

CLINICAL ROTATION SUMMARY

ROTATION EMERGENCY DEPARTMENT

INSTITUTION MERCY MEDICAL CENTER

YEAR OF TRAINING PGY-2

D) OBJECTIVES

A. PATIENT CARE

1. Continue development of demonstrating efficient, thorough history taking skills on critical and non-critical emergency department patients presenting with any illness or injury.
2. Continue development of demonstrating physical examination skills in the evaluation of critical and non-critical patients presenting in the emergency department.
3. Continue development of demonstrating the ability to formulate a differential diagnosis based upon present symptoms and signs.
4. Continue development of demonstrating the ability to consider the differential diagnosis in order from the most serious pathology to the least.
5. Continue development of demonstrating the ability to ask, "What is the difference now causing the patient to seek medical attention at this time" rather than earlier or later.
6. Continue development of demonstrating the ability to avoid premature closure.
7. Continue development of demonstrating the ability to consider alternative or additional diagnoses.
8. Continue development of demonstrating the ability to order and interpret appropriate ancillary studies such as lab tests or radiographs simultaneously and as early as possible in the workup of a patient.
9. Continue development of demonstrating the ability to institute appropriate therapy.
10. Continue development of demonstrating the ability to make decisions concerning the need for patient hospitalization.
11. Continue development of demonstrating the ability to obtain adequate patient disposition.
12. Continue development of demonstrating proficiency in procedural skills appropriate for the PGY-2 level, including but not limited to anoscopy, arterial puncture, arthrocentesis, minor burn treatment, gastric tube placement, incision and drainage, lumbar puncture, laceration repair, nail excision, nasal packing, peripheral intravenous catheters, and basic wound care.
13. Continue development of a history and physical examination approach, a working knowledge database, a diagnostic approach, and an initial therapeutic approach to patients presenting with illness or injury as described under the curriculum headings of anesthesia, cardiology, critical

care, dermatology, emergency medical services, environmental illness, ethics, general medicine, general surgery, neurology, neurosurgery, obstetrics and gynecology, ophthalmology, orthopedics, otolaryngology, psychiatry, toxicology, trauma, urology, and wound management.

14. Develop independence from close supervision when caring for patients with both complicated and uncomplicated medical problems.
15. Demonstrate the skills needed to manage multiple patients at the same time.
16. Demonstrate the ability to perform procedural skills appropriate for the PGY 2 resident, including but not limited to nasotracheal and oral tracheal intubation, nasogastric intubation, arterial blood sampling, rapid sequence induction, central venous catheter venous placement, defibrillation, wound care, lumbar puncture and cardioversion.

B. MEDICAL KNOWLEDGE

1. Continue development of demonstrating the ability to consider alternative or additional diagnoses.
2. Continue development of demonstrating the ability to order and interpret appropriate ancillary studies such as lab tests or radiographs simultaneously and as early as possible in the workup of a patient.
3. Continue development of demonstrating a history and physical examination approach, a working knowledge database, a diagnostic approach, and an initial therapeutic approach to patients presenting with illness or injury as described under the curriculum headings of anesthesia, cardiology, critical care, dermatology, emergency medical services, environmental illness, ethics, general medicine, general surgery, neurology, neurosurgery, obstetrics and gynecology, ophthalmology, orthopedics, otolaryngology, psychiatry, toxicology, trauma, urology, and wound management.

C. PRACTICE BASED LEARNING AND IMPROVEMENT

1. Locates, appraises, and utilizes scientific evidence to their patients health problems and the larger population from which they are drawn.
2. Applies knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
3. Utilizes information technology to manage information, access online medical information, and support their own education for patient care.
4. Facilitates the learning of students, colleagues, and other health professionals in EM principles and practice.
5. Analyze practice experience and perform practice-based improvement activities using a systematic methodology.

D. PROFESSIONALISM

1. Arrives on time and is prepared for work.
2. Dresses appropriately and with cleanliness.

3. Willingly sees patients throughout the entire shift
4. Participates in appropriate sign-outs (both giving and receiving)
5. Practices patient advocacy in disposition.
6. Completes medical records honestly and punctually.
7. Treats patients, family, staff, and other personnel with respect.
8. Protects staff, family, and patient interests and confidentiality.
9. Demonstrates sensitivity to patient's pain, emotional state, and gender/ethnicity issues.
10. Seeks feedback and immediately self-corrects.
11. Shakes hands with the patient and introduces himself/herself to the patient and family.
12. Coordinates a teamwork strategy.
13. Accepts responsibility and is accountable.
14. Demonstrates an open and responsive attitude to feedback from other team members, patients, families, and peers.
15. Discusses death honestly, sensitively, patiently, and compassionately.

E. INTERPERSONAL AND COMMUNICATION SKILLS

1. Demonstrates the ability to respectfully, effectively, and efficiently develop a therapeutic relationship with patients and their families.
2. Works well with faculty, nursing and emergency department staff.
3. Views the experience from the patient's perspective and learns to identify patient expectations.
4. Demonstrates respect for diversity and cultural, ethnic, spiritual, emotional, and age-specific differences in patients and other members of the health care team.
5. Demonstrate effective listening skills and be able to elicit and provide information using verbal, nonverbal, written, and technological skills.
6. Demonstrates ability to effectively use the feedback provided by others.
7. Demonstrate the ability to negotiate as well as resolve conflicts.
8. Demonstrate effective participation in and leadership of the healthcare team.

F. SYSTEM-BASED PRACTICE

1. Understands, accesses, utilizes, and evaluates effectiveness of resource providers, and systems to provide optimal emergency care.
2. Understands different medical practice models and delivery systems and how to best utilize them to care for the individual patient.
3. Practices quality, cost-effective health care.
4. Advocates and facilitates patient advancement through the health care system.

II) DESCRIPTION OF CLINICAL EXPERIENCE

1. Residents will work in the emergency department in shifts ranging from 10 to 12 hours in length.

2. Residents will be the primary caregivers for non-critical and critical patients within the emergency department. Specifically, all priority I and II patients should be managed by the residents.
3. Residents are expected to function more independently than the PGY 1 resident. Residents should perform the initial history and physical examination, order appropriate ancillary tests, and institute therapy on uncomplicated patients without supervision. Residents should consult faculty early on for patients with complex decision making needs.
4. Residents should notify faculty whenever they would like to admit a patient or consult on a patient.
5. Residents are expected to manage multiple patients at one time.

III) DESCRIPTION OF DIDACTIC EXPERIENCE

1. The Department of Emergency Medicine based didactic methods for meeting the above objectives include Grand Rounds Conference, Morbidity and Mortality Conference, Toxicology Conference, Journal Club, Study Guide Conference, Case Conference, Pediatric Conference, Radiology Conference, and EKG Conference.

IV) EVALUATION PROCESS

1. An evaluation form will be completed in Gmetoolkit by the faculty for each resident at the completion of the rotation. These forms will be reviewed by the Program Director. Specific areas such as rapport with patients and physicians, integrity, initiative, technical skills, basic medical knowledge, histories and physical examinations, completion of medical records, and communication skills will be numerically assessed and recorded. Specific comments made by faculty will be recorded as well.

V) FEEDBACK

1. Written evaluations will be kept in Gmetoolkit. Residents are able to view their evaluations in Gmetoolkit anytime they desire. Residents are encouraged to view their rotation evaluations as soon as possible.
2. Residents will have formal feedback from the Residency or Assistant Residency Director at least 2x/year. The written evaluation from this rotation will be specifically reviewed.
3. More frequent evaluation and feedback will be done as needed on an individual basis. Residents not performing well will be approached during the emergency department rotation for evaluation and feedback.