

Emergency Medicine

1. OVERVIEW

A four week required rotation in the emergency care center.

2. GOALS

- a. To provide regular instruction to Transitional residents which allows them responsibility and experience in caring for patients in an emergency room setting. Both emergency and urgent cases are available, involving skills in pediatric, internal medicine, surgery, orthopedics, obstetrics, and gynecology. This experience, responsibility, and instruction allows the development of judgment and clinical skills needed to assess patients in an urgent and emergency setting. In addition, judicious utilization and interpretation of laboratory and diagnostic studies support the goal of a rational management plan for patients.
- b. To enhance the patient management skills of Transitional residents in the emergency room by teaching efficient and skillful history-taking, appropriate physical examination, and judicious use of diagnostic procedures, the efficient formulation of problems, and the maintenance of appropriate patient-physician and patient-family relationships.

3. OBJECTIVES

- a. **Patient Care:** By the completion of this rotation, the resident will:
 - i. Function as the physician of first contact in an emergency room.
 - ii. Initially evaluate all acute medical and surgical emergencies referred to him/her;
 - iii. Provide definitive emergency care to approximately 80 percent of all patients referred to him/her, or obtain consultation and/or refer appropriately those patients deemed beyond the physician's level of competence after basic life support measures have been initiated;
- b. **Medical Knowledge:** By the completion of this rotation, the resident will know:
 - i. General principles of triage in emergencies
 - ii. Emergency life support systems including CPR, intubation, emergency airway procedures, and defibrillation.
 - iii. Definitive care of the emergency room patient, both urgent and emergency needs.
 - iv. The logistics of moving a critically ill or wounded patient.
- c. **Practice-based learning:** Resident is expected to
 - i. Be able to evaluate own performance,
 - ii. Incorporate feedback into improvement activities;
 - iii. Effectively use technology to manage information for patient care and self-improvement.

- d. Interpersonal and communication skills:** Resident is expected to:
- iv. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
 - v. Work effectively with others as a member of the emergency department team.
 - vi. Maintain rapport and provide support for the patient and family during their experience in the emergency room area
- e. Professionalism:** Resident is expected to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Resident is expected to:
- vii. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients that supercedes self-interest; accountability to patients, and a commitment to excellence and on-going professional development.
 - viii. Demonstrate a commitment to ethical principles pertaining to confidentiality of patient information and informed consent.
 - ix. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
- f. Systems-based practice:** Resident is expected to:
- x. Provide patients an appropriate referral pattern and plan for continuing ambulatory care;
 - xi. Practice cost-effective health care and demonstrate knowledge of resource allocation that does not compromise quality of care
 - xii. Advocate for quality patient care and assist patients in dealing with the complexities of the emergency room experience.
 - xiii. The principles of community disaster planning and training.
 - xiv. The training and utilization of paramedics to assist in the emergency care of trauma victims.

4. **CLINICAL EXPERIENCE**

Transitional residents will evaluate independently patients in the emergency room. Patients are seen in an order as established by the emergency room protocol. Transitional residents interview and examine all patients assigned to them, formulate a differential diagnosis and plan, and review all patients with emergency medicine staff. Residents will discuss what work-up needs to be done, write the orders, review the results, and perform all necessary care and procedures under the supervision of the emergency medicine physicians.

5. **DIDACTIC COMPONENT**

Outline of common emergency medicine problems will be provided, with suggested reading materials for each category. Computers are available for on-line resources as needed.

Emergency medicine conferences are held every Tuesday and Thursday from 9-12. If the resident is scheduled at that time, he/she is expected to attend. Attendance will be monitored.

6. **RESPONSIBILITIES**

a. **Decision making**

Residents are expected to, based upon information gathered and the clinical situation, make independent decisions for patient care. These decisions are then reviewed with the attending staff in the emergency department prior to being implemented.

b. **Planning**

Planning for patient care is done with the emergency medicine attending on a regular basis, before orders are written

c. **Direct patient care**

Residents have direct patient care responsibilities in the Emergency Department.

d. **Record keeping**

Residents write or dictate all notes in the emergency department on their respective patients.

e. **Order writing**

Transitional residents write orders for their patients in the emergency department. Once the patients have been admitted, it is the responsibility of the admitting team to write orders and notes.

f. **Ongoing patient management**

The transitional resident responsible for the emergency room patient is responsible for ongoing management for that patient as long as the patient is in the emergency department. However, once the patient is admitted to a service, the ongoing patient management is the responsibility of the admitting service. The transitional resident may help with the patients being held in the ER waiting for beds; however, no orders should then be written without discussion and consent of the admitting team.

7. **SUPERVISION**

Transitional residents in the Emergency Department are directly supervised by emergency medicine staff. More experienced emergency medicine residents are also available if needed; however, it is expected that all patient care provided in the emergency department by transitional and other rotators are reviewed with Staff.

8. **SCHEDULE**

Schedules for rotators in the emergency department are fixed. Residents will be assigned one of the fixed schedules. Shifts in the emergency room are either 8.5 or 9.5 hour shifts for a total of 170 hours for the four week rotation. There are no schedules with less than 14 hours off between any shifts.

9. **DISTRIBUTION OF GOALS, OBJECTIVES**

Goals and objectives are distributed at the beginning of the residency year during orientation for all rotations. During the year, they are also available at any time in the transitional office.

10. **METHODS OF IMPLEMENTATION**

Goals and objectives are implemented through one on one precepting, direct resident and staff supervision, faculty and resident role modeling, case-based and problem-based readings, and spontaneous and planned didactic sessions.

11. **FUNDAMENTAL CLINICAL SKILLS**

This rotation does provide fundamental clinical skills as evidenced by the offering setting for the resident to obtain the following competencies:

- c. Obtain a complete medical history
- d. Perform a complete physical examination
- e. Define a patient's problems
- f. Develop a rational plan for diagnosis, and
- g. Implement therapy based on the etiology, pathogenesis, and clinical manifestations of various diseases.

12. **SENIOR RESIDENT CONTACT**

Senior emergency medicine residents are in the emergency department at all times, available for consultation on any of the transitional residents patients.

13. **VACATION**

No block vacation can be taken during this month

14. **CALL RESPONSIBILITIES**

Residents are scheduled in the emergency department in block time. There are no other call responsibilities during this month.