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UNITED FAMILY MEDICINE TRAINING PROGRAM CURRICULUM GOALS AND OBJECTIVES 2012-2013

Rotation: Emergency Room (Adult and Pediatric)
Faculty Administrator: Setsuko Hosoda, MD, MPH

Instructions to Preceptor:

1. Review this document with the fellow at the start of the rotation.
2. At the end of the rotation evaluate the fellow using the attached Competency Based Evaluation Form (or contact the Training Program to obtain access to an online evaluation forms.)

Instructions to Fellow:

1. Review this document with the preceptor at the start of the rotation.
2. Obtain the completed Competency Based Evaluation Form from the preceptor on the last day of the rotation.
3. Review the completed evaluation with your advisor.

Instructions to Advisor:

1. Review all Competency Based Evaluation Forms at the next Biannual Evaluation.

Rotation Schedule

On the ER rotation the expectation is for 36 hours (3 shifts) of ER time to be completed each week of rotation (144 hours in one month). A shift is defined as working consecutively for 12 hours. A shift may be supervised by one or more approved preceptors. You should arrange and commit to these shifts in advance of the rotation. Missed shifts must be made up unless the fellow is on vacation or has taken a sick day documented by the Training Administrator. You are required to have **one half day of Family Medicine continuity clinic per week**. This will be schedule in accordance to clinic availability. Please get the ER roster from the Emergency Room charge nurse.

Huaxin Orthopedics clinic with Dr. Daniel Porter – if you see (ortho) paired with your ER rotation, you are expected to work with Dr. Porter 1-2 half days per week. Please refer to the Core Document for Huaxin Orthopedics.

The fellow is to arrange times to shadow attending doctors in dermatology as well as pulmonology clinic depending on availability. This is for fellows who do not have ortho paired with their ER rotation.

In addition

- If the ER is very slow, you can go to FM clinic and help to see patients
- You may take inpatient medicine call and an ER shift at the same time.
- You can also break your ER shift but only into two shifts of 6 hours each

On call duties will be arranged as needed in order to cover the inpatient medicine service.

Contact Information:

Please contact ER attending, Dr. Porter (for fellows paired on ortho only), dermatology and pulmonology attending on duty for the day of your shift. Please contact them 1-2 weeks in advance.

Emergency room attendings: BJU attendings include – Martin Springer, Howard Bernstein, Jason Wood, Marty Rohringer, Timur Kouliev & Xiao Feng. SHU – Shannon Moffett and Joseph Chang

GOALS:

Fellows will be familiar with the initial management of serious illnesses and injuries. Fellows will competently treat simple acute illness and recognize those illnesses appropriate for presentation in an ER.

Required Attendance:

- Three 12-hour shifts per week.
- Inpatient Medicine service coverage as needed and required by the service.
- Total work hours generally not to exceed 80 hours per week.
- Family medicine clinic 1-2 days per week as appropriate to level of training.
- Dermatology and pulmonology clinic as time permits
- Huaxin orthopedics clinic for fellow scheduled with (ortho)

LEARNING OBJECTIVES REQUIRED TO MEET SPECIFIC ROTATION GOALS:

The priority focus of this rotation is to give our fellows a front line experience in assessing acute MI, acute chest pain and acute neurological conditions including acute cerebrovascular accidents.

1. Medical Knowledge:

- a. Enhances diagnostic and management skills in patients presenting with the following complaints:
 - i. Cardiothoracic
 - ii. Neurologic
 - iii. Abdominal/gastrointestinal
 - iv. Ophthalmologic
 - v. ENT
 - vi. OB/Gyn
 - vii. Urologic
 - viii. Competently sutures simple wounds
 - ix. Competently diagnoses, splints and/or casts simple fractures
 - x. Competently obtains IV access
 - xi. Familiar with the procedure of intubation

2. Patient Care

- a. Efficiently manages ambulatory problems in an acute care setting.
- b.** Evaluates and stabilizes acute chest pain including acute MI and rule out MI cases including unstable cases utilizing the appropriate triage of these patients under the guidance of a qualified ER attending or cardiologist in attendance.
- c.** Evaluates and stabilizes acute neurological disorders such as acute cerebrovascular accidents, acute mental status changes with appropriate first-line response under the guidance of the ER attending and/or designated neurologist or neurosurgeon in attendance.
- d. In addition to making cardiac and neurological care the main focus of this section of the rotation, the rotation will include enhanced skills in the assessment and management of acute illness presenting in the ER by applying the principles of emergency triage, diagnosis, and treatment

3. Practice Based Learning

4. Interpersonal& Communication Skills

- a. Effectively communicates with attending, nursing, referring and consulting staff for the most efficient management of each patient.
- b. Communicates effectively with patients regarding their presenting concerns

5. Professionalism

- a. Fellow will demonstrate behavior consistent with high professional standard. 100% attendance, timeliness, perceived as handling appropriate caseload in a timely fashion

6. System Based Practice

- a. Assesses the need for inpatient care.
- b. Develops an appropriate follow-up plan for all patients seen and communicates with the patient's primary physicians when necessary
- c. Recognizes patient concerns which cannot be adequately addressed in an emergency room setting. Develops a plan with patient/parents for non-emergent evaluation

Please complete stroke training module prior to starting rotation at the following link:

Since neurology is a focus of the rotation, the fellows would benefit from learning the stroke score. This site also has video blurbs showing very interesting neurologic findings that you just won't see on a short rotation in the ED.

Learning Objectives Required To Meet Specific Rotation Goals (Peds ER):

1. Recognizes an acutely ill pediatric patient in need of immediate evaluation and treatment.
2. Initiates basic stabilization measures and obtains assistance for definitive care.
3. Manages the evaluation and treatment of 2-3 typical ER patients simultaneously.
4. Effectively communicates with attending, nursing, referring and consulting staff for the most efficient management of each patient.
5. Utilizes laboratory, radiology and consulting services in an appropriate and cost effective manner.
6. Recognizes patient concerns which cannot be adequately addressed in an emergency room setting. Develops a plan with patient/parents for non-emergent evaluation.
7. Develops an appropriate follow-up plan for all patients seen and communicates with the patient's primary physicians when necessary.
8. Communicates effectively with patients and parents regarding their presenting concerns.

1. Medical Knowledge:

- a. Reads Pediatric textbook sections, journal articles and evidenced based literature pertinent to the twenty-two specific area goals as well as articles relevant to patient care problems encountered:

Fever in an infant under three months of age
Fever without a source at any age
Asthma
Croup
Otitis media
Fractures, sprains, contusions
Abdominal pain
Foreign Bodies (airway, esophagus, soft tissue)
Seizures- febrile and afebrile
Closed head injuries
Vomiting, diarrhea and dehydration
Shock: septic, volume depletion and cardiogenic
Meningitis
Status asthmaticus
Status epilepticus
Intussusception/ other bowel obstructions
Near drownings
Supraventricular tachycardia
Diabetic ketoacidosis
Multiple trauma
Ingesting known and unknown substances
Physical and sexual abuse

- b. Completes Pediatric SAM-“Childhood Illness”
- c. Pass the Pediatric section in the in-training exam as an R-3

2. Patient Care

- a. Recognizes an acutely ill pediatric patient in need of immediate evaluation and treatment.
- b. Initiates basic stabilization measures and obtains assistance for definitive care.
- c. Manages the evaluation and treatment of 2-3 typical ER patients simultaneously.
- d. **Performs the following procedures and log a minimum of four of these following procedures during their rotation:**
 - i. Lumbar puncture venipuncture, IV placement, laceration repair, splinting
 - ii. Venipuncture
 - iii. IV placement
 - iv. Laceration repair
 - v. Splinting
 - vi. Ear wax removal

3. Practice Based Learning

4. Interpersonal& Communication Skills

- a. Effectively communicates with attending, nursing, referring and consulting staff for the most efficient management of each patient.
- b. Communicates effectively with patients and parents regarding their presenting concerns

5. Professionalism

- a. Fellow will demonstrate behavior consistent with high professional standard. 100% attendance, timeliness, perceived as handling appropriate caseload in a timely fashion

6. System Based Practice

- a. Develops an appropriate follow-up plan for all patients seen and communicates with the patient's primary physicians when necessary
- b. Recognizes patient concerns which cannot be adequately addressed in an emergency room setting. Develops a plan with patient/parents for non-emergent evaluation