

KAWEAH HEALTH
EMERGENCY MEDICINE RESIDENCY PROGRAM
Elective and Selective Policy

Revised 5/22/2023

EM residents during their PGY2 year will take one 4-week Emergency Medicine selective rotation. PGY3 EM residents are allotted an additional two 4-week elective rotations which can occur anytime during that year except Block 13. Any mandatory attendance events for the residency program are not excused for away electives (e.g. In-training exam, resident retreat, etc.). Now that the in-training examination is computer generated, the resident may take the ITE at another residency with prior approval of that residency and this residency. Arrangements must be made with the American Board of Emergency Medicine.

PGY-2 Selectives are Emergency Medicine-focused and completed in an Emergency Department environment, under the supervision of board-certified/board-eligible Emergency Medicine physician faculty. Electives are not required to be at Kaweah Health Medical Center (KHMC) and are pre-arranged and applied for by the resident. This policy serves to help define acceptable elective and selective rotation options.

Elective and selective rotations must be pre-approved by the Program Director and the DIO. Please see the attached form that must be submitted at least 12 weeks prior to the start of an elective or selective rotation. An elective at another institution must provide an educational experience that is not offered at KHMC and it must be deemed to have merit in the resident's emergency medicine graduate medical education. (Please see the policy on Away rotations.)

PGY-2 selectives are Emergency Medicine-focused rotations done at KHMC. If a resident would like to arrange a selective at KHMC that is not currently on this list, they must obtain approval from the teaching chief (must be EM faculty) of this proposed selective service. Then, if approved by the program director, the selective may be added to the choices below. It is the responsibility of the resident who creates this selective to generate the core competency-based Goals and Objectives curricular documents for this new rotation as well as an evaluation form for the rotation to be completed by the designated preceptor.

Also, one of the duties of the resident on a selective or elective on campus is to be able to substitute for residents who are on an Emergency Medicine rotation who become ill. The resident is able to provide back-up for any resident who calls in sick during the required work hours during the week and will then take one weekend 24 hour call each week. The schedule will be decided on by the chief resident in charge of the EM schedule for that month. The resident must be mindful of their responsibility to provide back-up, which is explained in detail in the Sick Time-Jeopardy policy.

Residents on academic probation/warning or with academic deficiencies are limited to KHMC rotations until the probation/warning or deficiencies are removed. The Program director may decide that the resident with clinical, knowledge or professional deficiencies should not be granted the requested elective and instead complete a rotation that includes experience in the area in which the resident is deficient. Residents requesting an "away" elective must have a valid California State license. Kaweah Health does not provide any additional funding for elective rotations.

Residents on an elective at KHMC are required to have patient interaction. This may be done in a variety of settings such as EM shifts, Rapid Response Team shifts, ultrasound shifts, EM teaching shifts, enrollment of patients into a study, etc. The type and schedule of patient contact should be discussed with the program director and be included in the proposal for the selective/elective.

Residents on a PGY-2 selective rotation must have patient interaction in the Emergency Department, under supervision of EM residency faculty members.

Successful completion of the rotation is determined by the receipt of a completed evaluation which is to be returned to the Office of GME within 30 days of the end of the rotation. The resident is responsible for the receipt of the completed evaluation. The resident is also responsible for any paperwork, tasks, etc. required in the Goals and Objectives. Failure to read the G&O for the selective/elective and perform the necessary paperwork, tasks, etc. may result in failure of the rotation.

Elective Rotation Options

Anesthesia	Physical Medicine & Rehab
Cardiology	Performance Improvement
Clinical Research	Plastic Surgery
CV ICU	Podiatry
Dermatology	Psychiatry
Family Medicine (ambulatory)	Pulmonology
Gastroenterology	Radiology
Hand Surgery	Research
Hospitalist Service	Respiratory Management/Ventilatory
ICU	Rheumatology
Infectious Disease	Sports Medicine
Nephrology	ED Ultrasound - advanced
Obstetrics / Gynecology	Teaching – medical education
Ophthalmology	Vascular Surgery
Otorhinolaryngology	Wilderness Medicine
Orthopedics	
Palliative Care	
Pharmacy	

EM Selective Options

Emergency Medicine
Pediatric Emergency Medicine
Fast Track
Emergency Ultrasound
Advanced Emergency Ultrasound

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Elective / Selective Rotation Request Application

Today's Date: _____ Rotation Start/End Date: _____ Block _____
Resident Name: _____ Rotation during PGY 2 3 (circle one)
Name of Rotation: _____ Preceptor's Name: _____
Description of the educational benefit and the Rotation Goals & Objectives (attached):

Percentage of time expected to be spent in: Hospital _____ Outpatient/Clinic _____
Level of Supervision: ___Direct ___Indirect w/ Direct Immediately Available ___Indirect
Institution's Name: _____

Address: _____

City/State/Zip: _____

What credentialing documents does the institution require? (e.g. certificate of liability, vaccination record, etc.) _____

Credentialing Contact Name: _____

Contact Email: _____

Contact Phone: _____ Contact Fax: _____

I hereby verify that the information contained in this application is accurate. I also agree to:

- Perform the duties satisfactorily and to the best of my ability under the authority of the supervising physician of the host institution.
- Conform to all host institution' policies, procedures, and guidelines.
- Arrange for housing/travel and all other financial obligations.
- Arrange for completion of required resident evaluations.
- Complete goals and objectives specified in the rotation & approved by the CCC.

What is the status of the resident's QI project? _____

What is the status of the resident's scholarly activity project? _____

Is the resident currently required to come in early on Thursday mornings due to late items in either of the above projects? YES NO

(If the above answer is YES, the resident must either bring their work up-to-date or choose Research as their selective/elective.)

Resident Signature _____ Date _____

Program Director Signature _____ Date _____

DIO Signature _____ Date _____

_____ Approved _____ Denied Reason _____