

MEMO

Date: for 2007-2008 Academic year

To: Off-Service Residents
Emergency Medicine Residents

From: Heidi Gonzalez, 494-1587
Department of Emergency Medicine, CDW-EM

Subject: Emergency Medicine ED/ECU Off-Service Call Schedule

Please read this memo completely as it contains important information about your rotation.

Attached is a copy of the <current month> Off-Service Call Schedule for the Department of Emergency Medicine. It is critical that you review each of your shifts now. ***If there are any discrepancies, it is your responsibility to contact me as soon as possible!***

Remember this schedule is for one month and may not cover your entire rotation. If your rotation begins before or ends after this month and you do not have that schedule, please contact me. (However, next month's schedule will be coming out at a later date.)

EM RESIDENTS ONLY: Wednesday Morning Trauma Conference

If the EM 2/3 Resident on at the VAMC he/she will attend Trauma Conference on Wednesday morning in the Doernbecher Auditorium from 7:00-8:00am. This is a required part of the rotation and you are expected to attend as part of the education requirement for this rotation.

ALL RESIDENTS: Wednesday Morning EM Conference, 8:00am – 1:00PM

Location: Doernbecher Auditorium, 11th Floor

As part of your rotation, all residents will have the opportunity to attend our Wednesday conferences. Note the "EX" sign after certain shifts on Wednesdays. This denotes that the resident/intern is excused to attend the Emergency Medicine M&M and Didactic conference. You will be expected to sign in at conference and the overall evaluation will include conference attendance.

This provides significant protected time, allowing all residents to attend most or all of our weekly five-hour conference, with special emphasis on the M&M conference at 0800. Residents who are post-call Wednesday morning should at least try to attend the 0800 M&M conference if possible.

Regarding residents who have a "day off" on Wednesdays, attendance is still strongly encouraged, unless the resident has other clinical duties mandated by their department, and as long as they *do not exceed their ACGME mandated duty hours*.

To supplement these conferences, a curriculum reading list, which correlates to Harwood-Nuss, 3rd Edition, *Clinical Practice in Emergency Medicine*, can be provided upon request.

Significant additional attending coverage and other staffing has been provided in the ED and ECU on Wednesdays to allow residents to attend conference. Please take advantage of these educational opportunities while rotating on the EM service.

CLINICS

Residents who have a "C" after their name on the schedule are expected to begin their shift immediately following clinic. Residents with a "#" after their name should report to the ECU as scheduled, leave for clinic, and return to the ECU after clinic in a timely manner to complete their shift.

Internal Medicine Interns: You will be scheduled off on our schedule on your clinic day. You are still required to attend your departmental clinic. Occasionally, we may schedule you on the schedule for a clinic day, which will be denoted by a "C" for a morning clinic and "#" for an afternoon clinic where you would follow the above rules for clinics.

If there are any questions regarding the attendance of the conferences and/or any discrepancies or changes to this schedule, ***it is your responsibility to contact me immediately!***

Please read the following policies and procedures regarding your rotation:

1) SHIFT CHANGES: Once the schedule is complete, you may trade a shift(s) with another intern/resident on the current schedule using the following guidelines:

- No more than 5 consecutive shifts in a row.
- No splitting of shifts will be allowed.
- Interns can not trade with Second or Third year residents on the ECU.

All shift trades must be approved by Dr. Kalbfleisch (10339), and Heidi (4-1587) must be informed of the changes. **IN ADDITION, BOTH PEOPLE INVOLVED IN THE EXCHANGE MUST CONFIRM THEY APPROVE THE TRADE. PLEASE AVOID LAST MINUTE CHANGES, AS CONFIRMATION CAN BE DIFFICULT.**

2) ORIENTATION: VAMC: On your first day at the VA-ECU, one of the staff will give you a brief tour and orientation to the facility.

Important...Keep Reading

OHSU ED: Before starting your first shift at the OHSU ED, you will need to orient yourself to the department. You will be sent a notification letting you know where you can pick up your passwords. In addition, you will receive a power point presentation, which will orient to the ED and Emstat. You are required to review these presentations prior to your first shift in the ED.

If you have any questions regarding the orientation, contact Heidi at 4-1587. ED department staff may not know about the orientation for residents, so please follow the above procedures to orient your self.

3) ED DEPT X-RAY INTERPRETATION: If there is no radiology reading when your X-rays are returned, write your interpretation on the orange card and place it in the X-ray jacket.

4) DRESS CODE IN OHSU ED: If scrubs are worn, the physician will wear both scrub tops and bottoms. Plain T-shirts may be worn under scrub tops if desired. Street clothes may be worn instead of scrubs if they are modest, neat and professional. White coats are not necessary when wearing scrubs. (The detailed “Dress Code guidelines for physicians in the ED” are attached. It is your responsibility to review and follow the appropriate dress guidelines.)

5) EMERGENCY ILLNESS: In the event of illness or emergency, call the Emergency Care Unit VA at 273-5388 or OHSU ED at 494-7551 and explain the nature of the circumstance to the attending physician. However, *you are responsible for obtaining shift coverage in your absence.*

6) MEAL CARDS AT VA: Follow the instructions below for your service regarding meal tickets.

PSYCH: Contact your chief resident for VA meal tickets.

MED: Contact Nancy Ivers, 503-220-8262, ext 55593 in the VA for meal tickets.

SUR: For shifts at the ECU, meal cards and supplemental materials can be signed out with Maryanne Bonacker, ext. 095-55435. For shifts at OHSU, use funds on your OHSU Meal Ticket Debit Card.

EM: For shifts at the ECU, meal cards and supplemental materials can be signed out with Maryanne Bonacker, ext. 095-55435. For shifts at OHSU, use funds on your OHSU Meal Ticket Debit Card.

7) PARKING: When on shift at OHSU ED, next to the designated EM parking, under the Doernbecher parking garage, there are 10 parking spaces allocated for “general resident parking” that are available for your use (you will still need an OHSU parking pass). IF all 10 general parking spaces are in use, there is parking next to those marked “swing shift parking”, which are available for your use as long as you call parking at 494-8283 and inform them that you are a off-service resident rotating through the ED in need of a parking spaces and we instructed to do this. (We refers to GME – Sue Simmons per Angela Timmen, Nancy and Tony in the parking office).

When scheduled at the VA-ECU on weekends and holidays, you may park in the patient parking area. This is available from 4:00PM Friday evenings, until Sunday at midnight.

I can be reached at 494-1587, gonzaleh@ohsu.edu

Rotation	Emergency Department R-1 Surgery Rotation							
Institution	Combined OHSU Emergency Department & VA Medical Center Emergency Care Unit				Duration in Months: 1 Month			
Year of training	R1	XX	R2		R3		R4	
Contact persons:	OHSU ED: Heidi Gonzalez and Norm Kalbfleisch, MD 494-1587 VAMC ECU: Jeff Pellegrini and Rick Grazer, MD 220-8262, ext 55435							

Overview:

As a first-year surgery resident on the combined OHSU Hospital Emergency Department and VAMC Emergency Care Unit rotation, you are primarily responsible for seeing patients across a full spectrum of disease states. The nature of emergency medicine in general, and the patient populations at both institutions in particular, 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.
- The Portland VA Medical Center serves primarily an older population with a wide variety of medical and surgical pathology, but also is seeing an increasing census of younger and female patients.

Combined 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 paper/computerized charting (VAMC), electronic order entry and dictation (OHSU)

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. A curriculum and reading list of required and supplemental readings will be distributed to you prior to the rotation. An EM text (*Clinical Practice of Emergency Medicine*, Harwood-Nuss, 4th Edition) with the readings will be made available to you on the rotation.

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 1st 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 required to attend all regularly scheduled didactic sessions of the Emergency Medicine Residency on Wednesdays from 7:00 a.m. to 1:00 p.m. They will be excused from most or all clinical duties during that time. In addition, at 1100 am on M, T, Th and F at OHSU, there is a brief case-based presentation designed and delivered by a senior EM resident.

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. 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 Verinform. Any significant complains/concerns with a rotation can be addressed immediately by contacting the rotation director or coordinator.

Emergency Medicine Curriculum Combined OHSU/VA Rotation

(*Text: Harwood-Nuss, *Clinical Practice of Emergency Medicine*, 4th Edition, 2005)

TOPIC	READINGS*	REQUIRED
Approach to the ED Patient ^{4pgs} Resuscitation, Airway management, Airway procedures, CP arrest, Shock, Vascular Access, Respiratory Failure	Section I ^{56pgs} , Chapters 32 ^{8pgs} , 204-208 ^{32pgs} , 230 ^{4pgs}	Yes
High-Risk Chief Complaints	Section II ^{54pgs} , Chapters 151-157 ^{42pgs} ,	Yes
Heme/Onc, HIV, Domestic Abuse	Chapters 147 ⁹ , 234- 235 ⁶ , 249 ⁶ , 370 ⁶	
Prehospital Care, Patient Safety, Sedation, Pain Management	Section XXIV ^{65pgs}	
Trauma I (General Considerations and Specific Injuries)	Section XX: Part I & II ^{131pgs}	
Trauma II (Orthopaedic trauma and Special Considerations)	Section XX: Part III & IV ^{108pgs}	
Environmental Emergencies	Section XXIII ^{62pgs}	
Pediatrics I (Peds Trauma and Chief Complaints)	Section XXI: Parts II and III ^{106pgs}	Yes
Pediatrics II (Specific Diseases, Peds Sedation, Peds Death)	Section XXI: Chapters 236-248, 250-270 ^{156pgs}	
Toxicology I	Section XXII: Part I - VI ^{138pgs}	
Adult Pulmonary Emergencies	Section V ^{48pages}	
Adult Cardiovascular Emergencies	Section VI ^{60pgs}	
Adult Vascular Emergencies	Section VII ^{34pgs}	
Adult GI Emergencies	Section VIII ^{78pgs}	
Neurologic Emergencies	Section XIII ^{60pgs}	
Renal and Urologic Emergencies	Section IX ^{52pgs}	
OB/GYN Emergencies	Section X, XI ^{66pgs}	
Toxicology II	Section XXII: Part VII - X ^{146pgs}	
Endocrine and Metabolic Emergencies	Section XIX ^{60pgs}	
Infectious Disease Emergencies	Section XVII ^{82pgs}	
EYE, ENT and Dental Emergencies	Section III, IV ^{86pgs}	
Musculoskeletal, Dermatologic, Allergic, Immunologic Emergencies	Section XII ^{38pgs} , Section XV, XVI ^{50pgs}	
Psychiatric Emergencies	Section XIV ^{22pgs}	