University of Nevada School of Medicine

Department of Emergency Medicine

901 Rancho Lane, Suite 135, Las Vegas, Nevada 89106
Office: 702-383-7885 Fax: 702-383-8235

OB/GYN RESIDENT ORIENTATION INFORMATION

Adult Emergency Department
University Medical Center of Southern Nevada

Welcome to the Emergency Department clinical rotation for off-service residents. Please carefully review the rotation resident responsibilities outlined below, which have been revised as of January 2011. The Goals and Objectives of the Emergency Department rotation, as well as the Policy for Resident Supervision and Clinical Responsibility, are also attached for your review.

RESIDENT RESPONSIBILITIES

Clinical responsibilities include:

- 10 shifts in the Adult Emergency Department divided between days and nights. The 12-hour shifts run from 6am-6pm (day-shifts) and 6pm-6am (night-shifts). There are no exceptions to the aforementioned shift times.

  While on duty, residents are expected to function as integral team members of the Emergency Department, appropriate to their level of training.

  - Duties include independently evaluating patients as assigned by the attending emergency physician, which includes performing a history and physical examination, and formulating a diagnostic evaluation and management plan. Residents will then present their patient to the attending emergency physician, and discuss their assessment and plan, prior to initiating diagnostic testing or therapy.
  - The Emergency Department functions at a dynamic pace, and efficient patient flow is critical to ensure that patients in the Waiting Room can be evaluated as rapidly as possible. Residents will be expected to manage multiple patients simultaneously, and must be aware of the status of pending diagnostic tests, and patient response to any medications administered.
  - Residents are responsible for the ongoing management of their assigned patients while in the Emergency Department. This includes the performance of serial reassessments of patients, along with timely follow-up of laboratory and radiology results, and consistently updating the attending emergency physician. Any change in patient condition or critical laboratory/radiology result should be immediately communicated to the attending physician.
  - Residents are responsible for arranging the patient management and disposition as discussed with the attending emergency physician. This includes contacting on-call consultants, as necessary, or discussing the case with the admitting physician to arrange for hospital admission.

- Sign-out rounds take place daily at 6am and 6pm in the west-side Dictation Room (across from Medical Pod beds 11 &12). An overhead announcement will signal the beginning of rounds, and all residents are required to be present and participate. Residents about to complete their shift are responsible to sign-out to an oncoming resident, to ensure the ongoing management of any patients who have not yet been either admitted or discharged from the Emergency Department.
- Residents are expected to actively participate in patient care throughout their scheduled shift; a 30-minute meal break is allotted during each shift. ***Leaving the Emergency Department early, before the completion of a 12-hour shift, is not permitted.***
- Residents are expected to *arrive on-time* to their respective clinical shifts and *be prepared for work*, which includes having all necessary equipment to perform satisfactorily (e.g. stethoscope).
- Any resident who is ill or unable to make it to an assigned shift must:
  (1) Immediately contact the Emergency Department at 383-2211, and notify the Charge Physician, as well as
  (2) E-mail both Program Directors, Dr. Berkeley (emergdoc@mac.com) and Dr. Epter (mepter@medicine.nevada.edu) the *SAME DAY*.
  - In order to pass the rotation, it is the resident's responsibility to subsequently arrange a make-up shift with the EM residency Program Director, Dr. Michael Epter.

- A patient encounter log needs to be completed by the resident during each shift; a registration sticker of each patient who you primarily evaluate should be affixed to the log. The log needs to be signed by the attending physician with whom you worked after *each* Emergency Department shift, and submitted to Shamit Patel, the Assistant Program Coordinator in the Department of Emergency Medicine, at the end of your rotation. The information included in the log will be utilized to verify attendance at each shift, as well evaluation of patient pathology and procedures completed. This information will also be utilized to help monitor the resident experience and improve the rotation. *Failure to turn in a signed patient log for any scheduled shift will result in that shift being considered as an absence, and a make-up shift will have to be performed in order to successfully pass the rotation.*
- **At the conclusion of *each* Emergency Department shift, you need to hand a resident evaluation card to your assigned attending emergency physician.** Your final evaluation for this rotation is based upon these daily evaluation cards. *Completion of **at least 75%** of the attending daily evaluations is required to pass the rotation.*

Academic responsibilities include:

- Completion of a case review of one patient you managed during the Emergency Department rotation. This should be a typed 2-4 page discussion of an interesting or unusual case in which you actively participated during your rotation. This is a required component of the rotation and ***must be submitted prior to the completion of the rotation***. Please refer to the case review instruction sheet and sample in the orientation folder for further information.
- Attendance at the weekly Emergency Medicine Academic Grand Rounds is strongly encouraged, but not required of those residents on a 2-week rotation in the

Emergency Department. The conference topics are listed on the EM Academic Schedule. The schedule also lists the EM resident weekly reading assignments, which are chapters from *Rosen's Emergency Medicine: Concepts and Clinical Practice*, available online at MDconsult.com; although not required reading for off-service rotators, these are pertinent to the weekly discussions. This educational conference takes place ***every Wednesday from 8am-1pm*** (unless otherwise noted on the EM Academic Schedule) across the street from UMC (across Tonopah) in the Department of Emergency Medicine conference room at Delta Point, 901 Rancho Lane, Suite 135.

SCHEDULING POLICY

In compliance with ACGME requirements, residents will never be required to work more than 60 clinical hours in the Emergency Department during any given week.

Any special scheduling requests need to be submitted to Shamit Patel, the Assistant Program Coordinator in the Department of Emergency Medicine, ***no later than 60 days prior to the beginning of the rotation***. Efforts will be made to accommodate schedule requests but, due to the complicated nature of the Emergency Department schedule and the large number of rotating students and residents, requests will only be granted if the schedule permits, and ***no guarantees can be offered***. Trading of assigned shifts between residents is not permitted, and any shift changes must be approved by the EM residency Program Director.

EVALUATIONS

During clinical shifts, residents will work with several different attending emergency physicians who will then complete an evaluation after every shift, based on the ACGME core competencies. This includes a numerical assessment of resident competency of 1) Patient Care; 2) Medical Knowledge; 3) Practice-Based Learning; 4) Interpersonal & Communication Skills; 5) Professionalism; and 6) System-Based Practice. A sample of the daily off-service resident evaluation card is included in the orientation folder.

As described above, at least 75% of these daily evaluation cards must be completed in order to pass the rotation. It is each resident's responsibility to submit a daily evaluation card to their assigned attending at the end of their shift; the attending physicians will then complete the evaluation card. The final grade for the rotation is based on the daily clinical evaluations and an overall assessment of your level of participation and clinical performance.

POLICY ON PASSING THE ROTATION

A passing grade on a rotation in the Adult Emergency Department is dependent upon successful completion of all components of the rotation, which include:

- Active participation during all 10 assigned clinical shifts in the Emergency Department.
- Satisfactory completion of an emergency medicine case review, *submitted no later than the last day of the rotation*.
- Submission of all 10 daily patient encounter logs, signed by an attending physician.
- Satisfactory clinical evaluations by attending emergency physicians, demonstrating fulfillment of the minimum requirements for competency in all areas of evaluation (≥2.5 grade-point average), as well as a satisfactory overall assessment.
- Completion of the Evaluation of Emergency Medicine Rotation form, to be turned in at the end of the rotation.

The EM residency Program Director/Associate Program Director will oversee the global evaluation of each resident's performance in the core competencies, as well as overall performance on the rotation; a resident rotation evaluation form will then be submitted to their residency program.

Failure of satisfactory completion of any of the above requirements will result in either unsatisfactory performance assessments and/or failure of the Emergency Department rotation.

POLICY ON PROBATION OR FAILURE

All residents are expected to arrive on-time for their shifts, behave in a professional manner, and treat their patients and co-workers with respect. If a resident persistently receives unsatisfactory daily performance evaluations during the rotation, fails to comply with the above-listed components of the rotation, or demonstrates any unsatisfactory behavior that could potentially jeopardize passage of the rotation, a letter of warning will be issued to the resident and sent to their residency director. The resident will be given this letter in a timely fashion, in order to allow an opportunity for satisfactory completion of the rotation via appropriate improvements in performance.

The resident will be allowed to continue the clinical shifts to allow time to correct the aforementioned areas of unacceptable performance. If these deficiencies are not corrected in a timely fashion, the resident will not be permitted to continue the clinical shifts, and will fail the rotation. A subsequent meeting will be arranged between the leadership of the Department of Emergency Medicine and the residency Program Director of the off-service resident.

Contact Information:

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Policy for Resident Supervision and Clinical Responsibility

- Supervision shall be provided for all residents in a manner that is consistent with proper patient care, the educational needs of residents, and the applicable residency program requirements.
- Program-specific policies are in compliance with UMC institutional policy, as well as standards outlined by the Emergency Medicine Residency Review Committee (RRC).
- Residents will be appropriately supervised by teaching staff according to their level of education, ability, and experience. The level of responsibility shall be determined by the Program Director and teaching staff.
- All residents must function under the direction of an attending physician. The attending is to direct patient care and provide the appropriate level of supervision based upon the patient's condition, the likelihood of major changes in the management plan, the complexity of the care, and the experience and judgment of the resident being supervised.
- Resident responsibility is graduated. Residents are given progressive responsibilities, in both the clinical as well as the didactic curriculum, based on level of training.

Off-Service Residents in the Adult Emergency Department

- The off-service resident will care for patients with a variety of illness and injuries **under close supervision of the EM attending to whom the resident has been assigned**.
- The off-service resident is expected to prioritize care based on the patient's level of acuity and/or time within the Department.
- The off-service resident **must present all patients to the assigned attending prior to initiating diagnostic testing or therapy**.
    - <u>The EM attending assumes full responsibility for the care of all patients presented to them by the off-service resident</u>.
- The off-service resident is required to demonstrate adequate skill in the following procedures (including, but not limited to, the list below) in order to perform them independently and without supervision, with the exception of **the female GU exam (pelvic exam) which must be supervised during the PGY-1 year**:
    - ABG
    - Bladder catheterization, male
    - Bladder catheterization, female
    - Digital rectal exam, male
    - GU exam, male

- ****GU/Pelvic exam, female (must be supervised during the PGY-1 year)****
- Peripheral IV insertion
- Correct use of slit lamp and Tono-pen for ocular examination
- Anterior and posterior nasal packing
- Nasogastric tube insertion
- Reduction of large and small joint dislocations, including fracture/ dislocations
- Application of splints for extremity immobilization
- Laceration repairs, including use of skin staples and Dermabond
- Incision and drainage, simple abscess
- Central venous access
- Lumbar Puncture
- Bedside ultrasound
- Endotracheal intubation

- The **EM attending will directly supervise all critical interventions.**
- The **EM attending must approve and consider supervision of all invasive procedures.**
- In resuscitations, the primary role of the off-service rotator is vascular access and defibrillation/cardioversion.
- The off-service resident is **expected to manage 0.8 patients per hour, on average.**
- Any off-service resident who is ill and unable to make it to their assigned shift must immediately contact the Emergency Department Charge Physician (as noted above), as well as notify the Program Director/Associate Program Director as soon as possible, to allow for adequate time to arrange shift coverage.

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Goals and Objectives: Off-Service Resident Rotation University Medical Center Adult Emergency Department

Patient Care:

1. Demonstrate competence in performing a focused history and physical examination including identifying pertinent risk factors in the patient's history, providing a focused evaluation, interpreting the patient's vital signs and condition, recognizing pertinent physical findings, and performing techniques required for conducting the exam.
2. Demonstrate competence in performing an adequate and appropriate neurologic exam on trauma and medical patients with various levels of consciousness.
3. Demonstrate competence in performing an adequate and appropriate trauma exam.
4. Demonstrate competence in performing an adequate airway assessment.
5. Demonstrate competence in performing an adequate and appropriate gynecologic exam.
6. Demonstrate competence in performing and appropriate evaluation on pediatric patients.
7. Demonstrate the ability to recognize and evaluate cardiac emergencies.
8. Demonstrate the ability to recognize and evaluate respiratory and airway emergencies.
9. Demonstrate the ability to recognize, evaluate, and manage GI emergencies.
10. Demonstrate the ability to recognize, evaluate, and manage gynecologic emergencies.
11. Demonstrate the ability to recognize, evaluate, and assess surgical emergencies.
12. Identify and manage non-emergent abdominal, gynecologic, neurologic, infectious, pulmonary, and cardiac complaints.
13. Demonstrate appropriate treatment priorities, identifying patients by acuity.
14. Demonstrate familiarity in performing procedures including, but not limited to:
    - Correct use of slit lamp and Tono-pen for ocular examination
    - Anterior and posterior nasal packing
    - Nasogastric tube placement
    - Reduction of large and small joint dislocations, including fracture dislocations
    - Application of splints for extremity immobilization
    - Laceration repairs, simple and complex, including use of skin staples and Dermabond
    - Incision and drainage, simple abscess
    - Peripheral and central venous access
    - Lumbar puncture
    - Bedside ultrasound
    - Endotracheal intubation
15. Demonstrate timely and appropriate patient dispositions.
16. Demonstrate ability to evaluate an average of 0.8 patients per hour.

Medical Knowledge:

1. Formulate a differential diagnosis based on clinical findings for altered mental status, including chemical, psychological, and organic causes.

2. Discuss the indications and techniques for control of hypertension in emergent and urgent conditions.
3. Demonstrate an understanding of the evaluation and management of vaginal bleeding in the pregnant and non-pregnant female patient.
4. Describe the indications and utility of various modalities to evaluate complaints of shortness of breath including the diagnoses of asthma, bronchitis, pneumonia and pneumonitis, emphysema, COPD, and pulmonary embolism.
5. Correctly request and interpret radiographic studies for complaints of extremity pain and trauma.
6. Understand the pathophysiology and principles of acute coronary syndrome, including pharmacologic and procedural interventions and their indications.
7. List the risk factors and management for gastrointestinal bleeding including both upper and lower sources.
8. Outline the differential diagnoses for a complaint of colicky abdominal pain including, but not limited to, cholecystitis, biliary colic, renal colic, ureteral or renal calculi, and abdominal aortic aneurysm.

Practice-Based Learning and Improvement:
1. Maintain a patient log for self-assessment regarding patient care issues and expansion of medical knowledge.
2. Maintenance of a procedure log to document competence of procedures and skills.

Interpersonal Skills and Communication:
1. Succinctly and efficiently request consultation for patients requiring specialty management.
2. Demonstrate appropriate and complete documentation of patients' encounters.
3. Discuss with appropriate language and terminology significant risk factors and patient modifiable behaviors that increase the patient's risk for developing cardiovascular disease.
4. Demonstrate the appropriate use of and communications with consultants.

Professionalism:
1. Develop and maintain interpersonal, and communication skills essential to interactions with patients, family, and staff.
2. Maintain personal wellness and assist colleagues in times of crisis and when necessary and appropriate.
3. Practice ethical decision making with cultural sensitivity.
4. Practice medicine in a fashion that displays competence, consideration, and integrity.
5. Demonstrate appropriate chart documentation.
6. Maintain all appropriate credentialing and licensure requirements.

Systems-Based Learning:
1. Appropriately refer patients for follow-up care and continuity of care
2. Appropriately access healthcare for patients.
3. Demonstrate appropriate time management skills and the ability to evaluate an average of 0.8 patients per hour.
4. Provide cost effective management patients including cost appropriate medications and treatment modalities.