

Rotation	Emergency Department R-1 Surgery Rotation						
Institution	OHSU Emergency Department				Duration in Months: 1 Month		
Year of training	R1	<b>XX</b>	R2		R3		R4
Contact persons:	OHSU ED: Liz Mesberg and Lainie Yarris, MD 494-1587						

Overview:

As a first-year surgery resident on the OHSU Hospital Emergency Department rotation, you are primarily responsible for seeing patients across a full spectrum of disease states. The nature of emergency medicine in general, will expose you to a wide variety of patients during this rotation.

The patient mix will include the full age spectrum (newborn to geriatric), both genders, a combination of medical, surgical, gynecologic, and pediatric complaints, and a varied level of acuity, from ambulatory to those in cardiovascular arrest.

- The OHSU Hospital ED is a tertiary referral center for adult and pediatric transplant, oncology, cardiovascular and other subspecialty patients. It also serves a population that reflects the urban community surrounding OHSU and is the ED for Doernbecher Children’s Hospital.

EM Rotation Goals:

The rotating first-year surgery resident will:

- Recognize and initiate management of patients with serious life and limb threatening conditions
- Develop an appropriate complaint-based differential diagnosis for the undifferentiated patient
- Use effective listening and communication skills when interacting with patients, families and coworkers
- Provide compassionate, ethical care for all patients in the ED
- Use scientific methods and evidence to critically evaluate and improve his/her patient care practice
- Understand the context and systems in which health care is provided in the ED

Educational Objectives:

During this rotation, you are expected to achieve beginning level proficiency in each of the following ACGME core competencies:

Patient Care:

1. Perform and effectively present a problem-focused history and physical examination
2. Assist in major resuscitations, including airway management, fluid resuscitation and ACLS
3. Demonstrate effective management of several patients simultaneously
4. Be able to initially approach any chief complaint presenting to the emergency department and formulate a plan to present to the supervising physician
5. Learn and demonstrate procedural confidence and proficiency with a variety of procedures, including: arthrocentesis, nasogastric tube insertion, bladder catheterization, abscess incision and drainage, paracentesis and thoracentesis, fracture reduction and splinting, local and regional anesthesia, tube thoracostomy, lumbar puncture, endotracheal intubation, procedural sedation, slit lamp examination, and nasopharyngoscopy.

Medical Knowledge:

1. Develop and articulate an appropriate differential diagnosis for the undifferentiated patient, including those with common chief complaints such as chest pain, shortness of breath, abdominal pain, and orthopedic, infectious, and neurologic chief complaints
2. Describe the etiology, key historical and physical exam features, pathophysiology, and treatment of clinical presentations encountered during the rotation
3. Appropriately interpret laboratory, imaging, and other diagnostic data
4. Explain the risks, benefits, and alternatives to the treatment options being considered

Interpersonal and Communication Skills:

1. Develop and consistently demonstrate listening skills to address patients' concerns respectfully and effectively
2. Ensure that patients (and their families) understand their ED course, diagnosis, treatment, and follow-up
3. Develop effective methods for communicating with colleagues in the emergency department, and for telephone communication with consultants.
4. Gain proficiency in computerized charting/electronic order entry (EPIC)

Professionalism:

1. Demonstrate empathy and compassion toward patients and their families
2. Emulate the role of the emergency physician as a patient advocate
3. Interact effectively and professionally with referring, consulting, and admitting physicians
4. Incorporate sensitivity for the patient's age, gender, sexual orientation, religious beliefs, and socioeconomic background in providing them care in the ED

Practice Based Learning and Improvement:

1. Effectively use the educational resources available in the ED, including on-line texts and databases
2. Identify areas for self-improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care
3. Demonstrate willingness to acquire new knowledge and skills specific to Emergency Medicine
4. Accept and integrate feedback given by other members of the health-care team, including faculty, senior residents and nursing staff

Systems Based Practice:

1. Demonstrate appropriate use of ED resources, including financial and social work resources
2. Use admission or consultation appropriately in a variety of presenting conditions
3. Understand how legal, social, financial, and ethical considerations impact the provision of care in the ED
4. Integrate consultant recommendations into the care of patients appropriately

Residents are expected to review the particular objectives of this rotation and meet these objectives through a combination of clinical experience, formal didactic conferences, required and supplemental readings, and discussion of cases with faculty and senior residents in the ED. All residents have on-site access to a variety of printed and electronic resources to help meet these objectives.

Description of clinical experiences:

All first-year residents are responsible for seeing patients across a wide spectrum of patient presentations and disease states (except patients seen only by senior EM residents: those entered in the trauma system, placed on a psychiatric hold, or sexual assault exams). You will see patients as they present and will be the first to evaluate their needs and present them to the EM staff on duty. During the 1<sup>st</sup> half of the rotation, you will focus on accurate data collection and interpretation, development of a differential diagnosis, and initial workup and treatment plan. You will also begin learning the procedural skills as outlined above under the close supervision of the senior resident and/or attending physician. In the second half of the rotation, you will be expected both to take on sicker patients and to begin to learn to multitask and manage multiple patients simultaneously. Duty hours during this rotation are to be compliant with ACGME recommendations.

Description of didactic experiences:

Residents are encouraged to attend all regularly scheduled didactic sessions of the Emergency Medicine Residency on Wednesdays from 7:00 am to 1:00 pm when available. They will be excused from most or all clinical duties during that time.

Evaluation process and feedback to residents:

At the end of the rotation, a standard evaluation form for EM residents is completed by rotation supervisors. Evaluations are then forwarded to the Residency Coordinator and Director for General Surgery through E\*value. Attending staff are encouraged to provide frequent formative feedback on a per shift basis and residents are encouraged to solicit such feedback. The feedback can take place verbally or by email.

Evaluation of faculty and the rotation by residents:

Residents evaluate each rotation and individual faculty and submit those evaluations anonymously on E\*value. Any significant complains/concerns with a rotation can be addressed immediately by contacting the rotation director or coordinator.

Have the service directors for all rotations outside the Emergency Department at the primary institution reviewed and agreed to the rotations as described?	YES (X) NO ( )
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If NO, please explain.