

**UCLA EMERGENCY MEDICINE RESIDENCY**  
***RONALD REAGAN UCLA MEDICAL CENTER***  
***OLIVE VIEW-UCLA MEDICAL CENTER***

***Residency Manual***

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# INTRODUCTION

This manual is a reference source for the residents, faculty and directors of the UCLA Emergency Medicine Residency on matters of policy and procedure. It supplements the graduate medical education policies and procedures of the David Geffen School of Medicine that can be found on the Graduate Medical Education web site < <http://www.gme.medsch.ucla.edu/> > and the UCLA Medical Center House Staff Manual. Efforts have been made to be complete. Nevertheless, no manual can cover every situation that may arise, and it may be necessary to refer to the Graduate Medical Education web site, the House Staff Manual or contact the Program Directors for clarification. Although this manual accurately reflected policy at the time it was updated, residency policies are subject to change. Additionally, the Program Directors may take the specifics of the individual situation into consideration when interpreting and applying the policies. In short, if you have a question regarding residency policy, refer to this manual. If after consulting it the answer to your question remains unclear, consult the Program Directors.

## GOALS and OBJECTIVES

The goals and objectives for the residency are based on the ACGME six core competencies, the program requirements as set forth by the Residency Review Committee (RRC) for Emergency Medicine, and the ABEM Model of Clinical Practice of Emergency Medicine. The goals and objectives are summarized here. Additional goals and objectives are provided for resident rotations and to guide the conference curriculum.

### 1. Patient Care

Emergency Medicine residents will learn to practice *Patient Care* that is timely, effective, appropriate, and compassionate for the management of health problems and the promotion of health.

The resident will

- a. Gather accurate, essential information in a timely manner from all sources, including medical interviews, physical examinations, out-of-hospital care personnel, medical records, and diagnostic/therapeutic procedures.
- b. Integrate diagnostic information and generate an appropriate differential diagnosis
- c. Implement an effective patient management plan including therapy, appropriate consultation, disposition, and patient education.
- d. Competently perform the diagnostic and therapeutic procedures and emergency stabilization considered essential to the practice of emergency medicine.
- e. Demonstrate the ability to appropriately prioritize and stabilize multiple patients and perform other responsibilities simultaneously.

### 2. Medical Knowledge

The Model of Clinical Practice of Emergency Medicine defines the *Medical Knowledge* base for EM. Residents are expected to acquire sufficient knowledge to formulate an appropriate differential diagnosis with special attention to life-threatening conditions, demonstrate the ability to utilize available medical information resources concurrently with patient care, and apply this knowledge to clinical decision making.

The resident will

- a. Identify life-threatening conditions
- b. Identify the most likely diagnosis
- c. Synthesize acquired patient data
- d. Identify how and when to access medical information
- e. Properly sequence critical actions in patient care
- f. Generate a differential diagnosis for an undifferentiated patient
- g. Complete disposition of patients using available resources

### **3. Practice-Based Learning and Improvement**

*Practice-Based Learning and Improvement* is an essential skill for emergency medicine residents and practitioners.

The resident will

- a. Assess their practice experience and perform practice-based improvement
- b. Locate, appraise and utilize scientific evidence related to their patient's health Problems and the larger population from which the patient is drawn
- c. Apply knowledge of study design and statistical methods to critically appraise the medical literature
- d. Utilize information technology to enhance their education and improve patient care
- e. Facilitate the learning of students, colleagues, and other health care professionals in emergency medicine principles and practice.

### **4. Professionalism**

Emergency Medicine residents are expected to become familiar with the knowledge specific to *Professionalism* as an emergency physician and exemplify professionalism as defined by a set of model behaviors.

Knowledge: The resident will become familiar with each of the following

- a. Code of Conduct for Academic Emergency Medicine and the ACEP Code of Ethics
- b. Definitions of justice, autonomy, beneficence, non-maleficence, health care decision-making capacity, living will, advanced directive, health care power of attorney, informed consent
- c. Criteria appropriate to apply when allowing patients to sign out "AMA."
- d. Documentation and billing requirements
- e. HIPPA requirements
- f. Mechanisms for appropriate transfer of patients, COBRA and EMTALA

Behavior: The resident will

- a. Arrive on time and prepared for work
- b. Be well groomed and dressed appropriately
- c. Willingly see patients throughout the entire shift
- d. Give and receive sign-outs appropriately
- e. Be a patient advocate in the disposition of patients from the ED
- f. Compete medical records honestly and punctually
- g. Treat patients, family, colleagues and staff with respect
- h. Protects patient confidentiality
- i. Demonstrates sensitivity to patient's pain, emotional state, and gender/ethnicity issues
- j. Actively seek feedback and immediately self-correct
- k. Introduce self to the patient and family appropriately
- l. Effectively coordinate with the care team
- m. Express positive regard for the patient, family, staff, and colleagues
- n. Accept responsibility and accountability for actions
- o. Recognize the influence of marketing and advertising
- p. Be responsive to input/feedback of other team members, patients, families, and peers
- q. Use humor and language appropriately
- r. Discusses death honestly, sensitively, patiently, and compassionately
- s. Participates in peer review activities
- t. Demonstrate fairness in the recruitment of residents, faculty, and staff

## 5. Interpersonal and Communication Skills

Emergency Medicine Residents will develop and practice effective *Interpersonal and Communication Skills*.

The resident will demonstrate

- a. The ability to respectfully, effectively, and efficiently develop a therapeutic relationship with patients and their families
- b. Respect for diversity and cultural, ethnic, spiritual, emotional, and age-specific differences I patients and other members of the health care team.
- c. Effective listening skills and be able to elicit and provide information using verbal, nonverbal, written, and technological skills.
- d. The ability to develop flexible communication strategies and be able to adjust them based on the clinical situation
- e. Effective participation in and leadership of the health care team.
- f. The ability to elicit patient's motivation and seeking health care
- g. The ability to negotiate as well as resolve conflicts.
- h. Effective written communication skills with other providers and to effectively summarize for the patient upon discharge
- i. The ability to effectively use the feedback provided by others
- j. The ability to effectively manage situations specific to EM
  - i. Intoxicated patients
  - ii. AMS
  - iii. Delivering bad news

- iv. Difficulties with consultants
- v. DNR/end-of-life decisions
- vi. Patients with communications barriers
- vii. High-risk refusal of care patients
- viii. Communication with pre-hospital and non-medical personnel
- ix. Acutely psychotic patients
- x. Disaster medicine

6. **Systems-Based Practice,**

Residents must demonstrate an awareness of health care systems and the ability to effectively mobilize system resources to provide optimal care.

The resident will

- a. Access, appropriately utilize, and evaluate the effectiveness of the resources, providers, and systems necessary to provide optimal emergency care.
- b. Understand different medical practice models and delivery systems and how to best utilize them to care for the individual patient
- c. Practice cost-effective health care and resource allocation that does not compromise quality of care.
- d. Advocate for and facilitate patients' advancement through the health care system.

## **SHIFT ASSIGNMENTS**

Resident shift assignments are posted on the UCLA EM Residency page of the UCLA Verinform site [https://rm.verinform.com/pm/pm\\_start.phtml?db=ucla](https://rm.verinform.com/pm/pm_start.phtml?db=ucla). Contact the program coordinator if you have difficulty accessing the site. Shifts for R2 – R4 residents are assigned as follows:

1. UCLA ED
  - a. Day shift (UA): 0800 to 2000 (12 hours). This shift is covered by two emergency medicine residents, at least one of whom must be a senior (R3 or R4).
  - b. Early swing shift (UX): 1000 to 1900 (9 hours). This shift is generally covered by a senior emergency medicine resident.
  - c. Late swing shift (UY): 1800 to 0400 (10 hours). This shift is covered by a senior emergency medicine resident.
  - d. Night shift (UP): 2000 to 0800 (12 hours). This shift is covered by two emergency medicine residents, at least one of whom must be a senior.
2. OVMC DEM
  - a. Day shift (OA): 0800 to 2000 (12 hours). This shift is covered by three emergency medicine residents, at least one of whom must be a senior.
  - b. Night shift (OP): 2000 to 0800 (12 hours). This shift is covered by three emergency medicine residents, at least one of whom must be a senior.
3. The number of shifts assigned varies, but averages approximately four shifts per week.
4. Residents may not schedule more than five shifts in seven days, **including moonlighting.**

5. Residents may not work more than 12 consecutive hours in the ED and must have the same duration of the shift off prior to beginning the next assigned shift, e.g. after working a 12 hour night shift, the next possible shift is the next night shift (not UX or UY).
6. Residents are typically assigned no more than two night shifts consecutively, and may not work more than 3 nights shifts consecutively.
7. Residents are required to work their assigned shifts, unless unable to do so as a result of illness or personal emergency. Failure to work your assigned shifts will result in disciplinary actions, up to dismissal from the program. Please refer to the section Jeopardy for the necessary steps if you are unable to work.
8. Residents must complete each shift in its entirety and may not leave a shift early without the expressed permission of the attending on duty.
9. Residents leaving the ED during a shift must notify the attending on duty. Additionally, it is courteous to notify the clerks and the other residents in the ED.

## SCHEDULE CHANGES

### Block Schedule Changes

Residents may submit requests for changes to their rotation schedule as described in *Block Schedules*. All changes in the rotation schedule must be approved by the program directors.

### Shift Assignment Changes

It is essential that the residency maintains an accurate account of shift assignments in order to satisfy the requirements of UCLA, LA County, and the ACGME. The continued accreditation and funding of the residency is contingent on accurate records. Additionally an accurate schedule is necessary to ensure each ED is properly staffed.

Residents are allowed to trade shifts with other residents in the program, but must have the trade approved **in advance** by the program directors. The approval process exists to ensure that shift trades maintain a schedule that complies with ACGME Duty Hours Requirements, residency scheduling rules and ED staffing requirements.

1. Residents wishing to change their shift schedule initiate the process by finding another resident willing to trade the shift(s) with them. Shift trades are expected to be fair to both residents. Residents requesting the trade are expected to only request trades that comply with residency scheduling rules. For example a resident should not attempt a shift trade that would result in no senior resident scheduled in the UCLA ED.
2. The resident initiating the shift trade must send the trade request to the UCLA Program Coordinator (Bonnie Cheung) via email **at least a week in advance of the trade**. Every resident involved in the trade should be CC'ed. The email must specify the date and shift being traded, with whom the trade is proposed and a statement that the other resident has agreed to the trade. Clarity is very helpful.
3. The Program Coordinator will verify that the trade is in compliance with residency schedule rules and reply via email approving or denying the request. **Trade requests not complying**

**with residency scheduling rules will be denied.** The program directors will be CC'ed regarding each trade request and approval or denial. The Program Directors maintain the ultimate authority to approve or deny trades.

4. Trades will not be effective until all residents involved have confirmed their agreement.
5. As a result of frequent trade requests that violate the scheduling rules the Program Director is currently reviewing all shift trades prior to their approval, and **until otherwise notified the Program Director should be included in the shift trade request email.** This additional level of review is expected to continue until such time that residents effectively self-police and trade requests comply with residency policies. **Certain types of trades, notably trades that result in residents working shifts during elective rotations, off service rotations and vacations must always be approved by the program directors.**
6. The UCLA Program Coordinator (Bonnie) provides the OV shift trade information to Susi, the Program Coordinator at Olive View.
7. If the shift request is by necessity made on short notice (less than one week), particularly on weekends and holidays when the Program Coordinator is not likely to check email, the Program Director and Chief Residents <uclaemchiefs@gmail.com> must be notified for their approval. In addition, if the trade is approved it is the responsibility of the resident initiating the trade to notify the emergency department(s) effected by the trade to ensure that someone writes the change on the schedule posted in the ED. That way, if someone doesn't show up, they will know who is supposed to be working.
8. Juniors may trade shifts with other juniors. Seniors may trade with other seniors. Occasionally, when there is more than one senior assigned to a shift a junior-senior trade may take place. However, before making such a trade, it is advisable to check with the Program Coordinator to confirm that the posted schedule is current and the trade will not result in the ED lacking a senior resident.
9. Shifts may **never** be traded with an Internal Medicine Resident, Pediatric EM Fellow, Family Medicine Resident, or Interns.
10. Jeopardy trades must also be processed as a shift change using the same notification as described above and must follow the same rules.
11. Shift trades requests that violate scheduling rules will not be approved. These include trades that
  - a. Increase the resident's total number of shifts to more than five days out of seven (including moonlighting shifts).
  - b. Increase the resident's total number of consecutive night shifts to more than two (including moonlighting shifts).
  - c. Result in insufficient hours off between consecutive shifts (including moonlighting shifts).
- 12. Failing to notify the Program Coordinator in advance of a shift trade will result in disciplinary action, typically each resident participating in the unauthorized trade being assigned an additional shift.**

## JEOPARDY / SICK LEAVE

The jeopardy system exists to provide back-up for residents who find themselves unexpectedly unable to work a shift at UCLA or OVMC due to illness or personal emergency. The following rules apply to the jeopardy system:

1. The person assigned to jeopardy must be available 24 hours a day for the duration of their jeopardy coverage. In general, it is a good idea when starting your jeopardy coverage to inform everyone of the best way to contact you, either via cell phone or pager, and ensure that mode of communication is functional 24/7 while on jeopardy.
2. The resident covering jeopardy is **required to be within one hour of both hospitals, and available for** the shift when called.
3. If the resident assigned jeopardy finds him/herself unable to cover the jeopardy, s/he must find someone else to cover it.
4. The individual who needs to utilize jeopardy must notify the individual covering jeopardy, one of the chief residents, the program directors and Bonnie in order to activate the jeopardy system and to update the schedule.
5. The person who calls in jeopardy owes the jeopardized resident an equivalent shift of the jeopardized resident's choice.
6. The jeopardy system is designed for emergency situations only. If any abuse of this system is discovered, or if a resident does not show up without warning for a scheduled shift, he or she will be required to pay back two shifts of the jeopardized resident's choice.
7. If the resident requiring jeopardy is unable to reach the resident assigned to jeopardy, a "second" jeopardy will have to be called. In this case, both the sick party and the "first" jeopardy each owe "second" jeopardy a shift.
8. If there is more than one resident who needs jeopardy at the same time, the residents who need coverage are responsible for finding coverage with the help of the chief residents.
9. Any problems with the jeopardy system should be reported immediately to a Chief Resident, the Program Coordinator, and the Program Directors.

## SICK LEAVE

Sick Leave is provided to residents in accordance with the David Geffen School of Medicine at UCLA Graduate Medical Education policy on Sick Leave:

<http://www.gme.medsch.ucla.edu/policies/sickleave.htm>

However it should be understood that residents are required to have substantially similar training experiences and duty assignments missed due to illness must be made up in order to complete training and graduate successfully. Under most circumstances the residency accomplishes this by having the resident who has missed a shift due to illness work a shift for the resident who covered the shift missed due to illness.

Therefore, when calling in Jeopardy for illness, the shift(s) will be paid back as with any other emergency. While it is ultimately the responsibility of the residency to find coverage for the shift, the shift must be repaid in order for the resident to maintain the necessary number of worked shifts to graduate.

In cases of extended illness or other emergency, the resident will need to work closely with Program Directors, Program Coordinator and the Chief Residents to schedule coverage and payback of covering residents. Under these circumstances the duration of training may be extended to complete the number of shifts required for graduation.

While the decision to call in Jeopardy is routinely left to the resident, residents should NOT arrive to a shift with a contagious illness. Residents should be afebrile while working and should be afebrile for 24 hours prior to their shift. We have a responsibility to our patients and the staff to not expose them to a communicable illness. Residents arriving to work ill may be sent home and Jeopardy called at the discretion of the attending physician on duty.

## **DIDACTIC EDUCATIONAL PROGRAM**

Conferences are on Tuesday mornings (at UCLA or OVMC on alternating weeks) typically from 8a to 1pm. Conferences include trauma conferences, case conferences, senior resident lectures, and Grand Rounds presentations from our own or outside faculty. In addition there are other recurring educational experiences including Simulation Lab, Cadaver Lab, EMS sessions, the All-Los Angeles Conferences, Oral Exams, and the ABEM In-Training examination.

Journal Club is held on the 2nd Thursday evening of each month. This is usually held at the home of a resident or faculty member, and usually starts at 7:00 pm.

Conference is not held during the week of the ACEP Scientific Assembly, over holidays and during the Orientation weeks at the end of June through early July.

The monthly schedule will be available to all residents on a monthly basis detailing the schedule, topics, and location at [www.calendar.yahoo.com/uclaovmcm](http://www.calendar.yahoo.com/uclaovmcm) .

## **COMMUNICATION**

Electronic mail is an efficient and convenient method of communication between large groups of people. Accordingly, **all residents are required to have a computer with e-mail capabilities**. We recommend checking your e-mail daily for residency related information.

You will be assigned a UCLA Mednet email account. You are responsible for checking that account on a regular basis. If you are not going to use that account as your primary email account you should have the email automatically forwarded your primary account so as to not miss important communication from UCLA.

Verinform ([rm.verinform.com/ucla](http://rm.verinform.com/ucla)) is the website currently used to hold most residency-related documents, schedules, evaluations, and procedural logs. Everyone also has access to [uclaem.com](http://uclaem.com) which has additional information and is used to introduce and review our applicants during interview season

## **CONFERENCE ATTENDANCE**

The Residency Review Committee for Emergency Medicine requires that a) residencies provide 250 conference hours annually, and b) residents attend a minimum of 175 hours annually (70%). Resident compliance with the conference attendance requirement is necessary for annual promotion, successful completion of training, and eligibility for ABEM certification. The requirement of 70% attendance takes into account vacations, important life events, illness, and off-service rotations that preclude conference attendance. Despite increased tracking and encouragement to attend conference by the Program Directors and Chiefs, some residents fall below the required minimums. This has resulted in residents being required to attend conference after graduation in order to be eligible for board certification.

### **Policy**

Conference attendance is a required part of the residency. All residents in the Emergency Medicine Residency must attend a minimum of 175 hours (70%) of conferences in each of their 4 training years. Residents in the Emergency Medicine / Internal Medicine Combined Residency must attend 88 hours (35%) of conferences in each of their 5 training years. Annual renewal and promotion, and graduation from the residencies are contingent upon the successful achievement of this requirement.

### **Procedures**

1. The residency will provide at least 250 hours of educational activities each year.
2. The following are formal education activities of the residency and count towards count towards the fulfillment of the duty hours requirements
  - a. Orientations(R1, R2 and Senior Orientations)
  - b. Weekly Conferences including labs (4-5 hours/week)
  - c. Intern Conferences and labs (Only R1s receive credit for attending, R2-4 residents may obtain credit for teaching)
  - d. Residency sponsored Asynchronous Learning experiences (0-1 hours/week)
  - e. Journal Club (5 hours credit/ month; credit hours includes time spent reading the Journal Club articles in advance)
  - f. Specified Residency Retreat activities
  - g. Oral and written examinations
  - h. Other educational activities as approved by the Program Director

3. Emergency Medicine residents must attend educational activities as follows
  - a. In order to successfully complete training residents must attend:
    - i. a minimum of 175 hours per year in each of the years of training
    - ii. a cumulative minimum of 525 hours for residents completing the R2-4 program (class of 2011) and 600 hours for those completing the R1-4 program format (class of 2012 and subsequent). Residents completing the program during its transition years (classes of 2012 and 2013) will receive credit for conference attendance during their R1 year based on the specifics of their training year.
  - b. Owing to the large number of off-service rotations in the R1 year the total is calculated differently for that year. R1 residents must attend 175 hours of conference consisting of:
    - i. Orientation in its entirety
    - ii. greater than 70% of Weekly conferences and Journal Clubs while assigned to Emergency Medicine rotations,
    - iii. greater than 70% of the Intern Conferences
    - iv. teaching conferences provided on the various off-service rotations as scheduling allows so as to exceed a minimum of 175 educational hours for the year.
4. Emergency Medicine / Internal Medicine residents must attend a minimum of 88 hours per year for each of the years of training in order to successfully complete training; the expected total for the R1-5 years is 440 hours. Required hours for the R1 year will be calculated as for the categorical Emergency Medicine residents.
5. Conference attendance is required except as noted:
  - a. Following a night shift. Residents who have completed a night shift and wish to attend conference may do so and will receive credit. The exception is for residents who are between 2 consecutive night shifts; the RRC requires 12 hours off between consecutive night shifts.
  - b. Following a UY (7p-4a) shifts at UCLA
  - c. While on inpatient rotations (e.g., R2 CCU and MICU)
  - d. While on away elective rotations (>100 miles) and Toxicology
  - e. During vacation
6. Journal Club is a required residency educational activity and attendance is required except as noted:
  - a. Residents have conflicting shift assignments
  - b. While on inpatient rotations (e.g. R2 CCU and MICU rotations)
  - c. While on away elective rotations (>100 miles) and Toxicology
  - d. During vacation
7. Excused absences:
  - a. Residents wishing to be excused must send an email to the Program Coordinator (Bonnie Cheung) in advance of the conference explaining why they wish to be excused from the conference day.
  - b. In addition to personal illness important life events such as marriage, weddings, and family emergencies are legitimate grounds for missing conference.
  - c. The Program Coordinator will grant excuses on a case-by-case basis in consultation with the program directors.

8. Residents who have 3 unexcused absences from required educational conferences will be given a warning.
9. If after a warning, a resident has a subsequent unexcused absence from conference that academic year, they will be subject to remediation. Remediation will be tailored to the specific circumstances, but may include the assignment of additional clinical or educational responsibilities, academic probation, or delayed promotion.
10. Residents will only receive conference credit for the hours they attend.
11. Residents arriving 15 or more minutes late will not receive credit unless they are coming from a completed shift. Residents who are repeatedly late to conference more than a reasonable amount of time may also be subject to remediation.
12. To receive credit for assigned Asynchronous learning modules residents must complete the module and pass the post-test.

## **RESIDENTS ASSIGNED ED SHIFTS ON CONFERENCE DAYS**

Residents assigned to Emergency Medicine rotations are freed from clinical duties to attend the weekly Tuesday morning conferences. This is made possible by assigning additional faculty coverage to provide patient care, and the diligence and generosity of the faculty who offer to work those shifts.

Conference attendance is required for residents assigned to shifts during conference hours (UA, UX, and OA shifts). Residents assigned to these shifts on conference days are expected to arrive by 8:00 for conference and report ready to work their assigned shifts at the conclusion of conference. A reasonable amount of time may be taken after conference for travel, and in some circumstances, to eat lunch.

### **Specifics**

- Residents assigned to a shift away from the conference site (e.g., an OA on a UCLA conference day, or an UA or UX on a OVMC conference day) must arrive ready to work no later than 1:00 PM. Residents are expected to leave the conference site with enough time to arrive for their shift on time at 1:00 PM and to allow a safe commute.
- Residents assigned to shifts at the conference site on days when conferences end at 1:00 PM are expected to proceed directly to their shifts at 1:00 PM. They are expected to have used conference breaks to get lunch.
- Residents assigned to shifts on days when conferences end at 12:00 or 12:30 PM (Asynchronous Learning days, Sim, Lab days, etc.) are expected arrive in the ED ready to work as soon as possible (after grabbing a quick lunch if needed) but certainly within 30 minutes of conferences ending.
- Residents who are unable to arrive on time for their shift **FOR ANY REASON** must notify the attending physician on duty by telephone immediately and in advance of their late arrival.
- The attending on duty may approve exceptions for late arrivals (e.g. to have lunch with residency applicants) if the ED is sufficiently under control. Approval must be obtained

either in person or by telephone with the attending on duty. No other person may approve late arrival on conference day.

- Residents assigned to shifts on conference days may be called in to the ED for work prior to the end of conference under unusual circumstances (e.g., a multi-casualty incident). It is the responsibility of residents assigned to conference day shifts (UA, UX, OA) to be reachable should they be needed. Cell phones do not work reliably in the Tamkin Auditorium. Residents are encouraged to carry their pagers. Barring that, residents assigned to a UCLA shift on a UCLA conference day should stop by the ED to pick up a resident phone prior to coming to conference. Residents attending conference at OVMC should have their cell phones on.

The primary tool for enforcing these rules is the honor system. By midday the faculty on duty are often too busy with patient care to note the time of your arrival or to find out when conferences ended. They just need your help. And most of the time residents oblige. This is part of Professionalism for residents, faculty and practitioners of EM.

## TEACHING RESPONSIBILITIES

All residents are required to contribute to the didactic portion of their residency education. The following briefly outlines your teaching responsibilities each year.

### 1. CASE CONFERENCE

Junior residents are required to present one case per year. Senior residents will present 1-2 cases per year. Cases should be selected and discussed with the chief resident at least two weeks in advance.. Usually the Program Director assigned to the conference day will be the faculty mentor, but feel free to involve the faculty member involved in the case. Preparing for case conference is a learning experience for everyone, including faculty. The residents presenting the case conference should prepare a short, written description of the case details and forward this to the faculty and residents involved. This conference is “chief complaint” oriented. The emphasis of these cases should be on management; a case should be presented as it unfolds, with management pearls built in. Discussion should unfold along the way, and not wait until the end for a "lecture" regarding the final outcome. Occasionally, Powerpoint may be used to present images or charts relevant to the case, but its use should be minimal. A successful case conference is interactive, visual, and puts the audience in the ED as the case is unfolding.

### 2. SENIOR RESIDENT LECTURES (“Senior Talks”)

All R3 and R4 residents are required to present a core curriculum lecture (“Senior Talk”). These lectures are approximately 50 minutes in length. The lecture should be an in depth review of a topic that is interesting to you and relevant to the practice of EM. **Your topic should be chosen 6-8 weeks in advance of the date it is to be given, as these lectures require a large amount of time to prepare.** The topic should also come from the list of potential topics generated based on the curriculum needs of the program for the year. A spreadsheet covering what has been covered over the past few years is available to everyone on the [uclaem.com](http://uclaem.com) website or from the Chief Residents. Your topic selection may be limited by other recent presentations since is important

to avoid redundancies of topics. Please use the assistance of the Program Directors and/or chiefs in choosing your topic and in preparing your presentation. Alternately your advisor or a faculty member with expertise in your topic can assist you. Your completed presentation should be emailed as an attachment to the assigned Chief to allow for data backup on conference day. Your PowerPoint and any other materials will be placed in your portfolio as a component for assessment of the Practice Based Learning and Improvement competency.

### **3 TRAUMA CONFERENCE**

Residents may periodically be required to present cases at Trauma Conference.

### **4. JOURNAL CLUB**

All residents are required to present at Journal Club annually. An R2 and an R3 typically present the articles at each journal club. The articles will be selected by an R4 who will also introduce the topic and provide general guidance. The R4 will also be in charge of gathering food and beverages for the event. Journal club is intended to review the recent literature in emergency medicine, develop evidence-based medicine analytic skills, and provide an opportunity to get together outside of work at a faculty member's home. A significant amount of time should be spent analyzing the articles and your conclusions discussed with Richelle Cooper and/or the chief residents. Begin thinking about your topic and discussing potential articles 1-2 months in advance. The articles should be chosen and sent to Richelle Cooper for approval at least 4 weeks in advance so that they can be distributed to the residents in pdf format at least two weeks in advance.

There are also other teaching activities that residents may get involved in, such as medical student lectures and intern conferences. Such activities are valuable learning experiences for the resident to practice teaching, and in some cases allow you to recertify in ACLS or PALS if you help out and teach. These teaching opportunities occur throughout the year. Your help is greatly appreciated in these extra courses.

## **CASE FOLLOW-UP**

There is educational value in following-up on cases you have seen in the Emergency Department. You have the opportunity to find out how the patient is doing, learn more about the natural history of the disease process, as well as find out if you were right in your diagnosis and treatment plan. It turns out that this follow-up business is not just a good idea, it's required by the RRC!

So here's the policy that the residency has adopted in order to comply with the Residency Review Committee's requirements:

1. **Every resident will follow-up on 5 patients per week while on ED residency rotations.** Follow-up can be done by phone, visiting the patient in the hospital, checking results on the computer, or whatever combination is necessary and appropriate for the individual case.

2. Patient selection for follow-ups should be a mix of admitted patients and those discharged from the ED, and include a variety of disease processes.
3. **Each resident must provide a written list of patients that have been followed-up to the Program Directors at the mid-year and end of year evaluation session.** This list will include the patients' name, hospital number, date of ED visit, date of follow-up, and diagnosis.
4. **Compliance with this policy is mandatory. Resident failure to comply with this policy will result in not being promoted or certified as having successfully completed the residency.**

## **DOCUMENTATION OF PROCEDURES and RESUSCITATIONS**

The Residency Review Committee for Emergency Medicine requires that residents procedures and major resuscitations be tracked to ensure that each resident has adequate experience in performing the procedures necessary for competence as an emergency physician. The responsibility rests with the individual resident to record the procedures they perform.

### **Policy**

1. Residents must keep a record of all of the procedures performed in the required categories listed below and performed during all residency rotations. Until June 30, 2011 residents will input the data into either Verinform or the UCLAEM.com website. Following June 30, 2011 residents will be required to enter all procedures into the Verinform procedure log.
2. Minimum data to be provided are: type of procedure or resuscitation performed, indication, patient name, date, medical record number, age, gender, location where performed, supervising physician, whether successfully completed, and any complications.
3. The ACGME minimum number of procedures that are required to be completed during residency for each procedure are available on the ACGME website. The residency requires the completion and logging of a greater number of procedures than the ACGME minimum to graduate in good standing. Both the ACGME and the residency requirements are listed below. The requirements may be subject to change.

<b>Bedside Ultrasound</b>	<b>40</b>
<b>Cardiac Pacing</b>	<b>6</b>
<b>Cardioversion/Defibrillation</b>	<b>10</b>
<b>Central Venous Access</b>	<b>20</b>
<b>Chest Tubes</b>	<b>10</b>
<b>Closed fracture splinting</b>	<b>20</b>
<b>Conscious sedation</b>	<b>15</b>
<b>Cricothyrotomy</b>	<b>3</b>
<b>Dislocation reduction</b>	<b>10</b>
<b>Intubations</b>	<b>35</b>
<b>Lac repair</b>	<b>50</b>
<b>Lumbar Puncture</b>	<b>15</b>
<b>Medical Resuscitation-Adult</b>	<b>45</b>

<b>Medical Resuscitation-Peds</b>	<b>15</b>
<b>Pericardiocentesis</b>	<b>3</b>
<b>Peritoneal Lavage</b>	<b>3</b>
<b>Trauma Resuscitation-Adult</b>	<b>35</b>
<b>Trauma Resuscitation-Peds</b>	<b>15</b>
<b>Vaginal Delivery</b>	<b>10</b>

4. Each resident is expected to update their procedure log on a regular ongoing basis.
5. Compliance with procedure and resuscitation tracking is mandatory. Residents who fail to comply with these requirements will not be promoted or certified as having successfully completed the residency.

## **ADVISORS**

All residents will be matched with an advisor approximately four months into their Emergency Medicine-1 year. The match is made based on resident and faculty preferences. The advisor should be someone the resident is comfortable with, and will serve as a resource for the resident.

The advisor/advisee pairing functions as follows:

- Advisees should meet with their advisor at a minimum of twice a year.
- Meetings should include a review of the advisee's evaluations and other portfolio content. The goal of the review process is to identify problems, establish training and research goals, and assist the resident in any educational, training, or other concerns. These meetings, in combination with the semi-annual review with one of the Program Directors, will result in a quarterly review of the resident's progress in their attainment of the core competencies.
- The responsibility for arranging these evaluation review sessions is shared between the resident and the advisor. Optimally the advisor advisee pair meets in September/October and March/April.
- Decisions regarding electives and scholarly projects should be discussed with the advisors.
- Any problems regarding a resident (including QA issues, outside rotation problems, difficulties with EM faculty, problems with other residents, etc.) should be discussed with the faculty advisor. The advisor is to serve as the resident's advocate.
- Discuss any work or personal issues that may potentially distract the advisee from their training.
- The faculty advisors are also valuable resources in many other ways and can be used for advice, questions, concerns, or direction.

Occasionally an advisor-advisee pairing does not work out well. A request for a change can be made by the resident through the Program Director.

## **EVALUATIONS, PROMOTIONS, and DUE PROCESS**

For all of the following information you may also refer to the UCLA GME web site

### **Evaluations**

A written evaluation of each resident will be made by the faculty upon completion of each rotation. Each resident will meet twice per year with one of the Program Directors (June and December). At the conclusion of each of these meetings, a written summary of the meeting's content will be written by the faculty member and signed by the resident. In addition residents are also to meet with their advisors twice per year (October and March) to review their written evaluations. A copy of the year-end summary will be made available to the resident. At the conclusion of the training program, each resident may request a written narrative summary of their training, a copy of which will remain in the resident's file. The resident will be expressly notified if evaluations suggests an unsatisfactory performance, and a plan for performance improvement will be made. All evaluations shall be kept with the resident's records that are kept confidential, except where required by law or the administration of the training program.

### **Promotions**

Decisions regarding yearly reappointment are made by the Program Directors with the input of the Education Committee based on the quality of performance and conduct as documented in written evaluations, and other written information. Residents shall be promoted from one postgraduate level to the next unless one of the following occur: the resident withdraws or takes another position, the resident is unable to return to work in a full capacity after an approved medical leave, the program down sizes and notifies the resident six months in advance of the downsizing, the program becomes unaccredited, the resident's performance has been determined to be below the program standard and the appropriate procedures (evaluation, notification, review, and due process) have been completed, or failure to obtain/maintain necessary licensure or registration. Residents who are being reappointed will be provided a contract for the coming year. A resident signing the contract indicates their willingness to continue in the residency for the coming year. Residents whose reappointment is in doubt will be notified by March 1 except in cases in which the concern threatening reappointment arises following that date.

### **Due Process**

Please refer to **ACADEMIC DUE PROCESS & ADMINISTRATIVE LEAVE POLICIES AND PROCEDURES** on the UCLA GME web site.

## **EXAMINATIONS**

The American Board of Emergency Medicine requires passage of a written exam and an oral exam for board certification after completion of an approved residency. ABEM offers a written practice exam every year in February called the National In-Training Examination. It is good preparation for the ABEM written exam, and can assist the resident in identifying the strengths and weaknesses in their knowledge. Residents are required to take the In-Training Examination unless excused by the Program Director, usually when resident participation is precluded by vacation, foreign electives or other scheduling issues. Arrangements may be made to take the

exam in another U.S. city in conjunction with another Emergency Medicine program for residents on away electives/rotations.

The results of the In-Training exam are released to the Program Directors, the resident, their advisor, and -- in cases where remediation is needed -- to the Education Committee.

Residents who score less than the 25<sup>th</sup> percentile will be placed in an academic remediation program. The remediation program will be personalized and arranged together with the resident's faculty advisor, the resident, and the Program Directors. Failure to comply with this program may result in the resident being placed on academic probation or failure to graduate the residency.

The faculty provide an opportunity to practice the format of the oral board exam twice per year. Residents are required to participate in these "Mock Oral Boards" except when excused by the Program Director.

## **ELECTIVES**

Our emergency medicine residency features a larger amount of elective time than most. Our residency encourages a 'liberal' use of this time: to develop niche areas of specialization, fill in knowledge gaps, or explore international emergency medicine.

Dr. Waxman and Susi Morissett administer electives, and assure that electives meet the requirements of the University, the residency and the RRC/ACGME. Dr. Waxman's goal is to help arrange any elective in the resident's area of interest and make this experience as worthwhile as possible, while meeting the requirements needed by both the learner and the organizations above. Please feel free to e-mail him for help with elective planning. An updated list of elective experiences is available on the uclaem website.

The Residency is required to document electives for many reasons. Since taxpayer funds from Medicare, State and County sources pay your salary during these experiences, 'non-educational' organizations require certain standards be met for both content, location and length of electives. The rules allow us to meet these standards, and prevent the 'replacement' of elective time with more easily documented clinical duties – like more shifts or call months.

Remember that popular elective experiences such as EKG reading at Olive View, Pediatric Anesthesia or Radiology at UCLA require planning and approval months in advance.

### **Procedures**

1. All electives must be approved by Dr. Waxman. You are encouraged to continue to discuss your elective plans with Drs. Morocco and Votey, but Dr. Waxman must still be notified and give formal approval.

2. Residents must contact Susi in advance to obtain elective approval and cc: Dr Waxman 60 days before an elective in the United States and 90 days before an international elective (due to required University-paid travel insurance.)
3. Goals and Objectives, and a 'supervisor' contact (phone and email) must be provided to Susi 60 days before an elective in the United States and 90 days before an international elective. The supervisor must have been contacted and have already agreed to supervise the elective prior contacting Susi.
4. Susi will log this information and forward it to Bonnie Cheung so it can be added to the block schedule.
5. If resident fails to 'book' an elective on time, Susi will contact the resident and notify the program directors. While the Residency will make all efforts to support 'late requests', electives 'booked late' are not guaranteed to be approved. Non-used elective time may be re-assigned to other clinical duties, or may result in delay in graduation or ABEM 'sign off' until electives are completed. Additional months past graduation date may or may not receive pay or benefits as per University policy.
6. If within 30 days no elective is logged and approved the resident will no longer be in good standing. Moonlighting is not allowed, and other privileges may be removed, at the discretion of the program directors. Non-used elective time may be re-assigned to other clinical duties, or may result in delay in graduation or ABEM 'sign off' until electives are completed. Additional months past graduation date may or may not receive pay or benefits as per University policy.
7. The Block Schedule will reflect what elective the resident has chosen for that block. Residents are expected to complete electives during the scheduled dates or the elective will not be counted as 'complete.'
8. Reading electives are not allowed. 'Directed/tutored' reading programs are reserved for remediation or probation at the discretion of the program directors.
9. As a requirement for graduation, all elective time must be approved and accounted for. If an elective was not approved, no credit for that experience will be given.
10. Residents may swap elective and vacation time only if such a request is approved by the Program Directors and Bonnie Cheung. You must contact Bonnie Cheung to obtain final approval – even if you have already spoken to one of the Directors. Swap requests must be made early enough to that the 60/90 day rules above are not violated.
11. Electives are not complete and will not be credited towards completion of training until the program has received an evaluation of:
  - a. The Resident's performance completed by the faculty member supervising the rotation. It is the responsibility of the Resident to request an evaluation of their

performance by their supervisor. Electives where the majority of supervisors performance evaluations are unsatisfactory will not be counted toward graduation.

12. Residents are not permitted to participate in an elective experience for residency credit which has a United States State Department Travel Advisory. Please check <http://www.travel.state.gov/>

## SCHOLARLY PROJECTS

**All residents are required to complete a scholarly project in order to graduate from the program.** There are many creative possibilities for fulfilling this requirement. The decision of is a big one, and you should involve your advisor, and the Program Directors in helping you to decide. **All projects must be approved by a Program Director in advance.** Your final project will be included in your resident portfolio as a component for assessment of the practice-based learning and improvement competency. This is an opportunity to start developing an academic niche, explore an area of interest and leave your mark on our residency program and specialty.

Some possibilities for scholarly projects include:

- Original research: This is most often accomplished with a faculty mentor and evolves over 1-2 years. Your role in a group project must be clearly identified and substantial. If the project is not completed as you approach the end of your residency, you must still produce a paper of publishable quality summarizing the project and the results obtained to that point.
- Review article: Faculty members are often asked to write review articles in their areas of expertise, and are happy to work with a resident partner.
- Book chapter
- Case Report
- Medical Education Project: You may develop and implement a new curriculum for the residency including a curriculum document and the instructional materials.

It is best to think about this early in your residency so you have ample time to complete the project. Scholarly Projects almost always take longer to complete than initially anticipated. If you do not complete this requirement, you will not finish the residency. This means you will not be able to take the ABEM exam and become board certified in EM until you complete this requirement.

## FACULTY and PROGRAM EVALUATIONS

All residents are required to evaluate faculty teaching and their training program. Resident evaluations of faculty teaching are required for the faculty review and promotion process, and they provide very valuable feedback that the faculty can use to improve their teaching. Similarly your evaluation of the residency is invaluable in program improvement.

Residents will be provided the opportunity to evaluate the faculty and the rotation upon completion of each rotation via Verinform. Residents are encouraged to evaluate each rotation and to evaluate the faculty at least once a year. These evaluations are confidential. Your name is removed prior to the faculty member or Program Directors seeing the evaluations.

Residents will also be expected to evaluate their training experience in three surveys:

1. The annual pre-retreat program survey
2. The annual ACGME survey of residents in training
3. The annual UCLA institutional survey of residents in training

Each of these surveys contributes importantly to the improvement of the residency and you are responsible for completing each of the three surveys.

## **LICENSURE**

Please refer to the UCLA GME web site for the Medical License policy.

California law requires all residents who graduate from U.S. or Canadian medical schools to obtain their medical license prior to the commencement of any postgraduate year after two years of training in an ACGME accredited program. Graduates of international medical schools, whether United States nationals or not, must obtain their medical license after three years of training in an ACGME accredited training program. Residents will be notified when they commence training that their appointment/reappointment will be contingent upon compliance with California state law.

**Appointment:** Residents must meet all State of California licensing requirements at the start of their scheduled appointment. Applicants who fail to meet State of California licensing requirements by the start date of their training program will not be appointed.

**Reappointment:** Residents who are not in compliance with California state law at the time of reappointment will not be reappointed until they have obtained a medical license, and will not be paid, nor will they be credited for board certification.

To avoid problems do not delay in seeking your license upon completion of your R1 year. Forms to apply for licensure can be obtained from the house staff office. We also have prepared a guide to help you through the intricacies of the process. You can obtain this from the Emergency Medicine Residency Coordinator. Each of the hospitals where you rotate will require current copies of your license and DEA.

## **MOONLIGHTING**

The residency program is aware of the desire of residents to moonlight. However, in order to obtain and retain the privilege of moonlighting the following rules must be upheld:

- Residents are not allowed to begin moonlighting until they have received permission from the program director, and this will not occur until the resident has completed their EM2 year. Exception: residents who are board certified/ eligible in another specialty may request permission from the program director to moonlight in their prior specialty during their EM2 year.
- Only residents who are in good standing with the residency are eligible to moonlight. Residents who are on probation or remediation of any sort are not permitted to moonlight
- Residents must keep an accurate “Moonlighting Verification Form” on file with the residency coordinator at all times.
- Moonlighting may not interfere with any residency related activities (conference attendance, shifts, electives, presentations, jeopardy, etc.).
- The total hours spent moonlighting cannot be more than 24 hours per month.
- A resident may not work more than five shifts, of any type, in a seven-day period.
- A resident may not accept a moonlighting shift when they are on jeopardy.

If it is noted that moonlighting has become a problem for a resident, the resident will be required to curtail their moonlighting activities, as considered appropriate by the Program Director

### MOONLIGHTING ACTIVITY VERIFICATION FORM

I, the undersigned resident, am working outside of my regularly scheduled residency duties at the following locations:

Hospital/Urgent Care Site Name	Director’s Name & Phone No.	Ave. Hours/Month
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I understand that “moonlighting” is permitted for R3 and above EM residents in good standing, at no more than 24 hours/month. Residents are not permitted to work more than 5 shifts per 7-day period of any type. Residents can not allow moonlighting activities to interfere with their residency activities, such as conference attendance or self-directed reading. I will maintain an accurate and current copy of this form in my residency file at all times.

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Resident Name

Resident Signature

Date

## **CERTIFICATES**

All entering emergency medicine residents are required to successfully complete a BLS (Basic Life Support), ACLS (Advanced Cardiac Life Support) and PALS (Pediatric Advanced Life Support) course prior to beginning their R1 year. ATLS training is usually provided later in the R2 year. Maintaining current ACLS and/or PALS certification is not required by UCLA Medical Center for all housestaff, but residents should be aware that other employers of emergency physicians usually require current ACLS and PALS certification and often ATLS certification as well. Opportunities for recertification are periodically made available to residents.

## **SUBSTANCE ABUSE**

Substance abuse remains a problem for physicians in general and emergency physicians in particular. The School of Medicine and each training site has policies on substance abuse and impaired physicians that apply to all residents in programs associated with UCLA. We adhere to these policies. Additionally we are anxious to have any resident who may have a substance abuse problem get help, preferably before the problem threatens their personal or professional life. We encourage any resident who is concerned that he or she has a substance abuse problem seek help by contacting their advisor, one of the Program Directors, the house staff office, or through the employee assistance program. Every effort will be made to ensure confidentiality. Residents and faculty who suspect substance abuse in any of the residents are required to contact one of the Program Directors so that the concern can be investigated and help offered. The identities of all parties will be kept confidential.

## **MATERNITY/PATERNITY LEAVE POLICY**

**Please refer to the UCLA GME web site for a full copy of the policies**

Residents are entitled to paid maternity leave for 2 weeks per year. Time taken in addition to this (with the exception of vacation time) will be leave without pay. Time absent from training will require makeup to meet the ABEM requirements. It is the responsibility of the resident to arrange her schedule to minimize the impact on her training and the other residents. This means trading your shifts and blocks around so you have elective and/or vacation during the expected time of delivery and maternity leave period. Maternity leave may be coupled with unpaid Family and Medical Leave in accordance Federal Law and UCLA Policies.

Paid paternity leave of one week per year is allowed. Written notification of intent to take paternity leave must be made 30 days in advance of the expected leave dates. The same rules apply regarding fitting it in with the rest of the schedule.

Assistance with scheduling will be provided by a chief resident, Program Director, or Program Coordinator. Shift and rotations that are missed due to maternity leave and/or sick time will need to be made up in order to ensure complete the program requirements. Arrangements must be with the Program Director for how and when such time will be made up. The resident taking maternity or paternity leave may be required to make up missed required educational or and/or shift time during elective time, and it is often necessary to delay a resident's graduation to complete training.

## **COUNSELING**

We recognize that emergency medicine residents are no less vulnerable to life's stressors than other human beings, and as human beings, will need understanding and emotional support from time to time. Your advisors and the Program Directors are available for informal counseling on personal and professional matters, as needed. In addition, the UCLA Medical Center has established the Mental Health Services for physicians in training programs to provide psychiatrist or psychologist consultations to residents in need. The initial consultation is free, and ongoing low-cost treatment can be arranged. To preserve confidentiality, housestaff are interviewed at a nearby site off campus and no records are made of any contact. For more information, or an appointment, please call Paula Stosell at (310) 206-8976. Emergency assistance is available at any hour.

## **SEXUAL HARASSMENT**

Please refer to your House Staff Manual section regarding professional policies for complete details. The following is excerpted from the manual.

“The University of California is committed to creating and maintaining a community in which students, faculty, and administrative and academic staff can work together in an atmosphere free of all forms of harassment, exploitation, or intimidation, including sexual. Specifically, every member of the University community should be aware that the University is strongly opposed to sexual harassment and that such behavior is prohibited both by law and by University policy. It is the intention of the University to take whatever action may be needed to prevent, correct, and if necessary, discipline behavior which violates this policy.”

## **RESIDENT PORTFOLIO**

The residency maintains a resident portfolio in order to document resident attainment of the ACG ME Competencies. The content of the portfolio will be cumulative over the four years of the residency, and will be evaluated at each semi-annual evaluation session with the Program Directors. Items for inclusion in the portfolio and the corresponding competency include:

- Written In-Training Examination results (MK)
- Oral Exam scores (MK, PC, Prof., IPS&C)
- Conference Attendance
- Procedure logs (PC)
- Follow-up logs (PC, PBL&I)
- Scholarly project documentation (PBL&I)
- Journal club article methodological assessment (PBL&I)
- Evaluations for teaching assignments (PBL&I)
- QI project (SBP or PBL&I)
- Case conference write-up, with emphasis on systems issues (SBP) – at least one of the 3 case conferences done over the 3 years must be included (MK, PC, PBL&I, SBP)

Please discuss content selections with your advisor or the Program Director.

### **ACKNOWLEDGEMENT OF RECEIVING THE EMERGENCY MEDICINE RESIDENT MANUAL**

My signature on this form acknowledges that I have reviewed the UCLA Emergency Medicine Resident Manual and agree to abide by its contents.

\_\_\_\_\_

\_\_\_\_\_  
**Name (Please Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

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