

Elmhurst Hospital Center

Emergency Department Resident Duty Roles

Overview of Changes:

- Gone is the distinction between medical and surgical patients. Patients will be triaged to A & B equally. Therefore, everyone (including internal medicine and outside rotating EM residents) will be getting both A & B side shifts.
- The trauma team is now made up of 2 residents from B side, and 1 resident from A side. This is designated on the schedule as a "T".
- If you are not on the Trauma (T) team, you will be expected to assist with any cardiac room resuscitations if a "Cardiac team to the cardiac room" is called.
- The PGY-3 in the B room will act as a "float", seeing patients on both sides of the B room. The PGY-3 is responsible for clearing backboards.
- The PGY-3 in the B room will also be responsible for assigning roles prior to trauma alerts. They are responsible for knowing who will manage airway, access, and charting of the patients in the trauma room.

Description of Roles and Zones:

A Side Includes A1-A23, Asthma, GYN

PGY 1/2 (2) – The mid level residents are to manage the A side as a team. Residents are to present to the senior resident when available. One member of the A team will be assigned to the trauma team (usually a PGY2). One of the A side residents may be an internal medicine resident who will not be assigned to the trauma team.

PA (Formerly "GYN-Asthma") – When an additional PA is available, the PA will be a full member of the A Team, bringing the total number of providers to three. The PA will see gyn, asthma, and A side patients.

B Side Includes B1-11 (but no longer GYN)

PGY 1/2 (2) – The junior level residents are each to manage a zone within the B side. Zone 1 comprises B1-6 and its hallway; Zone 2 comprises B7-11 and its hallway. They are responsible for all patients in their zone. One member of the B team will be assigned to the trauma team (usually a PGY1). One of the B side residents may be an internal medicine resident who will not be assigned to the trauma team.

PGY3 – The B side will usually be staffed with a PGY 3 Emergency Resident. The PGY 3 will serve as a "float" to assist the junior level residents in the management of both of their zones. The PGY 3 will be responsible for identifying acutely ill patients, clearing backboards with the assistance of the team, and supervising or performing laceration repairs. When there is more than one PGY3, the resident working an 8-hour shift will serve as the float, and the resident working the 12-hr shift will be assigned a zone.

Trauma Team

To maintain a resident presence on both A and B teams during trauma, the trauma team will be composed of the PGY 3 or senior level resident and one junior level emergency resident from each of the A and B sides. This will be determined by the scheduling chief. The remaining residents will be responsible for maintaining order on their sides, identifying acutely ill patients, and seeing patients throughout the side until the trauma is complete.

PGY3 Role During Trauma – The PGY 3 will be responsible for delegating responsibility prior to, and during, trauma activations. They will determine which resident will serve as Airway, Secondary Assessment, and resident of record for the patient.

The trauma team will round with the trauma attending 30 minutes prior to signout. Each resident will then sign out their trauma patients directly to their replacement resident at 7:00 (i.e. PGY3 to PGY3, A-Trauma to A-Trauma, etc.). The new trauma team will then round with the trauma attending 30 minutes after signout. If you are doing a DAT/NAT shift, you are on the trauma team, but will see patients primarily on the A side. It is therefore important that you keep close track of your trauma patients and consult with the Trauma/B attending frequently.

Senior Resident

The Senior resident will primarily be assigned to the A side and will be responsible for identifying acutely ill patients at triage. They will take presentations from the A side residents. The senior resident is expected to be present at traumas as much as possible, and to act as the trauma room supervisor – maintaining order, assisting the PGY3 in management decisions and acting as the primary liaison with the consult and surgical services. They are not expected to be in direct contact with the patient, except in exceptional circumstances. As patients are stabilized, the senior resident is expected to defer management to the PGY3.