



# Carolinas Medical Center

## Emergency Medicine Residency Program





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## Carolinas Medical Center



### Emergency Department

There are currently four treatment areas (55 beds total) within our emergency department:

- \* **Major Treatment** – Most of our patients with significant illnesses, traumatic injuries, and higher degrees of medical acuity are triaged here. 18 beds. Open 24/7.
- \* **Diagnostics** – Middle-high level of acuity. Geriatrics, OB/GYN, general 'work-ups', dental and eye complaints. 15 beds. Open 24/7.
- \* **AEC** – GYN complaints, lacerations, and patients with lower acuity are triaged here. 10 beds. Open 9a-1a.
- \* **Children's Emergency Department** - A separate Children's ED opened in September 2004. All patients less than 18 who do not meet the requirements for a Trauma Code all seen here. 12 beds. Open 24/7.



Children's ED



Trauma Room

**Physician Coverage**

Major Treatment: single attending 24 hours/day; double attending coverage from 11am-11pm.  
PGY 3: 7a-7a; PGY 2/3: 9a-5a; PGY1: 1p-11p

Diagnostics: single attending 24 hours/day  
PGY 2/3: 9a-5a; MLP: 7a-3a, PGY 1 1a-7a: MLP 9a-7p M-F

AEC: single attending 9a-1a  
PGY 1 11a-9p; 3p-1a; 9p-7a (to Diag 1a-7a)

Children's ED: single attending coverage 24/a day  
PGY1: 9a-7p; 7p-5a; PGY2/3 or Peds PGY2/3: 7a-7a; MLP 11a-9p

Observation unit: MLP 9a-5p

**Ancillary Equipment:**

Radiology: in ED-Digital Xrays with 24 H in-house Radiologist back up; C-arm  
fluoroscopy in ED; ED US (5 machines)

Point of Care Testing

Electronic Medical Record, Cerner FirstNet (patient tracking), PowerChart (EMR)

**Ancillary Support:** Translators, Techs, RT's, SW, Patient Reps, Child Life, unit secretaries



## **Carolinas Healthcare System**



- The second largest non-profit hospital system in the nation
- Third largest healthcare system in the country
- Owns, leases and manages 33 hospitals in North and South Carolina, nursing homes, physician practices, home health agencies, radiation therapy facilities, physical therapy facilities, managed care companies and other healthcare related operations, comprising more than 6,000 licensed beds and approximately 48,000 employees.

### **CMC-Main**



**Carolinas Medical Center-Main with Levine Children's Hospital**

Flagship hospital of the system with an annual budget of over \$2.4 billion

874-bed (including 234 LCH), community-based teaching hospital, Level 1 trauma center

8 ICU's: coronary, medical, surgical, trauma, neurosurgical, cardiovascular, pediatrics, and newborn

The new [Children's Emergency Department](#) was a cornerstone to the launching of the new 234-bed Levine Children's Hospital which was completed in October 2007. It is the first ED in the region open 24 hours a day and dedicated to the care of children in a family-centered environment. [www.levinechildrenshospital.org](http://www.levinechildrenshospital.org)

### **Patient Volume**

|                           |                     |         |
|---------------------------|---------------------|---------|
| ~109,000 annually-298/day | 25% Major Treatment | 18 beds |
| 82,000 Adult              | 25% Diagnostics     | 14 beds |
| 30,000 Pediatric          | 25% Fast Track      | 10 beds |
|                           | 25% Pediatric ED    | 12 beds |

### **Patient Acuity**

- 27% are admitted:                      nearly 1/4 of those admitted go to a unit
- 70% from Major Treatment    • 22% from Diagnostics    • 8% from Children's ED

### **Payor Mix**

|                  |              |              |
|------------------|--------------|--------------|
| Commercial 2%    | Medicaid 23% | Other 2%     |
| Managed Care 24% | Medicare 17% | Self Pay 32% |

### **Patient Mix**

#### **Statistics**

30% Medical  
27% Surgical/Trauma  
25% Pediatrics  
15% OB/Gyn  
3% Psychiatry & Toxicology

### **Recent Annual Trauma Registry**

4594 patients  
66% primary care at CMC  
34% referred to CMC

### **Mechanism of**

#### **Traumas**

82% blunt trauma  
12% penetrating trauma  
1% burns



## **EMS**



The Center for Prehospital Medicine is a Division of the Department of Emergency Medicine at CMC, and serves as a regional center for prehospital medical oversight, paramedic/prehospital education, disaster and preparedness planning, mass gathering medical support, and other EMS-related activities.

CMC EM faculty member Dr. Doug Swanson serves as the medical director for EMS in Mecklenburg County:

- Ground services provided by Mecklenburg EMS Agency (MEDIC)
- Aeromedical services provided by MedCenter Air

The Emergency Department provides on-line medical control for Medic and MedCenter Air ground and flight services.

- PGY1 = orientation to the system, meet the providers, ride with Medic (required) and fly with MedCenter Air (voluntary) as an observer
- PGY2 or 3 = more political and administrative responsibility, on-line and direct medical control
- Medic shifts, coverage at Bank of America Stadium (Carolina Panthers), Lowe's Motor Speedway (NASCAR)
- Rotations with Charlotte Fire Department, EMS Dispatch, Operations Supervisors, EMS Fellow, and the Medical Director
- Teaching opportunity for initial and continuing education courses at EMT and paramedic levels, including experience working with in a high-fidelity medical simulation and human gross anatomy labs
- Optional rotation with Carolinas MED-1 (Mobile Emergency Department) designed for disaster response (as available)

### **MedCenter Air (CMC) Ground & Air Transport**

MCA has 4 rotor wing aircraft and 3 fixed wing aircraft. Implemented in March 2010 are 3 EC135 helicopters - having the latest in medical and aviation technology to include: ground and traffic collision avoidance, NVG's, satellite tracking, environmental control, and all current and proposed State and Federal safety recommendations.

MCA also has multiple critical care ground trucks which are positioned through out the region.

PGY1 and 2 residents have the option of ride-along shifts with MCA, and a PGY3 elective is available. The PGY3 may assume on scene medical control and will fly as the second crewmember. Residents will also lead MCA M&M, and take part in crew skills check-offs and case reviews as they arise during the month.

### **Carolinas Med-1 - <http://www.carolinasmed-1.org/>**

Two 53-foot tractor trailers – One vehicle for patient care,  
one vehicle for support and storage

Six critical care beds

Seven general beds

1 dental/ENT chair

Nearly 1,000 sq. feet of indoor treatment space

Secure environment, HEPA filtered to 0.3 microns

Expanded capability with a fixed, deployable tent system adds 250 additional beds

Mobile, Level-1 trauma center capabilities

Diagnostic capabilities - Full pharmacy, laboratory, radiology and ultrasound

Telemedicine uplinks

### **Mecklenburg EMS Agency (Medic)**

-90,000 responses in 2007

-70,000 transports

## **Education**

Affiliated with the University of North Carolina-Area Health Education Center (AHEC) System. Academically, serves as the Charlotte campus of UNC-Chapel Hill. PGY 1-2-3 program. Currently 14 residents per year.

### **PGY 1**

|  | <b><u>Curriculum</u></b>  | <b><u>Responsibilities</u></b>                    |
|--|---------------------------|---|
| One 12H Medic shift each ED month (48 hrs. EMS exposure) | 1 month ED orientation    | 20-21 10H shifts                                  |
|  | 4 months ED (EMS)         | Mixture of AEC, Major, Peds, some Diagnostics     |
|  | 1 month Internal Medicine | Every 5 <sup>th</sup> night call                  |
|  | 1 month MICU              | Every 4 <sup>th</sup> night call                  |
|  | 1 month Peds              | Every 4 <sup>th</sup> -5 <sup>th</sup> night call |
|  | 1 month Trauma            | Every 3 <sup>rd</sup> night call                  |
|  | 1 month OB/Gyn            | Every 4 <sup>th</sup> night call                  |
|  | 1 month Cardiology        | No call   |
|  | 1 month US/Anesthesia     | No call   |

### **PGY 2**

|                                     | <b><u>Curriculum</u></b> | <b><u>Responsibilities</u></b>   |
|-------------------------------------|--------------------------|--|
| 1 formal lecture, grand rounds type | 5 months in ED           | 19-20 10H shifts   |
| Orthopedics lecture                 | 1 month Peds EM          | Mixture of Major, Diagnostics, Peds, some AEC                            |
| Toxicology lecture                  | 1 month in Ortho         | 17 10-hr shifts  |
|                                     | 1 month CCU              | 8a-5p mix clinic , ED, Radiology; 1 evening shift/week; one Sat. on call |
|                                     | 1 month MICU             | Every 3-4 <sup>th</sup> night call                                       |
|                                     | 1 month TICU             | Every 3-4 <sup>th</sup> night call                                       |
|                                     | 1 month Toxicology       | Every 3- 4 <sup>th</sup> night call                                      |
|                                     | 1 month EMS              | Tox – 15 home call nights, WS*/ EMS – no call, WS*                       |

### **PGY 3**

|                                     | <b><u>Curriculum</u></b> | <b><u>Responsibilities</u></b>  |
|-------------------------------------|--------------------------|---|
| 1 formal lecture: grand rounds type | 8 months ED              | 17-19 8, 9, 10 H shifts   |
|                                     | 1 month PICU             | Mixture of Major, Diagnostics, Peds, some AEC   |
|                                     | 3 months electives       | Every 3 <sup>rd</sup> night call  |
|                                     |                          | No call, WS*  |
|                                     |                          | International; US; Critical Care; Med Student Teaching; Research; Radiology; Forensics; Administration; Infectious Disease; Simulation Medicine; Cardiology; Community EM |

WS\* = weekend shifts in the ED (one Sat. and Sun.)

ACLS, PALS and ATLS are offered during the Intern Orientation week as well as other times throughout the year.

## **Resident Requirements**

- \* All residents are required to submit one manuscript of publishable quality before graduation.
- \* All residents are required to take the yearly in-service exam in February.
- \* All residents are required to take USMLE part III during their intern year.
- \* All residents are required to complete an exit interview with the Program Director before graduation.

## **Didactics**

Conference time: 12:00-1:00pm Monday-Wednesday; 11a-1p Thursday  
5 hours/week = RRC requirement

### General Topics

Core Content every 24 months  
M&M weekly  
Toxicology conference monthly  
Peds – EM conferences 2/month  
Residents' conference – monthly  
Point/Counterpoint series

### Dedicated Symposia

Airway  
Wound Care  
EKG  
How to Find a Job  
Risk Management  
Administrative, QA, Patient Outcomes  
Shock  
Bioterrorism

## **Simulation Lab**

Comprehensive, state of the art simulation lab experience



## **Journal Club:**

Monthly at Attending's home or nearby restaurant.  
Single topic  
2 articles focusing on landmark EM papers



## **Fellowship Programs**

- Research: Jeffrey Kline, MD; John Watts, Ph.D.
- Toxicology: Russ Kerns, MD
- EMS: Douglas Swanson, MD
- Ultrasound: Tony Weekes, MD
- Pediatric: Stacy Reynolds, MD

## **Graduate Statistics**

The Emergency Medicine Residency Program began in 1976. As of June 30, 2010:  
274 graduates: 78 academic practice (~28%), 196 clinical practice (~72%).  
Over last 5 years, approximately 40% academic practice; 60% clinical.

## **ABEM Performance since 1991**

Written: 99.5% pass rate vs. 90% nationally

Oral: 99% pass rate vs. 95% nationally

## **Faculty** (See separate biographical section)

30 faculty

All are board certified in Emergency Medicine or Pediatric EM, and several are dual and triple boarded in other specialties

30 Emergency Medicine residency trained, 2 Internal Medicine trained, & 4 Pediatric EM trained:

- 15 Carolinas Medical Center – Antoniazzi, Batts, Bullard, Craig, Garvey, Heffner, Kline, Leuck, Mitchell, Runyon, Sullivan, Swanson, Tayal, Wares, Salzman
- 1 Cook County Hospital - McBryde
- 2 Denver Health Med Center - Marx, Pearson
- 1 Columbia University – Colucciello
- 2 Henry Ford Hospital – Asimos
- 1 George Washington – Georgetown University - Pelucio
- 2 Indianapolis – MacNeill, Cordle
- 1 Michigan – Trivedi
- 1 Penn State - Kerns
- 1 North Shore –Beuhler
- 1 Jacobi Medical Center -Weekes
- 1 Maryland - Fox
- 1 Pittsburgh – Reynolds
- 1 Beth Israel - Callaway

Our faculty are leaders in EM locally, statewide and nationally. We have current and former presidents of SAEM (Jeff Kline and John Marx, respectively) and ACEP (Bob Schafermeyer) as well as former North Carolina ACEP Presidents (Marsha Ford, Bob Schafermeyer and Vivek Tayal). We have leading researchers who have won numerous awards – SAEM Young Investigator (Jeff Kline & Alice Mitchell) and grants including NIH funding (Jeff Kline). In addition, our faculty have won numerous teaching awards. Finally, they are active contributors to numerous peer reviewed journals and text books. (please see our website for more information).

## **Research and Scholarly Activity**



Physical Plant:

**Cannon Research Center**

Opened in 1991

60,000 square ft. facility for small and large animal investigations

Departmental Personnel:

2 Ph.D. physiologists

1 full-time research program manager

1 full-time clinical research nurse; 3 full-time research coordinators

2 full-time lab technicians

1 full-time administrative assistant (clinical/basic science)

Undergraduate research associate program

## Research Summary

The Mission of the division of Emergency Medicine Research at Carolinas Medical Center is “to research ways to diagnose and treat life threatening illnesses.” As a result, the scope of interests ranges from social science to cell physiology. Clinicians in the department tend to research disease entities or organ systems relevant to acute care. The individuals who were able to provide a description of their research activities are listed alphabetically below.

### Areas of Interest

Lee Garvey, MD – Diagnosis and treatment of acute coronary syndromes

Jeff Kline, MD – Diagnosis and treatment of pulmonary embolism, pulmonary vascular biology and cardiac sequela of massive pulmonary embolism

John Watts, PhD – Cardiac function in experimental massive pulmonary embolism

John Zagorski, PhD – Role of chemokines in neutrophil-induced lung injury in pulmonary embolism

Vivek Tayal, MD – Ultrasound diagnostic methods

Andrew Asimos, MD – Stroke and traumatic brain injury

Matthew Sullivan, MD – Infectious disease surveillance

Tony Weekes, MD – Ultrasound applications

Alice Mitchell, MD – Contrast Nephropathy

## Published Resident Academic Projects

|                                      |  |
|--------------------------------------|--|
| Jason Ballew (2006 Grad)             | Prospective comparative trial of endovaginal sonographic bimanual examination versus traditional digital bimanual examination in nonpregnant women with lower abdominal pain with regard to body mass index classification |
| Christopher Crean (2006 Grad)        | Ocular surface distribution and pharmacokinetics of a novel ophthalmic 1% azithromycin formulation.  |
| Angel Rochester (2006 Grad)          | Needle thoracostomy for tension pneumothorax: failure predicted by chest computed tomography   |
| Gregory Snead (2006 Grad)            | Emergency clinician-performed compression ultrasonography for deep venous thrombosis of the lower extremity.   |
| Matthew Leonard (2007 Grad)          | Determination of the effect of in vitro time, temperature, and tourniquet use on whole blood venous point-of-care lactate concentrations   |
| Patrick O'Malley (2007 Grad)         | Emergency clinician-performed compression ultrasonography for deep venous thrombosis of the lower extremity  |
| Kristen Saak (2007 Grad)             | Performance of the Mortality in Emergency Department Sepsis score for predicting hospital mortality among patients with severe sepsis and septic shock.  |
| Michael Marchick (2008 Grad)         | One year mortality of patients treated with an emergency department based early goal directed therapy protocol for severe sepsis and septic shock: a before and after study  |
|                                      | 12-Lead ECG Findings of Pulmonary Hypertension Occur More Frequently in Emergency Department Patients With Pulmonary Embolism Than in Patients Without Pulmonary Embolism  |
|                                      | Prospective evaluation of right ventricular function and functional status 6 months after acute submassive pulmonary embolism: frequency of persistent or subsequent elevation in estimated pulmonary artery pressure      |
|                                      | The significance of non-sustained hypotension in emergency department patients with sepsis.  |
|                                      | Comparison of 8 biomarkers for prediction of right ventricular hypokinesis 6 months after submassive pulmonary embolism.   |
| Danielle Turner-Lawrence (2008 Grad) | A feasibility study of the sensitivity of emergency physician Dysphagia screening in acute stroke patients.  |
|                                      | Intravenous fat emulsion: a potential novel antidote.  |
| John Garrett (2009 Grad)             | The effect of a quantitative resuscitation strategy on mortality in patients with sepsis: a meta-analysis  |
| Edward Green (2009 Grad)             | Indirect computed tomography venography: a report of vascular opacification.   |
| Michael Puskarich (2010 Grad)        | ) Sepsis-induced tissue hypoperfusion  |
|                                      | One year mortality of patients treated with an emergency department based early goal directed therapy protocol for severe sepsis and septic shock: a before and after study.   |
|                                      | Effect of glucose-insulin-potassium infusion on mortality in critical care settings: a systematic review and meta-analysis.  |
| Patrick Burnside (2011 Grad)         | Indirect computed tomography venography: a report of vascular opacification.   |
|                                      | Systematic review of emergency physician-performed ultrasonography for lower-extremity deep vein thrombosis  |

Recent Presentations at National SAEM Conference  
2011 SAEM Annual Meeting  
Boston Massachusetts  
June 1-5, 2011

Adam Brunfeldt, Resident Presenter  
CPC competition

Dave Pearson, Discussant (Runner Up)  
CPC competition

Michael Puskarich MD  
"Association Between The Timing of Antibiotic Administration and Outcome in Patients with Septic Shock"

Matt Sullivan MD  
Didactic Session  
"SAEM Online: Advancing Education and Research Collaboration in Cyberspace"

Jeffrey Kline MD  
Pulmonary Embolism Oral Presentation  
"Normalization Of Vital Signs Does Not Reduce The Probability Of Pulmonary Embolism"

John Watts PhD  
Pulmonary Embolism Oral Presentation  
"Experimental Pulmonary Embolism Causes Red Blood Cell Hemolysis, Release Of Arginase Activity And Depletion Of Circulating L-arginine"

Jeffrey Kline MD  
"Coping with Rejection in Research – Resiliency Strategies to Effectively Move Forward After a Setback"

Alice Mitchell MD  
Poster Presentation #259  
"The 1-year Mortality Following Contrast-Induced Nephropathy"

Jonathan Studnek PhD  
Poster Presentation #284  
"Utilizing Geographic Information Systems To Identify Clusters of Severe Sepsis Patients Presenting In the Out-of-Hospital Environment"

Alan Jones MD  
Septic Shock Oral Presentation #408  
"Pilot Study of Glucose-Insulin-Potassium For The Treatment of Vasopressor Dependent Septic Shock"

Michael Puskarich MD  
Septic Shock Oral Presentation #412  
"Concordance and Prognostic Value of Central Venous Oxygen Saturation and Lactate Clearance Emergency Department Patients with Septic Shock"

Stacy Reynolds MD  
Pediatric Trauma Lightning Oral Presentation #414  
"Utility of Pelvic Computed Tomography Imaging in Pediatric Blunt Trauma"

Poster Presentations

Jonathan Studnek PhD  
Simulation Moderated Poster Presentation #484

"The Association Between EMS Field Performance  
Assessed By High Fidelity Simulation and The Cognitive Knowledge of Practicing Paramedics"

John Marx MD  
Didactic Session #806  
"Critical Career Decision, Part I: Should I Choose Academic EM?"

Michael Runyon MD  
Didactic Session #662  
"Know Before You Go (And Before You Send Your Residents): Developing Quality International EM Rotations"

Jeffrey Kline MD  
Didactic Session #803  
Career Decisions, Part 2: Should I Apply for a Fellowship?



**Carolinas Medical Center  
Department of Emergency Medicine  
2011-2012 E-mail Address List**

**PGY 1**

|                    |   |
|--------------------|---|
| Jonathan Bronner   | <a href="mailto:jonathan.bronner@carolinas.org"><u>jonathan.bronner@carolinas.org</u></a>     |
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|  |   |
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| <b><u>PGY 3 (* Chief Resident)</u></b> |   |

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Emily MacNeill, MD  
Assist. Residency Director

## CMC / Department of Emergency Medicine

- 1940 Charlotte Memorial Hospital opens under the auspices of the Charlotte Mecklenburg Hospital Authority
- 1976 Department of Emergency Medicine established at Charlotte Memorial Hospital, Dr John Baker is Founding Chair and Residency Program Director. Emergency Medicine Residency Program established at CMH
- 1977 Drs DeHart, McAdams, Sutton and Wase were the first graduates of the CMH Emergency Medicine Residency
- 1977 Dr Sutton named CMH Emergency Medicine Residency Program Director
- 1982 Dr Schafermeyer named CMH Emergency Medicine Residency Program Director
- 1984 First paper published by Emergency Medicine Faculty –“Fiber optic Laryngoscopy in the Emergency Department” *AJEM* 1984; 2: 160-63 by Dr Schafermeyer
- 1985-6 Dr Baker serves as President of the North Carolina College of Emergency Physicians
- 1986 MedCenter Air established - first medical helicopter service in the Carolinas; Dr Hartle was Medical Director
- 1986 CMH awarded Level 2 Trauma Center designation
- 1987-8 Dr Schafermeyer serves as President of the North Carolina College of Emergency Physicians
- 1989 Charlotte Memorial Hospital renamed Carolinas Medical Center
- 1989 CMC awarded Level 1 Trauma Center designation
- 1989 Dr Baker named Vice President for Education and Research at CMC; Dr Schafermeyer named interim Chair of Emergency Medicine
- 1989 Dr Kirsten Gross first Emergency Medicine intern to be awarded the Bryant L Galusha Internship Award
- 1990 Carolinas Poison Center established. Dr Ford is Medical Director
- 1991 Hyperbaric Medicine Center established
- 1991 Dr Marx named CMC Chair of Emergency Medicine
- 1991 Dr Marx receives the Society for Academic Emergency Medicine Academic Excellence Award
- 1991 Dr Runge serves as President of the North Carolina Chapter of ACEP
- 1991 Dr Schneider named CMC Emergency Medicine Residency Program Director
- 1991 Dr Schafermeyer appointed to ABEM Sub-Board for Pediatric Emergency Medicine, which he then chaired in 1994
- 1992 Cannon Research Center opened on CMC campus. Rich Raymond, PhD named first Director of Preclinical Research for Emergency Medicine
- 1992 Dr Blackwell appointed Medical Director of Mecklenburg Country EMS
- 1992 Dr Colucciello named ACEP National Speaker of the Year
- 1992 Dr Ford serves as Chair of the ACEP Scientific Assembly Program
- 1992 Dr Kerns serves two years as the first fellow in the Emergency Medicine Toxicology Program
- 1993 Drs Kline and Tomaszewski receive a seed grant from EMF...first peer reviewed grant won by CMC faculty
- 1993 Dr John DiPasquale awarded the Bryant L Galusha Internship Award
- 1994 Dr Kerns receives ACEP Young Investigator Award
- 1994 Dr Marx named to the Founding Editorial Board for *Academic Emergency Medicine*
- 1994 Dr Schafermeyer elected to ACEP Board of Directors, and re-elected in 1997
- 1995 Chest Pain Evaluation Center established. Dr. Garvey is Medical Director
- 1995 Dr Melissa Brokaw serves as first EMS Fellow
- 1995 Center for Prehospital Medicine established. Dr Blackwell is

- Medical Director
- 1995 The CMC Special Events Medical Service is formed to provide medical oversight for all special events that CMC is asked to provide, including Ericsson Stadium, The Charlotte Motorspeedway and the Charlotte Convention Center
- 1995 Dr David Caro awarded the Bryant L Galusha Internship Award
- 1996 First Paramedic class graduates through the Center for Prehospital Medicine
- 1996 Dr Laura Potter awarded the Bryant L Galusha Internship Award
- 1997 Code Stroke Program established. Dr Asimos is Co-Medical Director
- 1997 Dr Ford serves as President of the NC College of Emergency Physicians, and received their Emergency Physician of the Year Award
- 1997-8 Dr Marx serves as President of the Society for Academic Emergency Medicine
- 1998 Dr Blackwell receives Grant to develop a multi-agency counterterrorism response team for Charlotte-Mecklenburg
- 1998 Dr Blackwell is named Medical Director of renamed Mecklenburg EMS Agency
- 1998 Dr Tony Seupaul awarded the Bryant L Galusha Internship Award
- 1998-8 Dr Runge receives CDC funding for alcohol intervention research in the ED
- 1999 Carolinas Medical Center designated as a North Carolina Academic Medical Center, the only non-University affiliated hospital so named
- 1999 Dr Gibbs named CMC Emergency Medicine Residency Program Director
- 1999 Dr Brent Myers awarded the Bryant L Galusha Internship Award
- 2000 Dr Kline receives EMF Established Investigator Award and receives SAEM Young Investigator Award
- 2000 Dr Marx named Editor-in-Chief for Rosen's Emergency Medicine: Concepts and Clinical Practice, 5<sup>th</sup> Edition
- 2000 Dr Colucciello named Editor-in-Chief of *Emergency Medicine Practice*
- 2000 Dr Marx receives the ACEP Outstanding Contribution to Education Award
- 2000 Dr Sullivan awarded Best Basic Science Fellow Presentation at the SAEM Annual Meeting
- 2000 Dr Garvey appointed to the NIH's National Heart Attack Alert Program Coordinating Committee
- 2000 Dr Darren Bean awarded the Bryant L Galusha Internship Award
- 2000-1 Dr Schafermeyer serves as President of the American College of Emergency Medicine Physicians
- 2001 Dr Bitterman's textbook Providing Emergency Care Under Federal Law: EMTALA is published
- 2001 Dr Marx appointed to NASA's Space Medicine Acute Resuscitation and Transport Team
- 2001 Dr Schafermeyer serves as Chair of the Emergency Medicine Foundation
- 2001 Dr Ford serves as Editor-in-chief of the textbook Clinical Toxicology and is awarded the George Podgorny Award by the NCCEP
- 2001 Dr Runge leaves his faculty position to become Administrator of the National Highway Traffic Safety Administration
- 2001 Dr Michael Runyon awarded the Bryant L Galusha Internship Award
- 2002 Dr Hays named CMC Emergency Medicine Residency Program Director
- 2002 Dr Hays wins his division as Best Discussant at the CPC semifinals at SAEM and then goes on to win the national finals as Best Discussant at ACEP
- 2002 Dr Kline receives RO1 and R41 grants as Principal Investigator from the National Institutes of Health
- 2002 Dr Runyon receives 3<sup>rd</sup> place in the AAEM/JEM resident research competition at AAEM
- 2003 Dr Mitchell wins her division as Best Presenter at the CPC semi-finals
- 2003 Dr Ford serves as Chair of the Medical Toxicology Sub-Board of the American Board of Emergency Medicine

2003 Dr Nael Hasan receives the National Association of EMS Physicians Best Physician Resident/Fellow Research Award

2003 Dr Blackwell receives a \$1.5 million Grant from the Department of Homeland Security to develop and construct the first mobile field surgical hospital on a mobile platform (Carolinas MED-1)

2003 Dr Ford awarded the Council Meritorious Service Award by the American College of Emergency Physicians

2003 Dr David French awarded the Bryant L Galusha Internship Award

2004 Dr Aborn wins her division as Best Presenter at the CPC semifinals at SAEM and then goes on to win the national finals as Best Presenter at ACEP

2004 Dr Jones receives the Young Investigator Clinic Research Award at SAEM

2004 Dr Runyon receives the Best Oral Presentation Award at SAEM Southeast Regional

2004 Dr Jones awarded EMF Career Development Award

2004 Dr Runyon awarded the EMF Research Fellowship grant

2004 Dr Kline and Dr Schafermeyer elected to 3 year Board of Directors terms at SAEM

2004 Dr Marx receives American Academy of Emergency Medicine David K. Wagner Award

2004 Dr Schafermeyer receives the John G Wiegstein Outstanding Leadership Award

2004 Dr Tayal receives the ACEP National Emergency Medicine Faculty Teaching Award

2004-5 Jonnathan Busko receives the SAEM/Physio Control EMS Fellowship Award

2005 Dr Sullivan wins his division as Best Discussant at the CPC semi-finals at SAEM and then goes on to win the national finals as Best Discussant at ACEP

2005 Dr Garvey re-elected to the Board of Trustees of the Society of Chest Pain Centers then elected as President of the Society in 2006

2005 Dr Marx, Editor-in-Chief, publishes Rosen's Emergency Medicine: Concepts and Clinical Practice, 6<sup>th</sup> Edition

2005 Dr Marx named Co-Editor-in-Chief of *UpToDate*.

2005 Dr Willis wins runner-up Best Presenter at the CPC semi-finals at SAEM

2005 Dr Tayal elected President of the North Carolina College of Emergency Physicians

2005 Dr Jones receives the SAEM Young Investigator Award

2005 Dr Jones appointed to Editorial Board of AEM

2005 Dr Runge appointed Chief Medical Officer of the Department of Homeland Security

2005 Dr Tomaszewski named Editor-in-Chief of the *Journal of Medical Toxicology*

2005 Dr Manoj Pariyadath serves as first Emergency Medicine Ultrasound Fellow

2006 Department hosted 2003 Nobel Prize Winner Dr Peter Agre as a visiting professor to CMC

2006 Dr Asimos awarded EMF/FERNE Directed Neurologic Emergencies Grant for 2006-2008

2006 Dr Schafermeyer and Janice Williams receive Funding of RFP for Safe N Sound from NICHD

2006 Dr Mitchell wins Best Fellow Oral Presentations at SAEM Southeast Regional Meeting

2006 Dr Blackwell supervises deployment of MED-1 to Mississippi for 7 weeks post-Katrina and then again to New Orleans to assist with surge capacity during Mardi Gras

2006 Dr Kline and Dr Schafermeyer serve on SAEM Board

2006 Dr. Mitchell wins Best Fellow Oral Presentation at SAEM Southeast Regional

2006 Dr Threlkeld wins her division as Best Presenter at the CPC semi-finals at SAEM

2006 Dr Jones wins Best Faculty Oral Presentation at SAEM Southeast Regional

2006 Brad Stevinson wins Best Medical Student Oral Presentation at SAEM Southeast Regional

2006 Dr Marx and Dr Jones awarded AEM Outstanding Reviewers

2006 Dr Jones appointed an Associate Editor for AEM

2006 Dr Marx wins SAEM Leadership Award, SAEM Meeting, San Francisco, CA, presented annually by the Society for Academic Emergency Medicine to a member of SAEM who has demonstrated exceptional leadership in academic emergency medicine

2006 Dr Jones receives K23 Career Development Grant from the National Institutes of Health/General Medical Sciences as Principal Investigator. This is the first NIH Career Development Award ever granted to an investigator at Carolinas Medical Center

2006 Dr O'Malley receives EMF Resident Research Grant

2006 Dr Kline receives EMF/Riggs Family Health Policy Research Grant

2006 Dr Kline wins 2006 ACEP Outstanding Contribution to Research Award

2006 Dr Kline elected Chair of the Scientific Review Committee for EMF

2006 Dr Watts promoted to the AHA National Grant Review Panel

2006 Dr Aric Jorgenson awarded the Bryant L Galusha Internship Award

2006 Drs. Joanna York and Jeremiah Johnson serve as first Pediatric Emergency Medicine Fellows

2007 Dr Tomaszewski appointed Chair of the Education Committee for ACEP

2007 Mahoney wins her division as Best Presenter at the CPC semifinals at SAEM and then goes on to win runner-up Best Presenter in the national finals at ACEP

2007 Dr Garvey and Dr Schafermeyer recognized as a Top Peer Reviewer for Annals of Emergency medicine for 3 straight years

2007 Dr Kline is elected as Secretary Treasurer of SAEM

2007 Dr Schafermeyer is reappointed to the Medicare coverage Advisory Committee and also appointed to the Emergency Medicine Technical Advisory Committee for CMS

2007 Mecklenburg EMS Agency completes construction of a state-of-the-art high-fidelity Medical Simulation Lab, which includes soundstages, review and control rooms and a human cadaver lab

2007 Dr Mitchell awarded EMF Career Development Award

2007 Dr Schafermeyer is appointed Chief of the Department and Dr Colucciello is appointed Vice Chief

2007 Dr Tayal appointed President of the North Carolina Coalition of Emergency Medicine

2007 Dr Laurie Mahoney wins her division as Best Presenter at the CPC semifinals at SAEM and then goes on to win runner-up as Best Presenter at the CPC finals at ACEP

2007 Dr Jones awarded EMF Capnography Career Development Award

2007 Drs Johnson and York serve as the first Pediatric Emergency Medicine Fellows

2007 Dr John Garrett awarded the Bryant L Galusha Internship Award

2008 Dr Jones named Chair of the SAEM Grants Committee

2008 Dr Jones appointed as Consulting Editor for *Annals of Emergency Medicine*.

2008 Dr Malika Fair 2008-2009 EMRA/ACEP Health Policy Mini-Fellowship scholarship recipient.

2008 Dr Cordle appointed as ABEM representative to Pediatric Emergency Medicine Sub-board

2008 Dr Jones leads the CMC Goal Directed Therapy in Severe Sepsis program which is awarded the prestigious Ernest A. Codman Award by Joint Commission

2008 MED-1 mobile hospital deployed to Indiana to assist flooded Columbus Regional Hospital

2008 Dr. Shiloh Gilbert received the Bryant L. Galusha Internship Award

2009 Dr Schafermeyer elected to the Mecklenburg County Medical Society Board of Directors

2009 Dr Jones elected to SAEM Board of Directors

2009 Dr Kline elected President-Elect of Society for Academic Emergency Medicine

2009 Dr Kline awarded the inaugural SAEM Research Award 2009

2009 Dr Maria Glenn voted as resident representative to Board of Directors for SAEM

2009 Dr Mike Puskarich won "Best Resident Presenter" at SAEM

2009 Dr. Tayal winner of ACEP/ASPR/ECCC Emergency Care Fellowship for 2009-2010

2010 Dr. Dave Kammer appointed to NCCEP board as a resident member

2010 Jeff Kline elected President of SAEM



2010 John Marx named Chair Emeritus  
 2010 Jeff Kline name Interim Chair  
 2010 Sandy Craig named Program Director  
 2010 Dave Pearson named Associate Program Director  
 2010 Emily MacNeill named Assistant Program Director  
 2010 Department of EM awarded the JD Powers Award for Outstanding ED Experience  
 2010 "Code Cool" protocol wins Gold Award at first annual CHS Quality Sharing Day  
 2010 "Code Sepsis" protocol wins Silver Award at first annual CHS Quality Sharing Day  
 2010 PGY1 residents David Ahlers, Ben Morel, Demetri Tavoulareas and Don Stader awarded SAEM Medical Student Excellence Award  
 2010 PGY1 Don Stader elected President-elect of EMRA  
 2010 PGY2 Angela Fusaro is elected Speaker of the Council for EMRA  
 2010 PGY3 Mike Puskarich awarded AHA post-doctoral fellowship  
 2010 CMC ED receives AHA Bronze Award for excellence in care of patients with acute MI  
 2010 CMC ED receives the AHA/ASA Gold Award for excellence in care of patients with stroke  
 2010 Alice Mitchell awarded the Young Investigator Grant from the Heinemann Research Foundation  
 2010 Led by Dave Pearson, EM provides over 90% of physician volunteer hours for Shelter Health Services, a homeless clinic for Charlotte's women and children  
 2010 CMC EM awarded the Carolinas Healthcare System Community Service Award  
 2010 Sean Fox receives W. Elliott White Community Teaching Award from Pediatric residents  
 2010 Mark Bullard and JoAnna Leuck provide 223 simulation sessions with residents from multiple departments, implement the *Mock Code Blue Project* at Levine Children's Hospital, a program that conducts two mock codes per month using high-fidelity simulators with data collection for quality assessment and improvement  
 2010 Michael Runyon serves as lead technical advisor for EM Tanzania, providing leadership, training, logistical, and operational support for the implementation of a new ED at Muhimbili National Hospital in Dar es Salaam, Tanzania (the first such department in east Africa)  
 2010 Michael Runyon, M.D. writes and helps to implement the curriculum for the EM residency program at Muhimbili University of Health and Allied Sciences in Dar es Salaam, Tanzania (the first such program in east Africa)  
 2010 Drs. Cordle, Sullivan, Weekes and Schafermeyer nominated and reappointed as ABEM examiners  
 2010 Twelve faculty members serve as peer reviewers for multiple journals, including *Academic Emergency Medicine*, *American Journal of Emergency Medicine*, *Annals of Emergency Medicine*, *Annals of Internal Medicine*, *BMJ*, *Blood*, *Chest*, *Critical Care Medicine*, *Clinical Toxicology*, *Intensive Care Medicine*, *JACC*, *JAMA*, *Journal of Medical Toxicology*, *Journal of Thrombosis Haemostasis*, *Lancet*, *Nature Reviews Cardiology*, *Prehospital Emergency Care*, *Simulation Medicine*, *Stroke*, *Resuscitation*

**CAROLINAS MEDICAL CENTER**  
**DIVISION OF EDUCATION AND RESEARCH**  
**RESIDENT FINANCIAL SUPPORT AND BENEFITS**  
**JULY 1, 2011 – June 30, 2012**

During the academic year 2011-2012, salaries for House Staff in the Graduate Medical Education Programs at Carolinas Medical Center will be as follows

|              |                 |
|--------------|-----------------|
| <b>PGY-1</b> | <b>\$47,749</b> |
| <b>PGY-2</b> | <b>\$48,950</b> |
| <b>PGY-3</b> | <b>\$50,664</b> |
| <b>PGY-4</b> | <b>\$52,437</b> |
| <b>PGY-5</b> | <b>\$54,271</b> |
| <b>PGY-6</b> | <b>\$56,172</b> |
| <b>PGY-7</b> | <b>\$58,138</b> |
| <b>PGY-8</b> | <b>\$60,172</b> |

**Benefits:** CMC provides (at no charge to the House Staff) medical coverage under the **MedCost Choice 20 Plan**, prescription drug coverage with **CarolinaCARE/MedImpact HealthCare** and dental coverage with **CIGNA Dental Plan** for House Staff **and** their family members. Professional liability, life, and disability insurances are provided for House Staff only. Vision plan and other voluntary benefits are available with premiums being payroll deducted.

House Staff receive the equivalent of two weeks vacation each academic year with one additional week during their third year **OR** subsequent year of training. (For programs lasting longer than three years, third week can be taken a subsequent year if not taken during third year of residency.)

An additional five days per academic year is allowed for an educational trip for which tuition and expenses up to \$1900 are provided.

Free parking is provided in a designated area.

Meals are provided in the CMC Cafeteria for on-call and in the MEB Café for noontime educational conferences.

**Note:** Premiums for medical insurance are paid for House Staff and their family members **only if** the **Choice 20 Plan** is chosen. House Staff will be responsible for deductibles and co-pays for office visits, prescription and dental expenses. Medical Education Administration will assist with inpatient co-insurance and deductibles.

House Staff enrolling in the **Choice 10 Plan** will be responsible for all premiums (individual and family), all co-pays, co-insurance and other charges not covered by the plan.

August 12, 2010

**CAROLINAS MEDICAL CENTER**  
**DIVISION OF EDUCATION AND RESEARCH**  
**SUMMARY OF BENEFITS FOR HOUSESTAFF**  
**July 1, 2011 to June 30, 2012**

|  |  |
|--|--|
| <b>Paid Vacation</b>                     | PG-1 2 weeks<br>PG-2 2 weeks<br>*PG-3 2 weeks<br>*PG-4 2 weeks<br>*PG-5 2 weeks<br>* <b>One</b> additional week of vacation to be taken during third <b>OR</b> subsequent year<br><b>NOTE: Not each additional year</b>  |
| <b>Continuing Medical Education</b>      | CME maximum allowance of \$1900 per academic year<br>Five days per academic year for CME meetings  |
| <b>Medical/Maternity Leave</b>           | Per Carolinas HealthCare System (CHS) Policy   |
| <b>Hospitalization/Medical Insurance</b> | Coverage provided for house staff and family members with premiums paid by employer for <b>Choice 20 Plan only</b> . Employee pays co-pay and deductibles.<br>Medical Education will assist with inpatient co-insurance and deductibles. Employee will be responsible for all premiums, co-insurance and co-pays if <b>Choice 10 Plan</b> is selected. |
| <b>Dental Insurance</b>                  | Coverage for house staff and family members. \$1200 maximum per person, per calendar year. Annual deductible of \$50 per person. Employer pays premiums. Employee pays deductible and co-pays.   |
| <b>Professional Liability Insurance</b>  | Full coverage while functioning in the role of a house officer.<br>Moonlighting activity is not covered.   |
| <b>Life Insurance</b>                    | Employer provides term life insurance equal to annual salary for employee only. Additional coverage for employee and dependents available through enrollment in Voluntary Benefits with premiums paid by employee through payroll deduction.   |
| <b>Disability Insurance</b>              | <b>Short-Term:</b> Eligible for disability benefits following 90 days of service. Payments equal to 60% of weekly salary begin after 30 days of disability.<br><b>Long-Term:</b> Payments begin after 90 days of disability. Monthly payments based on salary when disability begins.  |
| <b>401(k)</b>                            | Based on years of service, CHS will match up to 6% of your contribution. Automatic enrollment of 3% pre-tax contribution after 3 months from date of hire. 1% increase each July until you reach 6%. Your contribution can be any % of your pay, not to exceed IRS dollar limit (2010 = \$16,500).   |
| <b>Lab Coats</b>                         | Three coats provided initially. One coat allowed each following academic year. Laundry service provided at no charge.  |
| <b>Meals</b>                             | Evening and breakfast meals provided for weekdays on-call. Three meals provided for weekend call.<br>Lunch provided in MEB Café on days when noon conference is held.  |

August 12, 2010

**Carolinas HealthCare System**  
**Job Description**  
**Division of Education and Research**  
**Carolinas Medical Center**

**Title:** Resident (PGY-1)  
**Job Code:** 669  
**Effective Date:** October 26, 2004

**Job Summary:**

A PGY-1 resident is a medical doctor or dentist who has been accepted through the Division of Education and Research into one of the educational departments to participate in a postgraduate educational experience in a given specialty of medicine or dentistry.

**Essential Functions:**

- A. Comply with the established clinical and cognitive curriculum to accomplish the educational goals and objectives set aside for PGY-1 residents in the department which they are assigned.
- B. Treat all assigned patients while under the supervision of senior residents or members of the medical or dental staff.
- C. Comply with all the rules, regulations, bylaws, policies and procedures of the Carolinas Medical Center and the Carolinas HealthCare System, including the specific policies of the Division of Education and Research.
- D. Perform all duties as assigned.
- E. Be evaluated at least biannually by the program director of the department or his/her designee.
- F. Participate in the following types of educational activities: Teaching rounds, educational conferences, group discussions, resident conferences/lectures, other CMC/AHEC continuing education programs, and journal clubs.
- G. Participate in Carolinas Medical Center medical and dental staff committees when selected to do so.
- H. Participate in the instruction and education of medical students where appropriate as well as other allied health professionals serving at Carolinas Medical Center.
- I. Comply with and help accomplish the institutional and program requirements as established by the Accreditation Council on Graduate Medical Education (ACGME) and the Residency Review Committee (RRC) of the specialty.

**Marginal Functions:**

To perform all duties as assigned by the chairman of the department and/or the residency program director or his/her designee.

**Physical Requirements:**

Works in a fast paced clinical environment. Must be able to stand, walk, sit, lift, speak, hear and possibly operate on patients and/or see patients in an inpatient or outpatient setting. Must be able to work extended hours and be mobile within the practice area performing all duties as assigned. Is responsible for working in a safe manner.

**Communication Skills:**

Good conversational English language skills and the ability to communicate in English in a clinical setting.

**Education, Training and Experience:**

A PGY-1 Resident must be a graduate of a Liaison Committee on Medical Education (LCME) accredited U.S. or Canadian medical school, a graduate of a U.S. American Osteopathic Association (AOA) college of osteopathic medicine, a graduate of a Fifth Pathway program approved by a LCME accredited medical school or a graduate of a medical school outside the U.S. and Canada, and has the following:

- A. A North Carolina medical license (Graduate Medical Education License/Resident Training License or a full, unrestricted license).
- B. Documentation of certification from the Educational Commission for Foreign Medical Graduates (ECFMG) if a graduate of a foreign medical school.

**Patient Population Served:**

Demonstrates knowledge of the principle of growth and development and possesses the ability to respond to age specific issues and data reflective of the patient's status. Demonstrates the knowledge and skills necessary to provide care for the following age groups:

☐ NA ☒ Neonate ☒ Infant ☒ Child ☒ Adolescent ☒ Adult ☒ Older Adult

**Protected Health Information:**

Will limit access to protected health information (PHI) to the information reasonably necessary to do the job.

Will share information only on a need to know basis for work purposes.

Access to verbal, written and electronic PHI for this job has been determined based on job level and job responsibility within the organization. Computerized access to PHI for this job has been determined as described above and is controlled via user ID and password.



**Machines, Tools, and Equipment:**

Ability to operate all appropriate medical equipment and tools.

**Reporting Relationships:**

Reports to the program director in the residency in which he/she serves.

**Supervised by:**

Resident at a higher level of training and faculty of Carolinas Medical Center.

**Last Review Date:** October 26, 2004

|                    |            |
|--------------------|------------|
| Approved by: _____ | Date _____ |
| Department Manager |            |
| _____              | Date _____ |
| Vice President     |            |
| _____              | Date _____ |
| Human Resources    |            |

*The above statements are intended to describe the general nature and level of work being performed by people assigned this job classification. They are not to be construed as an all-inclusive list of all duties, skills, and responsibilities of people so assigned.*

**Carolinas HealthCare System**  
**Job Description**  
**Division of Education and Research**  
**Carolinas Medical Center**

**Title:** Resident (PGY-2)  
**Job Code:** 669  
**Effective Date:** October 26, 2004

**Job Summary:**

A PGY-2 resident is a medical doctor or dentist who has been accepted through the Division of Education and Research into one of the educational departments to participate in a postgraduate educational experience in a given specialty of medicine or dentistry.

**Essential Functions:**

- A. Comply with the established clinical and cognitive curriculum to accomplish the educational goals and objectives set aside for PGY-2 residents in the department which they are assigned.
- B. Treat all assigned patients while under the supervision of senior residents or members of the medical or dental staff.
- C. Comply with all the rules, regulations, bylaws, policies and procedures of the Carolinas Medical Center and the Carolinas HealthCare System, including the specific policies of the Division of Education and Research.
- D. Perform all duties as assigned.
- E. Be evaluated at least biannually by the program director of the department or his/her designee.
- F. Participate in the following types of educational activities: Teaching rounds, educational conferences, group discussions, resident conferences/lectures, other CMC/AHEC continuing education programs, and journal clubs.
- G. Participate in Carolinas Medical Center medical and dental staff committees when selected to do so.
- H. Participate in the instruction and education of medical students where appropriate as well as other allied health professionals serving at Carolinas Medical Center.
- I. Comply with and help accomplish the institutional and program requirements as established by the Accreditation Council on Graduate Medical Education (ACGME) and the Residency Review Committee (RRC) of the specialty.

**Marginal Functions:**

To perform all duties as assigned by the chairman of the department and/or the residency program director or his/her designee.

**Physical Requirements:**

Works in a fast paced clinical environment. Must be able to stand, walk, sit, lift, speak, hear and possibly operate on patients and/or see patients in an inpatient or outpatient setting. Must be able to work extended hours and be mobile within the practice area performing all duties as assigned. Is responsible for working in a safe manner.

**Communication Skills:**

Good conversational English language skills and the ability to communicate in English in a clinical setting.

**Education, Training and Experience:**

A PGY-2 Resident must have completed a PGY-1 year of training in an ACGME approved program in the same specialty as the one he/she is presently training for, a graduate of a Liaison Committee on Medical Education (LCME) accredited U.S. or Canadian medical school, a graduate of a U.S. American Osteopathic Association (AOA) college of osteopathic medicine, a graduate of a Fifth Pathway program approved by a LCME accredited medical school or a graduate of a medical school outside the U.S. and Canada, and has the following:

- A. A North Carolina medical license (Graduate Medical Education License/Resident Training License or a full, unrestricted license).
- B. Documentation of certification from the Educational Commission for Foreign Medical Graduates (ECFMG) if a graduate of a foreign medical school.

**Patient Population Served:**

Demonstrates knowledge of the principle of growth and development and possesses the ability to respond to age specific issues and data reflective of the patient's status. Demonstrates the knowledge and skills necessary to provide care for the following age groups:

☐ NA ☒ Neonate ☒ Infant ☒ Child ☒ Adolescent ☒ Adult ☒ Older Adult

**Protected Health Information:**

Will limit access to protected health information (PHI) to the information reasonably necessary to do the job.

Will share information only on a need to know basis for work purposes.

Access to verbal, written and electronic PHI for this job has been determined based on job level and job responsibility within the organization. Computerized access to PHI for this job has been determined as described above and is controlled via user ID and password.

**Machines, Tools, and Equipment:**

Ability to operate all appropriate medical equipment and tools.

**Reporting Relationships:**

Reports to the program director in the residency in which he/she serves.

**Supervised by:**

Resident at a higher level of training and faculty of Carolinas Medical Center.

**Last Review Date:** October 26, 2004

|                    |            |
|--------------------|------------|
| Approved by: _____ | Date _____ |
| Department Manager |            |
| _____              | Date _____ |
| Vice President     |            |
| _____              | Date _____ |
| Human Resources    |            |

*The above statements are intended to describe the general nature and level of work being performed by people assigned this job classification. They are not to be construed as an all-inclusive list of all duties, skills, and responsibilities of people so assigned.*

**Carolinas HealthCare System**  
**Job Description**  
**Division of Education and Research**  
**Carolinas Medical Center**

**Title:** Resident (PGY-3)  
**Job Code:** 669  
**Effective Date:** October 26, 2004

**Job Summary:**

A PGY-3 resident is a medical doctor or dentist who has been accepted through the Division of Education and Research into one of the educational departments to participate in a postgraduate educational experience in a given specialty of medicine or dentistry.

**Essential Functions:**

- A. Comply with the established clinical and cognitive curriculum to accomplish the educational goals and objectives set aside for PGY-3 residents in the department which they are assigned.
- B. Treat all assigned patients while under the supervision of senior residents or members of the medical or dental staff.
- C. Comply with all the rules, regulations, bylaws, policies and procedures of the Carolinas Medical Center and the Carolinas HealthCare System, including the specific policies of the Division of Education and Research.
- D. Perform all duties as assigned.
- E. Be evaluated at least biannually by the program director of the department or his/her designee.
- F. Participate in the following types of educational activities: Teaching rounds, educational conferences, group discussions, resident conferences/lectures, other CMC/AHEC continuing education programs, and journal clubs.
- G. Participate in Carolinas Medical Center medical and dental staff committees when selected to do so.
- H. Participate in the instruction and education of medical students where appropriate as well as other allied health professionals serving at Carolinas Medical Center.
- I. Comply with and help accomplish the institutional and program requirements as established by the Accreditation Council on Graduate Medical Education (ACGME) and the Residency Review Committee (RRC) of the specialty.

**Marginal Functions:**

To perform all duties as assigned by the chairman of the department and/or the residency program director or his/her designee.

**Physical Requirements:**

Works in a fast paced clinical environment. Must be able to stand, walk, sit, lift, speak, hear and possibly operate on patients and/or see patients in an inpatient or outpatient setting. Must be able to work extended hours and be mobile within the practice area performing all duties as assigned. Is responsible for working in a safe manner.

**Communication Skills:**

Good conversational English language skills and the ability to communicate in English in a clinical setting.

**Education, Training and Experience:**

A PGY-3 Resident must have completed PGY-1 and 2 years of training in an ACGME approved program in the same specialty as the one he/she is presently training for, a graduate of a Liaison Committee on Medical Education (LCME) accredited U.S. or Canadian medical school, a graduate of a U.S. American Osteopathic Association (AOA) college of osteopathic medicine, a graduate of a Fifth Pathway program approved by a LCME accredited medical school or a graduate of a medical school outside the U.S. and Canada, and has the following:

- A. A North Carolina medical license (Graduate Medical Education License/Resident Training License or a full, unrestricted license).
- B. Documentation of certification from the Educational Commission for Foreign Medical Graduates (ECFMG) if a graduate of a foreign medical school.

**Patient Population Served:**

Demonstrates knowledge of the principle of growth and development and possesses the ability to respond to age specific issues and data reflective of the patient's status. Demonstrates the knowledge and skills necessary to provide care for the following age groups:

☐ NA ☒ Neonate ☒ Infant ☒ Child ☒ Adolescent ☒ Adult ☒ Older Adult

**Protected Health Information:**

Will limit access to protected health information (PHI) to the information reasonably necessary to do the job.

Will share information only on a need to know basis for work purposes.

Access to verbal, written and electronic PHI for this job has been determined based on job level and job responsibility within the organization. Computerized access to PHI for this job has been determined as described above and is controlled via user ID and password.

**Machines, Tools, and Equipment:**

Ability to operate all appropriate medical equipment and tools.

**Reporting Relationships:**

Reports to the program director in the residency in which he/she serves.

**Supervised by:**

Resident at a higher level of training and faculty of Carolinas Medical Center.

**Last Review Date:** October 26, 2004

|                    |            |
|--------------------|------------|
| Approved by: _____ | Date _____ |
| Department Manager |            |
| _____              | Date _____ |
| Vice President     |            |
| _____              | Date _____ |
| Human Resources    |            |

*The above statements are intended to describe the general nature and level of work being performed by people assigned this job classification. They are not to be construed as an all-inclusive list of all duties, skills, and responsibilities of people so assigned.*

**CAROLINAS MEDICAL CENTER  
DIVISION OF EDUCATION AND RESEARCH  
POLICY FOR RESIDENT VACATION**


*Created: 1986*

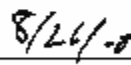
*Revised: 3/93, 8/95, 12/97, 2006, 8/6/2008*

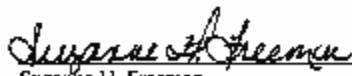
*Reviewed: 8/01, 2/03, 7/03, 10/04, 1/07*

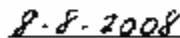
1. All residents are allowed the equivalent of two weeks of vacation each academic year.
2. All residents are allowed one additional week of vacation to be taken during their third OR subsequent year at CMC.
3. In general, no vacation will be scheduled for greater than seven (7) days.
4. Vacation time is not transferable from one academic year to the next academic year.
5. Written request must be given to the resident's department and the department sponsoring the rotation at least 30 days prior to the first of the month in which the vacation is to be taken.
6. Vacation scheduling will be done on a first come, first serve basis. No more than one week of vacation should be taken on any rotation of three months or less in the first two years.
7. No vacations will be taken during the last 15 days of June or the first 15 days of July.
8. No vacations will be taken on the following rotations:
  - Internal Medicine:** ICU, DHU, Ward Service
  - Emergency Medicine:** On months when ten or fewer interns are assigned
  - OR (Interns):** On months when four (4) or fewer interns are assigned. (This occurs infrequently.)
  - Pediatrics:** NICU, PICU, Wards when fewer than five (5) interns are assigned

**NOTE:** Individual departments may have additional requirements/exceptions for residents on their rotations

  
James T. McDevitt, M.D.  
Senior Vice President  
Division of Education and Research

  
Date

  
Suzanne H. Freeman  
President  
Carolinas Medical Center

  
Date

8/7/2008



**CAROLINAS MEDICAL CENTER  
DIVISION OF EDUCATION AND RESEARCH  
POLICY FOR MEDICAL LEAVE AND FAMILY MEDICAL LEAVE**

*Created: 8/24/01*

*Reviewed: 2/03, 7/03, 10/04, 9/08*

*Revised: 1/07, 8/17/07, 7/16/2009*

As our medical and dental residents do not receive conventional *Paid Time Off* (PTO), coverage normally afforded to CHS employees, it is necessary to compensate residents on medical leave (including maternity leave) in a different manner.

Resident employees shall become eligible immediately for medical leave coverage and compensation upon their first day of employment. To receive compensation for medical leave, a resident employee shall follow all guidelines associated with CHS Human Resources Policy **HR 3.09 Medical Leave**.

**Resident compensation for medical leave is as follows:**

1. Will receive compensation at normal full-time salary up to 90 days
2. Long Term Disability benefits begin on 91<sup>st</sup> day of disability

**Maternity leave**

1. Will receive compensation at normal full-time salary for 6 weeks (42 days) post-partum for vaginal delivery or 8 weeks (56 days) post-partum for C-section delivery
2. Resident can extend paid leave with unused vacation time

**It is the Resident's responsibility to:**

1. Complete and sign the *Request for Leave* (form available on MyHR)
2. Obtain a completed *Physician's Statement for Medical Leave*
3. Authorize the release of pertinent medical information
4. Submit letter from resident's physician every thirty (30) days

**It is the Residency Program Director's responsibility to:**

1. Verify completeness of form
2. Sign the form if request is appropriate
3. Forward copy of *Request for Leave* form to the Vice President for Education

A resident who fails to return from medical leave on the indicated date will be considered a "voluntary resignation". If additional time is needed for a medical leave, a second request supported by a *Physician's Statement* must be made prior to expiration of original leave.

**Family and Medical Leave:**

Family and Medical Leave Act (FMLA) requests must be approved by the Chair of the resident's program and the Vice President for Medical Education prior to being submitted to Human Resources.

FMLA will be allowed up to 12 weeks (84 days). Any "make up" time at the end of the residency will be in compliance with the appropriate RRC guidelines and will be discussed with the resident at the initiation of leave. Resident will receive no pay while on FMLA.

  
James T. McDevitt, M.D., Senior VP  
Division of Education and Research

Date

8/7/09

  
Suzanne H. Freeman, President  
Carolinas Medical Center

Date

8-10-2009

## Emergency Medicine Residency Maternity Leave Policy

The goal of this document is to provide a maternity leave policy that is formalized, fair, and in compliance with the Carolinas Healthcare System Medical Education Department's policies as well as those of the American Board of Emergency Medicine.

1. Maternity leave shall be discussed with the Program Director as soon as possible so that arrangements can be made with the schedule.
2. Per the American Board of Emergency Medicine, one is not eligible to sit for the boards if they have missed more than 6 weeks of any year. This is not averaged and includes all time away from residency activities (i.e., vacation, CME).
3. From the Division of Education and Research Policy for Medical Leave and Family Medical Leave:
  - a. Residents taking maternity leave "will receive compensation at normal full-time salary for 6 weeks (42 days) post-partum for vaginal delivery or 8 weeks (56 days) post-partum for C-section delivery".
  - b. Residents "can extend paid leave time with unused vacation time".
4. From a compensation standpoint, residents can take at least 6 weeks for maternity leave and still get their full salary. If vacation time is used or the delivery is a C-section, the compensated time can be extended. *However*, in order to sit for the board certifying exam by the American Board of Emergency Medicine, **a resident needs to make up, on a day for day basis, any time missed out of a year beyond 6 weeks** (includes vacation, sick leave, CME).
5. The residency month utilized for maternity leave will be an elective month.
6. Residents will not be responsible for any residency activities during their leave.

At this time, CMC does not offer paid paternity leave. The Residency Director will assist in applying for unpaid paternity leave for an interested resident but this decision is up to the Chair of the Program, the Vice President for Medical Education and Human Resources and, as such, cannot be guaranteed.

## APPOINTMENT TO HOUSE STAFF AGREEMENT

This Appointment to House Staff Agreement (this “*Agreement*”) is entered into as of March 20, 2009, by and between **THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY d/b/a CAROLINAS MEDICAL CENTER (“CMC”)** and «First\_Name» «Last\_Name» (“*Resident*”).

### Statement of Purpose

CMC desires to appoint Resident as a member of CMC’s House Staff participating in CMC’s graduate medical education resident training program (the “*Program*”) and assigned to the department of «Program» and Resident desires to accept such appointment, on the terms and conditions set forth in this Agreement.

In consideration of the foregoing, the mutual agreements contained herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

- 1. Appointment and Term.** Subject to the terms and conditions of this Agreement, CMC hereby appoints Resident as a member of CMC’s House Staff participating in the Program and assigned to the department of «Program» and Resident desires to accept such appointment, commencing on July 1, 2009, or such later date that the conditions precedent set forth in Section 8 have been met, and ending on June 30, 2010, (the “*Term*”), unless earlier terminated pursuant to Section 9.
- 2. Salary.** CMC shall provide to Resident an annual salary of «Level», payable in biweekly installments in accordance with CMC’s customary payroll practices. Salary ranges may be increased by CMC from time to time. CMC may withhold from any amounts payable under this Agreement such federal, state and local taxes required to be withheld pursuant to any applicable law.
- 3. Benefits.** During the Term, CMC shall provide Resident with health and dental insurance, life and disability insurance, professional liability insurance (including a reporting endorsement (tail coverage) (see “*Certificate of Liability Insurance*” in policy packet), starting on first day of employment, leave of absence in accordance with CMC’s Division of Education and Research’s House Staff Policies entitled “Medical Leave of Absence Policy” and “Family Care Leave of Absence Policy,” counseling and psychological support services in accordance with CMC’s Division of Education and Research’s House Staff Policy entitled “Policy Regarding Counseling and/or Psychological Support of Residents During Their Graduate Training,” in each case, as generally made available to similarly situated employees of CMC from time to time.
- 4. Vacation: Continuing Medical Education.** Resident shall be entitled to the equivalent of ten (10) days (or, if this Agreement governs Resident’s third or subsequent year of training with CMC, three (3) weeks) vacation and five (5) days for continuing medical education during the Term, such amount to be prorated if this Agreement is terminated for any reason prior to the expiration of the Term. Such vacation and continuing medical education days must be scheduled with the chief resident of the appropriate department of CMC and otherwise taken in accordance with CMC’s Division of Education and Research’s House Staff Policy entitled “House Staff Vacation Policy.” Vacation or continuing medical education days not taken during the Term may not be carried forward and shall expire if not used during the Term. No additional payments shall be made to Resident for vacation or continuing medical education days not taken upon termination of this Agreement or otherwise.

**5. Duty Hours and Call Schedule.** Resident shall perform his or her duties under this Agreement during such hours as the Program Director may direct in accordance with CMC's Division of Education and Research's House Staff Policy entitled "Policy Regarding Resident Duty Hours," applicable federal, state and local laws, rules, regulations and policies, and Accreditation Council for Graduate Medical Education ("**ACGME**") requirements. If a scheduled duty assignment is inconsistent with such policies, laws, rules, regulations or requirements, Resident shall bring such inconsistency to the Program Director who shall take the necessary steps to reconcile or cure such inconsistency.

**6. Faculty Responsibilities and Supervision.** There will be appropriate faculty supervision of Residents at all levels of training to assure that Residents provide safe and effective care and assure that Residents are not subjected to responsibilities beyond their capabilities.

**7. Certain Obligations of CMC.** During the Term, CMC shall use its best efforts, within available resources, to provide an educational training program and environment that meets the applicable ACGME accreditation standards. In addition, CMC shall provide Resident with appropriate meals and sleeping quarters during such times as Resident is taking formal night call at CMC, laboratory coats, laundry service for laboratory coats, and parking. CMC will provide to the Resident all information related to their eligibility for specialty board examinations.

**8. Certain Obligations of Resident.** During the Term, Resident shall do the following:

- (a) Participate fully in the educational and scholarly activities of CMC's residency training program;
- (b) Use his or her best efforts to provide safe, effective, and compassionate patient care and present at all times a courteous and respectful attitude toward all patients, colleagues, employees and visitors at CMC and its facilities;
- (c) Provide clinical services commensurate with his or her level of advancement and responsibilities under appropriate supervision under circumstances and at locations covered by CMC's professional liability insurance maintained for Resident;
- (d) Abide by all applicable federal, state and local laws, rules, regulations and policies, including the North Carolina Medical or Dental Board, as applicable, and other appropriate governmental agencies and departments and by the standards required to maintain accreditation by ACGME, the Residency Review Committee and the Joint Commission on Accreditation of Healthcare Organizations and any other relevant accrediting, certifying, or licensing organization, including the legible and timely completion of patient medical/dental records, charts, reports, statistical operative and procedure logs, evaluations, and other documentation required by such agencies and organizations;
- (e) Abide by all applicable rules, regulations, bylaws, policies, practices, and procedures of CMC, its clinical departments and its facilities and the Medical or Dental Staff as in effect from time to time, including the House Staff Policies (a copy of the House Staff Policies in effect as of the date hereof have been provided to Resident as part of the contract package and Resident hereby acknowledges that he or she has read and understands such policies);
- (f) Submit to periodic random drug screens pursuant to CMC's random drug screening program for its employees;
- (g) Refrain from taking any action or making any statements with the intention or effect of disparaging the goodwill or reputation of CMC or its affiliates;
- (h) Take the USMLE Step 3 exam prior to the end of the first year of the Term; and
- (i) Furnish such further information, execute and deliver such other documents, and do such other acts and things, in each case as CMC reasonably requests at any time for the purpose of carrying out the intent of this Agreement.

**9. Conditions Precedent to Effectiveness.** This Agreement shall become effective on the date that each of the following conditions has been satisfied:

- (a) The Senior Vice President for Education and Research of CMC shall have received (i) a completed ERAS common application form, including an official medical school transcript, (ii) proof of legal employment status (*i.e.*, birth certificate, passport, naturalization papers, valid visa, etc.), (iii) a copy of a resident training license or full/unrestricted license (as required by CMC) in Resident's name from the North Carolina Medical or Dental, as applicable, Board; and

- (b) Resident shall have submitted to a pre-employment drug screen under CMC's pre-employment drug screening program and such drug screen shall have been negative.

**10. Termination.** This Agreement is subject to termination prior to expiration of the Term in accordance with CMC's Division of Education and Research's House Staff Policy entitled "Policy Regarding Periodic Evaluation of Resident Performance and the Right to Grievance for Suspension or Termination From a Residency Program" as follows:

- (a) By CMC due to Resident's substandard or unsatisfactory performance, unprofessional or illegal conduct (including a positive drug screen pursuant to CMC's random drug screening program for its employees), debarment or exclusion from federal program participation or conduct disruptive to the operation of CMC or the Program; and
- (b) By Resident upon thirty (30) days prior written notice.

**11. Effect of Termination.** If this Agreement is terminated prior to the expiration of the Term pursuant to Section 9, or if this Agreement is terminated as a result of the expiration of the Term, Resident shall be entitled to receive the compensation and benefits earned through the effective date of termination. Except as expressly provided above or as otherwise required by law, CMC shall have no obligations to Resident in the event of the expiration or termination of this Agreement for any reason. CMC shall comply with the obligations imposed by state and federal law and regulations to report instances in which Resident is not reappointed or is terminated for reasons related to alleged mental or physical impairment, incompetence, malpractice or misconduct, or impairment of patient safety or welfare.

**12. Litigation Support.** If CMC is investigating, evaluating, pursuing, contesting or defending any incident, proceeding, charge, complaint, claim, demand, notice, action, suit, litigation, hearing, audit, investigation, arbitration or mediation, in each case whether initiated by or against CMC (collectively, "*Proceeding*"), Resident shall cooperate with CMC and its counsel in the evaluation, pursuit, contest or defense of the Proceeding and provide such testimony and access to books and records as may be necessary in connection therewith. If the Resident receives, or anyone with whom the Resident works or Resident receives on his/her behalf, any summons, complaint, subpoena, or court paper of any kind relating to activities in connection with this Agreement or the Resident's activities at CMC or its facilities, the Resident agrees to immediately report this receipt and submit the document received to CMC's Legal Services Department.

**13. Miscellaneous.**

- (a) All paragraph and item headings are inserted for convenience only and do not expressly or by implication limited, define, or extend the specific terms of the section so designated. The word "including" in this Agreement means "including without limitation." All words in this Agreement shall be construed to be of such gender or number as the circumstances require.
- (b) This Agreement contains the entire understanding of the parties and shall be amended only by written instrument signed by both parties.
- (c) This Agreement shall be governed by and interpreted under North Carolina law, without giving effect to the conflict of laws provisions thereof.
- (d) Whenever a notice is required to be given in writing under this Agreement, such notice shall be given by certified mail, return receipt requested, and returned to the respective party at his or her last known address.
- (e) Neither party may assign its rights or delegate its obligations hereunder without the prior written consent of the other party.
- (f) The failure by either party to promptly exercise a right hereunder or to seek a remedy available hereunder because of a breach of this Agreement shall not be construed as a waiver of that right or a waiver of any remedy for that breach or any future breach of this Agreement.
- (g) Nothing in this Agreement shall be construed as creating or giving rise to any rights in any third parties or any persons other than the parties hereto.

IN WITNESS WHEREOF, the parties hereto have executed and delivered this Agreement as of the date first written above.

I have read and understand the Carolinas Medical Center Department of Medical Education and Department of Emergency Medicine's Appointment to Housestaff Agreement.

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Intern

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Date

Section 4.3 of the Match Participation Agreement contains the following language:  
"Applicants are responsible for the completeness and accuracy of the information provided to programs, and programs are expected to provide complete and accurate information to interviewees, including a copy of the contract the applicant will be expected to sign if matched to the program and all institutional policies regarding eligibility for appointment to a residency position. This information must be communicated to interviewees in writing prior to the rank order list certification deadline. It is recommended that each program obtain a signed acknowledgement of such communication from each applicant who interviews with such program."  
Programs may comply with this requirement by posting a copy of the contract on the program's web site and so notifying applicants. We recommend the programs obtain a signed acknowledgement for their own protection.

**Please return to Mary Fiorillo, Residency Coordinator,**  
**prior to leaving.**