ophthalmology, ENT, bariatric surgery and vascular surgery. The resident will have the opportunity to participate in the care of a variety of illnesses as they present to these different disciplines.
- b. The resident will be responsible for satisfactorily completing twelve months of clinical training including new emergency medicine orientation as determined by the program director.
- c. The resident will also receive training in osteopathic principles and practices. This will include structural and palpatory diagnosis and osteopathic manipulative treatment. This osteopathic practice will be utilized in the care of patients and be evaluated by the program director during the resident evaluation period.
- d. During the rotations in disciplines offering fundamental clinical skills, the resident will be expected to develop adequate ability to obtain a medical history, perform a complete physical examination, including the application of osteopathic principles and practices, define patients' problems and develop a rational plan for diagnosis and implementation of therapy. While the resident is assigned to the various specialties, he/she will be under the direct supervision of the attending physician responsible for that service, in coordination with the program director. The resident is responsible for patient care as determined by the individual attendings on each specialty service as follows:

Surgical Specialties:

The resident is to provide adequate pre-operative patient preparation and adequate pre-operative notes, meeting all requirements for medical record keeping. The resident is to provide satisfactory post-operative care to the patient, and, when indicated and possible, participate in procedures in the operating room when such procedures are commensurate with the resident's level of ability and training, performing such procedures under the direct supervision of an attending physician.

Non-Surgical Specialties:

On non-surgical rotations, the resident will be responsible for adequate management of patients from admission to discharge as directed by the attending physician responsible for that service.

- e. The resident will perform assigned responsibilities in a manner acceptable to the attending physician responsible for that service; his/her performance will be evaluated on a monthly basis by the appropriate attending physician. The program director will review these evaluations with the resident quarterly. Additionally, the resident will evaluate his/her clinical rotations on a monthly basis; these evaluations will be reviewed by the program director and discussed with the resident quarterly. The Medical Education Committee shall also review the performance of every resident to insure that the educational objectives of their rotations are being met. At the completion of the year, the resident will evaluate, in writing, the program and overall educational experience and will discuss this evaluation with the program director.
- f. The resident will be on-call as determined by the attending physicians responsible for that service. In general, the call schedule will be approximately every third night or less often. The resident should clarify the call schedule before his/her rotation. Duties while on-call are dictated by the attending physician in coordination with the program director and in accordance with the Duty Hours Policy located on the intranet in the Trainee Handbook.
- g. The resident is expected to participate fully in the educational opportunities and activities at Hamot. The resident will participate in all didactics provided for emergency medicine residents. The resident will teach medical students who are rotating on the individual specialty service.
- h. The resident shall prepare a formal research presentation as outlined in the AOA/ACOEP standards.
- i. The resident shall keep a log of procedures performed, readings completed and any specific presentations. The log will be reviewed by the program director on a regular basis.
- j. The resident will complete and be responsible for a required reading list and/or study guides.
- k. The resident must maintain their AOA and ACOEP membership.
- l. The resident must annually participate in the ACOEP Resident Examination.
- m. The resident must become certified in the following: Basic Life Support (BLS), Advanced Cardiac Life Support Provider (ACLS), Pediatric Advanced Life Support (PALS or the Advanced Pediatric Life Support (APLS), Advanced Trauma Life Support (ATLS) and Base Station Medical Command Course.