

EMERGENCY MEDICINE

SCOPE OF PRACTICE

PGY1 – PGY3

The degree of professional responsibility accorded to the resident is progressively increased throughout the course of training according to the PGY level and individual capabilities. Clinical care provided by any Emergency Medicine (EM) resident always takes place under the direct supervision of an EM attending physician while in the Emergency Department (ED). The most current resident-specific scope of practice regarding level of supervision for specific procedures, including procedural sedation or moderate sedation, can always be accessed through the MUSC E*Value tracking system.

The **PGY-1 EM resident** is responsible for the initial evaluation, stabilization, and disposition of individual acutely ill or injured patients. PGY-1 residents are responsible for a fewer number of ED patients while learning the basic EM clinical skills and approach to the patient. The resident manages patients with the supervision of the EM attending and occasionally a senior EM resident. PGY-1 residents are expected to gradually contribute toward patient flow as their skill level and knowledge base expand throughout the academic year. They are not expected to assume any type of supervision of other learners, although occasionally they do informally supervise medical students. Off-service rotations provide a broad foundation upon which to build knowledge. Teaching responsibilities are in the form of interacting clinically with medical students and giving one Core Content lecture during the PGY-1 year at the weekly EM didactic session. PGY-1 residents have no direct administrative role to perform but are exposed to various administrative issues during orientation sessions and at residency conference. They are active in recruiting future residency applicants. Residents are expected to become ACLS, BLS, and PALS providers during the PGY-1 year.

The **PGY-2 EM resident** assumes increased responsibility in the initial evaluation, stabilization, and disposition of acutely ill or injured patients. They are expected to carry the majority of critical patients in the ED at any given time, thus developing the ability to care for multiple patients simultaneously. Based upon the clinical situation, the PGY-2 resident is encouraged to initiate the appropriate workup and treatment while discussing care with the EM attending at some point during that patient's ED stay. This experience allows the PGY-2 resident to develop and improve procedural skills including procedural or moderate sedation, clinical judgment, patient flow capabilities, and decision-making skills. The PGY-2 resident will assist PGY-1 off-service residents or students in initiating patient work-ups. Off-service rotations focus on critical care.

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As the year progresses, the resident will continue to assume more responsibility for team leadership, supervision, and administration in the clinical and didactic arenas. These residents will begin to provide direct medical control of EMS calls. They also are active in recruiting future residency applicants by assuming leadership in the organization of the associated social events and the interview day. Annual teaching responsibilities include one Core Content and one Evidence-Based Medicine Clinical Answers lecture at the weekly EM didactic session.

At the **PGY-3 level**, there will be advanced clinical, administrative, supervisory, and educational functions within the ED. PGY-3 residents will continue to develop their expertise in patient care and procedural skills including procedural or moderate sedation, team leadership, supervising resuscitations and managing multiple patients simultaneously. The resident will focus on managing the entire ED, becoming more autonomous, and learning to delegate and refine triage skills. They are expected to supervise their juniors, off-service rotators and students and to lead by example. The PGY-3 resident will continue to direct medical control for EMS calls. PGY-3 residents will be supervised exclusively by the EM attending physician. Residents will be expected to teach on all clinical shifts and to actively participate in conferences both as presenters and audience members. They are expected to give a total of three didactic lectures. All PGY-3 residents will complete their CQI project and Scholarly Activity which both began at the PGY 1 level. They are active in recruiting future residency applicants.