

EMERGENCY MEDICINE ROTATION

Goals

The family physician is the most broadly trained specialist in the health care profession. There is considerable overlap in the patient population served by the family physician and emergency physician, with a natural overlap in the competencies, knowledge, skills and attitudes necessary to succeed in this setting. Prompt assessment, intervention and disposition are critical elements of the emergency medicine experience and is frequently performed in the face of multiple simultaneous patient encounters.

(*For abbreviations of competencies, see key below.)

Knowledge Objectives: Upon completion of the training, the resident will demonstrate the follow competencies:

1. The principles of care through the continuum of medical management
 - a. Pre-hospital care
 - EMS (*SBP*)
 - Communication systems and protocols (*SBP, ICS, MK*)
 - b. Prioritization and triage (*PC, SBP, MK*)
 - c. Resuscitation and stabilization (*MC, PC*)
 - d. Consultation (*SBP, ICS, P*)
 - e. Disposition (*MK, PC*)
2. Assessment and management of conditions in the following content areas that are assigned and supervised by the teaching staff (*MK, ICS, PC*)
 - a. Acute respiratory disorders
 - b. Acute cardiovascular disorders
 - c. Acute neurologic disorders
 - d. Acute endocrine disorders
 - e. Acute gastrointestinal disorders
 - f. Acute ENT emergencies
 - g. Acute urinary system disorders
 - h. Acute musculoskeletal disorders
 - i. Acute psychiatric disorders
 - j. Toxicological emergencies
 - k. Acute life threatening infections
 - l. Trauma
 - ABCD and stabilization and transfer as needed
 - Environmental disorders:
 1. Burns (e.g., chemical, electrical, thermal)
 2. Bites, stings, etc.
 3. Drowning
 - Sexual assaults
 - m. OB/GYN emergencies

Skills Objectives: Upon completion of training, the resident will demonstrate the following competencies:

1. Central venous access (e.g., jugular, femoral, subclavian) *(MK, PC)*
2. Intraosseous infusion *(MK, PC)*
3. Lumbar puncture *(MK, PC)*
4. Arthrocentesis *(MK, PC)*
5. Thorocentesis *(MK, PC)*
6. Skeletal immobilization and traction techniques *(MK, PC)*
7. Fracture and dislocation reduction, immobilization techniques *(MK, PC)*
8. Thrombolysis *(MK, PC)*
9. Emergency Chest tube placement *(MK, PC)*
10. Competent in readings plain X-rays and emergency head CTs *(MK, PC)*
11. Competent in treating eye, ear, nose, and skin emergencies that do not require immediate consultations. *(MK, PC)*
 - a. Foreign body removal
 - b. Wound management
 - c. Control Epistaxis
 - d. I&Ds with packing
12. Understanding in the principles and indications and complications in providing appropriate anesthetics including *(MK, PC)*
 - a. Local and regional anesthesia and digital nerve blocks for wound management
 - b. Intravenous sedation and analgesia
13. Competency in recognizing seemingly benign but potentially lethal diseases and provide prompt management and appropriate consultations. *(MK, PC, SBP)*
14. Competency in providing and arranging the appropriate after care and follow-up. *(MK, SBP)*
15. Familiarity with EMTALA/COBRA laws and other regulations provided by the specific institutions. *(SBP)*

Attitude Objectives: Upon completion of the training the resident will demonstrate the following competencies:

1. An ability to communicate effectively and compassionately with patients and families. *(ICS)*
2. A capacity to work quickly and efficiently to assess the patient according to the urgency of the patient's problem. *(MK, PC)*
3. An ability to work effectively with other members of the health care team, including consultants, nursing and ancillary staff and social services as well as pastoral services. *(SBP, P)*
4. An awareness of the role of the emergency department in disaster planning for a community. *(SBP)*

Key

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| a. Professional (P) | d. Patient Care (PC) |
| b. System Base Practice (SBP) | e. Medical Knowledge (MK) |
| c. Interpersonal communication skills (ICS) | f. Practice Base Learning & Improving (PBLI) |