

Emergency Medicine Levels of Care

Procedure/Skill	level of care	supervision	Milestone	Competency
Recognizes in a timely fashion when further clinical intervention is futile	PGY 3	Direct	PC1	PC
Integrates hospital support services into a management strategy for a problematic stabilization situation	PGY 3	Indirect	PC1	PC
Synthesizes essential data necessary for the correct management of patients using all potential sources of data	PGY 3	Indirect	PC2	PC
Practices cost effective ordering of diagnostic studies	PGY 3	Indirect	PC3	PC
Understands the implications of false positives and negatives for post-test probability	PGY 3	Indirect	PC3	PC
Synthesizes all of the available data and narrows and prioritizes the list of weighted differential diagnoses to determine appropriate management	PGY 3	Indirect	PC4	PC
Selects the appropriate agent based on mechanism of action, intended effect, possible adverse effects, patient preferences, allergies, potential drug-food and drug-drug interactions, financial considerations, institutional policies, and clinical guidelines, including patient's age, weight, and other modifying factors	PGY 3	Indirect	PC5	PC
Considers additional diagnoses and therapies for a patient who is under observation and changes treatment plan accordingly	PGY 3	Direct	PC6	PC
Formulates sufficient admission plans or discharge instructions including future diagnostic and/or therapeutic interventions for ED patients	PGY 3	Indirect	PC7	PC
Engages patient or surrogate to effectively implement a discharge plan	PGY 3	Indirect	PC7	PC
Employs task switching in an efficient and timely manner in order to manage the ED	PGY 3	Indirect	PC8	PC
Performs the indicated procedure, takes steps to avoid potential complications, and recognizes the outcome and/or complications resulting from the procedure	PGY 3	Indirect	PC9	PC
Performs airway management in any circumstance taking steps to avoid potential complications, and recognizes the outcome and/or complications resulting from the procedure	PGY 3	Indirect	PC10	PC
Demonstrates the ability to perform a cricothyrotomy	PGY 3	Direct	PC10	PC
Uses advanced airway modalities in complicated patients	PGY 3	Direct	PC10	PC
Performs procedural sedation providing effective sedation with the least risk of complications and minimal recovery time through selective dosing, route and choice of medications	PGY 3	Direct	PC11	PC
Repairs wounds that are high risk for cosmetic complications such as eyelid margin, nose, ear)	PGY 3	Indirect	PC13	PC
Describes the indications for and steps to perform an escharotomy	PGY 3	Direct	PC13	PC
Routinely gains venous access in patients with difficult vascular access	PGY 3	Direct	PC14	PC
Manages and prioritizes critically ill or injured patients	PGY 2	Direct	PC1	PC
Prioritizes critical initial stabilization actions in the resuscitation of a critically ill or injured patient	PGY 2	Direct	PC1	PC
Reassesses after implementing a stabilizing intervention	PGY 2	Indirect	PC1	PC

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Prioritizes essential components of a history and physical exam given a limited or dynamic circumstance	PGY 2	Indirect	PC2	PC
Prioritizes essential testing	PGY 2	Indirect	PC3	PC
Uses diagnostic testing based on the pre-test probability of disease and the likelihood of test results altering management	PGY 2	Indirect	PC3	PC
Reviews risks, benefits, contraindications, and alternatives to a diagnostic study or procedure	PGY 2	Indirect	PC3	PC
Uses all available medical information to develop a list of ranked differential diagnoses including those with the greatest potential for morbidity or mortality	PGY 2	Indirect	PC4	PC
Revises a differential diagnosis in response to changes in a patient's course over time	PGY 2	Indirect	PC4	PC
Considers array of drug therapy for treatment. Selects appropriate agent based on mechanism of action, intended effect, and anticipates potential adverse side effects	PGY 2	Indirect	PC5	PC
Identifies which patients will require observation in the ED	PGY 2	Direct	PC6	PC
Monitors a patients' clinical status at timely intervals during their stay in the ED	PGY 2	Indirect	PC6	PC
Formulates and provides patient education regarding diagnosis, treatment plan, medication review and PCP/consultant appointments for complicated patients	PGY 2	Direct	PC7	PC
Involves appropriate resources e.g. PCP, consultants, social work, PT/OT, financial aid, care coordinators) in a timely manner	PGY 2	Indirect	PC7	PC
Makes correct decision regarding admission or discharge of patients	PGY 2	Direct	PC7	PC
Correctly assigns admitted patients to an appropriate level of care	PGY 2	Direct	PC7	PC
Employs task switching in an efficient and timely manner in order to manage multiple patients	PGY 2	Indirect	PC8	PC
Correctly interprets the results of a diagnostic procedure	PGY 2	Direct	PC9	PC
Uses airway algorithms in decision making for complicated patients employing airway adjuncts as indicated	PGY 2	Direct	PC10	PC
Performs rapid sequence intubation in patients using airway adjuncts	PGY 2	Direct	PC10	PC
Implements post-intubation Management	PGY 2	Direct	PC10	PC
Employs appropriate methods of mechanical ventilation based on specific patient physiology	PGY 2	Indirect	PC10	PC
Performs patient assessment and discusses with the patient the most appropriate analgesic/sedative medication and administers in the most appropriate dose and route	PGY 2	Indirect	PC11	PC
Performs pre-sedation assessment, obtains informed consent and orders appropriate choice and dose of medications for procedural sedation	PGY 2	Direct	PC11	PC
Obtains informed consent and correctly performs regional anesthesia	PGY 2	Indirect	PC11	PC
Ensures appropriate monitoring of patients during procedural sedation	PGY 2	Direct	PC11	PC

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Performs goal-directed focused ultrasound exams	PGY 2	Indirect	PC12	PC
Determines which wounds should not be closed primarily	PGY 2	Direct	PC13	PC
Demonstrates appropriate use of consultants for wound repair	PGY 2	Direct	PC13	PC
Identifies wounds that may be high risk and require more extensive evaluation (example: x-ray, ultrasound, and/or exploration)	PGY 2	Direct	PC13	PC
Achieves hemostasis in a bleeding wound using advanced techniques such as: cautery, ligation, deep suture, injection, topical hemostatic agents, and tourniquet	PGY 2	Direct	PC13	PC
Inserts a central venous catheter without ultrasound when appropriate	PGY 2	Direct	PC14	PC
Places an ultrasound guided deep vein catheter (e.g. basilic, brachial, and cephalic veins)	PGY 2	Indirect	PC14	PC
Recognizes when a patient is unstable requiring immediate intervention	PGY 1	Indirect	PC1	PC
Performs a primary assessment on a critically ill or injured patient	PGY 1	Indirect	PC1	PC
Performs and communicates a focused history and physical exam which effectively addresses the chief complaint and urgent patient issues	PGY 1	Indirect	PC2	PC
Orders appropriate diagnostic studies	PGY 1	Direct	PC3	PC
Constructs a list of potential diagnoses, based on the greatest likelihood of occurrence	PGY 1	Direct	PC4	PC
Constructs a list of potential diagnoses with the greatest potential for morbidity or mortality	PGY 1	Direct	PC4	PC
Correctly identifies "sick versus not sick" patients	PGY 1	Indirect	PC4	PC
Applies medical knowledge for selection of appropriate agent for therapeutic intervention	PGY 1	Direct	PC5	PC
Considers potential adverse effects of pharmacotherapy	PGY 1	Direct	PC5	PC
Monitors that necessary therapeutic interventions are performed during a patient's ED stay	PGY 1	Indirect	PC6	PC
Formulates a specific follow-up plan for common ED complaints with appropriate resource utilization	PGY 1	Direct	PC7	PC
Task switches between different patients	PGY 1	Indirect	PC8	PC
Performs patient assessment, obtains informed consent and ensures monitoring equipment is in place in accordance with patient safety standards	PGY 1	Indirect	PC9	PC
Knows indications, contraindications, anatomic landmarks, equipment, anesthetic and procedural technique, and potential complications for common ED procedures	PGY 1	Direct	PC9	PC
Performs the indicated common procedure on a patient with moderate urgency who has identifiable landmarks and a low-moderate risk for complications	PGY 1	Direct	PC9	PC
Performs post-procedural assessment and identifies any potential complications	PGY 1	Indirect	PC9	PC
Performs rapid sequence intubation in patients without adjuncts	PGY 1	Direct	PC10	PC
Knows the indications, contraindications, potential complications and appropriate doses of analgesic / sedative medications	PGY 1	Direct	PC11	PC

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Explains how to optimize ultrasound images and Identifies the proper probe for each of the focused ultrasound applications	PGY 1	Direct	PC12	PC
Performs an eFAST	PGY 1	Direct	PC12	PC
Compares and contrasts modes of wound management	PGY 1	Direct	PC13	PC
Performs complex wound repairs	PGY 1	Direct	PC13	PC
Inserts an arterial catheter	PGY 1	Direct	PC14	PC
Inserts a central venous catheter using ultrasound and universal precautions	PGY 1	Direct	PC14	PC
Performs intraosseous access	PGY 1	Direct	PC14	PC