

## **CLINICAL ROTATION SUMMARY**

<b>ROTATION</b>	EMERGENCY MEDICINE
<b>INSTITUTION</b>	WASHINGTON COUNTY HOSPITAL HAGERSTOWN, MARYLAND
<b>YEAR OF TRAINING</b>	PGY-3

### **D) OBJECTIVES**

#### **A. PATIENT CARE**

1. Demonstrate the ability to supervise, assist, and provide in the clinical management of all patients within the emergency medicine department.
2. Demonstrate the ability to triage patients within the emergency department as needed.
3. Demonstrate the ability to regulate patient flow within the department so as to efficiently but thoroughly provide patient care.
4. Demonstrate the ability to manage the initial resuscitation of blunt and penetrating trauma patients.
5. Demonstrate the ability to manage the initial resuscitation in patients with severe medical disease, including but not limited to cardiac disease, pulmonary disease, and sepsis.
6. Demonstrate the ability to manage the initial resuscitation in patients with severe respiratory distress.
7. Demonstrate the ability to read a variety of plain radiographs.
8. Demonstrate the ability to perform procedures including but not limited to cardiac pacing, conscious sedation, cricothyrotomy, laryngoscopy, nasotracheal intubation, orotracheal intubation, pericardiocentesis, retrograde intubation, rapid sequence intubation, retrograde urethrogram, thrombolytic administration, and thoracotomy.

#### **B. MEDICAL KNOWLEDGE**

1. Continue to demonstrate all of the itemized objectives in the Clinical Rotation Summary for the Emergency Medicine PGY-1 and PGY-2 rotations.

#### **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.
6. Demonstrate the ability to supervise and teach the medical students, PGY-1 residents, and PGY-2 residents.

#### **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 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. SYSTEMS-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 of 8-12 hours in length.
2. For any given shift, residents will be assigned a given area or team within the emergency department.
3. Residents will be the primary caregivers for critical and non-critical patients within the emergency department, and will assist the faculty in the management of critical care patients.
4. Residents will be supervised. Specifically, they are required to present and review all patients they care for to the faculty member on duty.
5. Residents will perform the initial history and physical examination of critical and non-critical patients, initiated ancillary studies and provide needed therapy.
6. Residents work 36-40 hours per week. (Conference hours are NOT included in this 36 hour total).
7. Residents are required to attend all 5 hours of conference on Wednesday.
8. **VERY IMPORTANT** - Residents are not allowed to work on Tuesday evening beyond 7pm, Tuesday overnight, or any time on Wednesday while at Washington County. The reason for this is that conference attendance on Wednesday is mandatory during that rotation; and if the resident works during any of those times, a duty hour violation will occur.

## **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 education director 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 knowledge, histories and physical examinations, completion of medical records, and communication skills will be numerically assessed and recorded.

## **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.