NORTHWEST WASHINGTON
FAMILY MEDICINE RESIDENCY
2512 Wheaton Way, Suite B, Bremerton, WA 98310
P: 360.782.5826 ◆ F: 360.782.5899

Emergency Medicine Curriculum
Family Medicine Faculty Liaison: Leslie A. Waldman, MD
Last review/update: 5/2017

The Emergency Medicine rotation is a required 4-week experience in the PGY-1 year, followed by a 2-week experience in the PGY-3 year. It is expected that mastery of listed objectives will continue to develop through the 36 month experience. Training takes place exclusively at the CHI Franciscan Health Harrison Medical Center Emergency Departments.

ACGME Competencies and FM-Specific Milestones Assessed:

1. ***Patient Care*** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
   ✓ ***PC-1, PC-5***
2. ***Medical Knowledge*** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care;
3. ***Systems-Based Practice*** as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
   ✓ ***SBP-1, SBP-2***
4. ***Practice-Based Learning and Improvement*** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care;
5. ***Professionalism*** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population;
   ✓ ***PROF-2***
6. ***Interpersonal and Communication Skills*** result in effective information exchange and teaming with patients, their families, and other health professionals;
   ✓ ***C-3***

Family Medicine Program Requirements:

IV.A.6.c).(1): "*Residents must have at least 200 hours (or two months) or 250 patient encounters dedicated to the care of acutely ill or injured adults in an emergency department setting."*

Competency-Based Objectives and Instructional Methods

Goal for this Rotation: The resident will become skilled in evaluation, treatment, and management of acute medical conditions within the Emergency Department. As a PGY-1, the resident will develop skills in triage of patients requiring differential levels of attention/care, assessment of patient stability, initial stabilization measures, and communication with specialists/admitting physicians when necessary for patient care. PGY-3 residents will develop advanced skills in management of conditions not requiring hospitalization, initial stabilization measures, and provision of ongoing care until patients slated for admission are transferred from the Emergency Department.

A. Patient Care

During supervised clinical care of patients in CHI Franciscan Health Harrison Medical Center's Emergency Departments. Residents must:

PGY-1 Objectives

1. Generate for each presented case/admitted patient a differential diagnosis list appropriate for level of training;
2. Recognize and assess emergent patients, such as those in respiratory failure or shock;
3. Perform the primary survey (ABCs) for all patients in an efficient manner;
4. Assist in evaluating and stabilizing trauma patients;
5. Establish and manage the airways of patients, recognizing the need for assistance with ventilation and/or oxygenation;
6. Demonstrate understanding of proper airway positioning and suctioning, administration of supplemental oxygen, bag-valve-mask ventilation, management of nasal and oral airways, endotracheal intubation, rapid sequence induction, mechanical ventilation, oro- and naso-gastric tube placement, and C-spine immobilization to protect the airway in a head trauma patient.

PGY-3 Objectives

1. Manage fluid and pressure therapy in the initial resuscitation of patients in distributive, hypovolemic, and cardiogenic shock;
2. Demonstrate proficiency at cardiopulmonary resuscitation by: directing resuscitation efforts in mock codes and in actual emergency situations, and using resuscitation drugs appropriately.
3. Apply medical knowledge identified below to patients presenting with emergent medical conditions.

Instructional Methods

1. *Direct Instruction and Role-Modeling:* With Emergency Medicine attending(s) and senior resident(s) during, case presentations, didactic sessions, and patient/family interactions.
2. *Guided Research:* Resident presentation of assigned topics based upon clinical cases.
3. *Supervised Clinical Management:* Application of the information to individual patient care with *supervision* provided by Emergency Medicine attending(s) and senior resident(s)
4. *Didactic Presentation/Training:* Completion of Advanced Cardiac Life Support training during intern orientation and maintenance of certification through PGY-3 year.
5. *Simulation Training:* Participation during "code" drills during Hospital Medicine Rotation at Harrison Medical Center and the Harrison Medical Center Emergency Departments.
6. *Self-Directed Learning from assigned Texts/Online Resources:*
   - Ellis, Roberts and Ellis, Carrie. "Dog and Cat Bites." *American Family Physician*, Vol. 90, No. 4, 2014, pp. 239-243.
   - Frithsen, Ivar and Simpson, William. "Recognition and Management of Acute Medication Poisoning." *American Family Physician*, Vol. 81, No. 3, 2010, pp. 316-323.
   - Gauer, Roberts. "Early Recognition and Management of Sepsis in Adults: The First Six Hours." *American Family Physician*, Vol. 88, No. 1, 2013, pp. 44-53.
   - Han, JH and Wilber ST. "Altered Mental Status in Older Emergency Department Patients." *Clinics in Geriatric Medicine*, Vol. 29, No. 1, 2013, pp. 101-136.
   - Shen et al. "2017 AHA/ACC Guidelines for the Management of Patients With Syncope." *Journal of the American College of Cardiology*, 2017.

B. Medical Knowledge

During supervised clinical care of patients in CHI-Franciscan Health Harrison Medical Center's Emergency Departments. Residents must:

PGY-1 & 3 Objectives

1. Formulate a differential diagnosis quickly, especially with respect to conditions that may need respiratory or cardiovascular support or an immediate intervention (e.g. tension pneumothorax, increased intracranial pressure, cardiac tamponade, tracheostomy care, poisoning/toxicants);
2. Differentiate between cardiogenic, distributive, and hypovolemic shock;
3. Differentiate between respiratory distress and failure;
4. Explain indications and describe technique for and complications of nasotracheal intubation, needle thoracotomy, emergency cricothyroidotomy, transtracheal ventilation and laryngeal mask airway;
5. Explain indications and describe technique for central venous access and arterial access;
6. Provide initial stabilization and/or treatment for critically ill patients.
7. Procedural competency according to the Longitudinal Procedural Training Curriculum.

The following list of skills are integral to this curriculum and residents should seek opportunities to train in these procedures during rotation.

A_0 Procedures Procedural competence assumed by graduating from the program	A_1 Procedures Procedural Competence is required for graduation	A_2 Procedures Procedural Competence is optional prior to graduation	B Procedures Procedural Competence requires a focused training plan during residency	C Procedures Procedural competence likely requires additional training beyond residency
• Anterior nasal packing for epistaxis Bladder catheterization • Cerumen disimpaction • CXR interpretation • Digital rectal exam • Drain subungual hematoma • EKG performance and interpretation • Fecal disimpaction • Fluorescein examination (without slit-lamp) • KOH prep • Laceration repair with tissue glues or staples • Nasogastric or enteral feeding tube placement • Peripheral venous cannulation • Phlebotomy • Removal of foreign body from ear or nose • Local anesthesia/field block • Simple closed reduction of subluxed joint without sedation (e.g. nursemaid elbow or lateral patellar dislocation) • Superficial conjunctival foreign body removal (without slit-lamp) • Topical anesthesia • Urinalysis (dipstick, microscopy) • US guidance of needle placement • Wet mounT	• ACLS • BLS • Digital Block (1) • Incision and drainage of abscess, including paronychia (3) • Injection/aspiration of joint, bursa, ganglion cyst, tendon sheath or trigger point (5, including 1 knee and 1 subacromial/subdeltoid bursa) • Laceration repair with sutures (3) • PALS • Toenail removal, partial or full (3) • Upper and lower extremity casts (1 each) • Upper and lower extremity splints (1 each)	• Arterial Puncture (3) • Central Venous cannulation (10) • Endotracheal intubation (10) • Excision of thrombosed external hemorrhoids (2) • I&D of a perianal abscess (1) • Lumbar puncture adult (3) • Paracentesis (3) • Percutaneous arterial cannulation (3) • Reduction of shoulder dislocation (2) • Removal of a superficial corneal foreign body (2) • Slit lamp exam (3) • Thoracentesis (3)	• ATLS • Anoscopy • Bartholin's cyst management with word catheter • Cardioversion • Conscious sedation • Dental extraction • Fracture manipulation reduction • Hematoma block • I&D of a peritonsillar abscess • IO • Non-obstetrical, point-of-care diagnostic applications (abdominal, cardiac, musculoskeletal, ocular, pelvic, skin/soft tissue, thoracic, vascular, etc.) • Pericardiocentesis • Peripheral nerve block other than digital • Thoracostomy insertion and management	• D&C / MVA • Dilation and evacuation • Skin flap advanced closure • Venous Cut down

- For A1 and A2 procedures, the minimum number of procedures that must be logged electronically prior to graduation is listed in parentheses.
- Residents should attempt to complete as many Procedural Competency Assessment Tools as possible during the rotation.

Instructional Methods

1. *Direct Instruction and Role-Modeling:* With Emergency Medicine attending(s) and senior resident(s) during, case presentations, didactic sessions, and patient/family interactions.
2. *Guided Research:* Resident presentation of assigned topics based upon clinical cases.
3. *Supervised Clinical Management:* Application of the information to individual patient care with *supervision* provided by Emergency Medicine attending(s) and senior resident(s)
4. *Didactic Presentation/Training:* Completion of Advanced Cardiac Life Support training during intern orientation and maintenance of certification through PGY-3 year.
5. *Simulation Training:* Participation during "code" drills during Hospital Medicine Rotation at Harrison Medical Center and the Harrison Medical Center Emergency Departments.

C. Practice Based Learning and Improvement

During supervised clinical care of patients in CHI Franciscan Health Harrison Medical Center's Emergency Departments. Residents must:

PGY 1 & 3 Objectives

1. Demonstrate ability to incorporate feedback into clinical/academic performance changes.
2. Self-identify areas of knowledge that requiring additional practice/experience during the Emergency Medicine Experience.
3. Acknowledge errors when committed and demonstrate ability to analyze how to avoid future similar mistakes.

Instructional Methods

1. *Direct Instruction and Role-Modeling:* With Emergency Medicine attending(s) and senior resident(s) during, case presentations, didactic sessions, and patient/family interactions.
2. *Guided Research:* Resident presentation of assigned topics based upon clinical cases.
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D. Interpersonal and Communication Skills

During supervised clinical care of patients in CHI Franciscan Health Harrison Medical Center's Emergency Departments. Residents must:

PGY-1 & 3 Objectives

1. Provide effective patient education, including reassurance, for condition(s) commonly seen in the Emergency Departments.
2. Manage communication with consultants to the Hospital Medicine Service and integrate recommendations from specialist consultants into the diagnostic and/or therapeutic plan.
3. Utilize appropriately available interpreters to communicate effectively with families who speak another language.
4. Demonstrate respect for psychosocial aspects of patient care during the decision making process.
5. Present patient cases in an organized, clear, and appropriately thorough manner to attending physicians or consulted specialists.
6. Communicate respectfully with physicians and other health professionals while sharing knowledge and discussing management of patients.
7. Maintain professional and appropriate personal interaction with patients.
8. Demonstrate the use of effective listening and verbal skills to communicate with patients and members of the health care team.
9. Demonstrate the use of organized/effective writing skills to communicate clearly and succinctly with physicians and other health professionals via the electronic health record or patient chart.
10. Demonstrate effective strategies for teaching students, colleagues, other professionals and laypersons.

Instructional Methods

1. *Direct Instruction and Role-Modeling:* With Emergency Medicine attending(s) and senior resident(s) during, case presentations, didactic sessions, and patient/family interactions.
2. *Supervised Clinical Management:* Application of the information to individual patient care with *supervision* provided by Emergency Medicine attending(s) and senior resident(s).
3. *Simulation Training:* Participation during "code" drills during Hospital Medicine Rotation at Harrison Medical Center and the Harrison Medical Center Emergency Departments.

E. Professionalism

During supervised clinical care of patients in CHI Franciscan Health Harrison Medical Center's Emergency Departments. Residents must:

PGY-1 Objectives

1. Demonstrate ethical behavior, respect, compassion, integrity, and honesty in all patient/staff interactions. Be sensitive to diversity.
2. Demonstrate recognition of personal biases in caring for patients of diverse populations and different backgrounds and how these biases may affect care and decision-making.
3. Demonstrate punctuality and reliability at all times.
4. Maintain a professional appearance at all times.

PGY-3 Objectives

1. Identify and describe potential ethical dilemmas that one may encounter in the ED (e.g., such as resuscitation of patients with little hope of recovery; treatment of disabled patients; providing confidential care to mature minors [pregnancy termination, STDs, substance abuse]; foregoing life-sustaining treatment; identifying and referring organ donors).
2. Discuss key principles and identify resources for information about legal issues of importance to practice in the ED (e.g., emergency care for indigent patients; laws regarding inter-hospital patient transfer; consent-to-treat issues in the emergency treatment of minors; rights of parents to refuse treatment and legal options of providers; reporting of child abuse and neglect; death reports; and obligations of physicians in the ED to facilitate follow-up care).

Instructional Methods

1. *Direct Instruction and Role-Modeling:* With Emergency Medicine attending(s) and senior resident(s) during, case presentations, didactic sessions, and patient/family interactions.
2. *Guided Research:* Resident presentation of assigned topics based upon clinical cases.
3. *Supervised Clinical Management:* Application of the information to individual patient care with *supervision* provided by Emergency Medicine attending(s) and senior resident(s)
4. *Didactic Presentation/Training:* Completion of Advanced Cardiac Life Support training during intern orientation and maintenance of certification through PGY-3 year.
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F. Systems Based Practice

During supervised clinical care of patients in CHI-Franciscan Health Harrison Medical Center's Emergency Departments. Residents must:

PGY-1 Objectives

1. Demonstrate appropriate utilization of health services and professionals within the Emergency Departments while advocating for patient interests. (examples include: consulting specialist physicians, requesting admission for patients, physical therapists, surgeons, and nuclear medicine specialists)
2. Adhere to standardized protocols for transfers of care, inside and outside of CHI-Franciscan Health Harrison Medical Center.
3. Develop a systematic approach to utilize available imaging techniques and laboratory tests to work-up patients with various clinical findings.

PGY-3 Objectives

1. Advocate for families who need assistance to deal with system complexities, such as lack of insurance, multiple appointments, transportation, and language barriers.
2. Identify key aspects of health care systems, cost control, billing, and reimbursement as this relates to ED care and follow-up.
3. Take steps to avoid medical errors by recognizing the limits of one's knowledge and expertise; work with the health care team to recognize and address systems errors.

Instructional Methods

1. *Direct Instruction and Role-Modeling:* With Emergency Medicine attending(s) and senior resident(s) during, case presentations, didactic sessions, and patient/family interactions.
2. *Guided Research:* Resident presentation of assigned topics based upon clinical cases.
3. *Supervised Clinical Management:* Application of the information to individual patient care with *supervision* provided by Emergency Medicine attending(s) and senior resident(s).
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5. *Simulation Training:* Participation during "code" drills during Hospital Medicine Rotation at Harrison Medical Center and the Harrison Medical Center Emergency Departments.

Points of Contact

Rotation liaisons:

Danielle Schindler Cheung, MD
dcschind@gmail.com
(206)972-2006

Quynh Le, MD
Quynh.Le@westsoundep.com
(425)765-7668

PGY-1 Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	Clinical Rotation	Clinical Rotation	FM Clinic	Longitudinal Curriculum	Clinical Rotation	Clinical Rotation	
PM	Clinical Rotation	Clinical Rotation	FM Clinic	Academic Conference	Clinical Rotation	Clinical Rotation	

Residents will complete a minimum of 16 10-hour or 11-hour shifts. These shifts will be an even combination of morning, evening and night shifts

PGY-3 Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	Clinical Rotation	FM Clinic	FM Clinic	Longitudinal Curriculum	Clinical Rotation	Clinical Rotation	
PM	Clinical Rotation	FM Clinic	FM Clinic	Academic Conference	Clinical Rotation	Clinical Rotation	

Residents will complete a minimum of 6 10-hour or 11-hour shifts spaced out during their 2-week experience. These shifts will be a combination of morning, evening and night shifts. Additional shifts may be necessary to ensure at least 200 hours of patient care experience within the Harrison Medical Center Emergency Departments.

Required Reading

Ellis, Roberts and Ellis, Carrie. “Dog and Cat Bites.” American Family Physician, Vol. 90, No. 4, 2014, pp. 239-243.

Frithsen, Ivar and Simpson, William. “Recognition and Management of Acute Medication Poisoning.” American Family Physician, Vol. 81, No. 3, 2010, pp. 316-323.

Gauer, Roberts. “Early Recognition and Management of Sepsis in Adults: The First Six Hours.” American Family Physician, Vol. 88, No. 1, 2013, pp. 44-53.

Han, JH and Wilber ST. “Altered Mental Status in Older Emergency Department Patients.” Clinics in Geriatric Medicine, Vol. 29, No. 1, 2013, pp. 101-136.

Shen et al. “2017 AHA/ACC Guidelines for the Management of Patients With Syncope.” Journal of the American College of Cardiology, 2017.

Textbook Resources
Roberts and Hedges’ Clinical Procedures in Emergency Medicine
James R. Roberts

Electronic Resources
Procedures Consult
https://hsl.uw.edu/toolkits/care-provider/

American Psychiatric Association Practice Guidelines
http://psychiatryonline.org/guidelines

Evaluation Activities

Residents will receive an ***incomplete*** for the rotation and will not be eligible for graduation until the following items are completed.

1. **Resident Evaluation:**

   - Shift Evaluation: Residents must provide a shift evaluation form to the main attending that he/she worked with during each shift. It would be ideal if these were completed together as prompt and direct feedback is the ideal.
   - Procedural Evaluation: To be considered for remote supervision, a PCAT form needs to be completed by the associated attending. This is in addition to logging it in New Innovations.
   - Mid-rotation feedback: Faculty are encouraged to provide daily verbal feedback; but written feedback is required if resident is failing at mid-rotation or at any other time. Family Medicine Associate Program Director or Program Director should be notified as soon as possible when a resident is in danger of failing the rotation.
   - Final Evaluation: Using rotation-specific on-line evaluation form. Evaluations should be completed within two weeks of rotation end to provide timely feedback to the resident. Evaluation will include preceptor's assessment of resident's level of mastery with each procedural skill listed in Medical Knowledge Objective B 6).

2. **Documentation:** *(resident-completed by end of rotation)*

   - Procedures performed must be documented in New Innovations under Dr. Schindler
   - Appropriate EHR documentation of all encounters must be completed.
   - Any provided supplemental readings should be completed and returned to rotation coordinator.
   - Total time spent during a shift must be logged into New Innovations identifying it as Emergency Room experience.

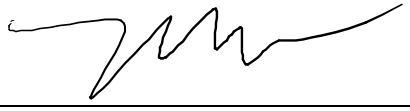
3. **Staff Evaluation:** (resident-completed)

   - Residents evaluate rotation faculty/staff using standard on-line evaluation form. Evaluation is to be completed within two weeks of rotation end.

4. **Rotation Evaluation:** (resident-completed)

   - Resident assesses quality of the rotation on the standard rotation evaluation form (same as for rotation faculty evaluation). Evaluation is expected to be completed within two weeks of rotation end.

5. **Advanced Life Support Certification:**
   - All residents must maintain current BLS and ACLS certification.



M. Watson, MD Program Director — 6/21/2018 Date