DURHAM VETERANS ADMINISTRATION MEDICAL CENTER

**ROTATION:** Emergency Room, Durham VAMC ER/Ambulatory Care Center (ACC)
**Rotation Director:** William Knaack, MD
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**OVERVIEW**
Senior assistant residents (SARs) will work in the Emergency Room (ER) and ACC at Durham VA Medical Center seeing a broad range of patients of ages 18 or older, mostly male patients with a wide variety of complaints and of varying severity of disorders. The resident will be directly supervised onsite by a Board Certified or Board eligible Internal Medicine or Emergency Medicine attending physician. The Durham VA Emergency Room provides a broad range of diagnostic testing for acute and chronic complaints and therapeutic Interventions as well as advice regarding further patient evaluation and care, hospital admission and follow-up. Patient education, psychosocial support and counseling are provided as indicated.

**GOALS**

1) SARs will develop and apply the clinical skills to evaluate, diagnose and manage patients who present to the emergency department

2) SARs will learn and demonstrate the skills to perform diagnostic and therapeutic procedures as indicated in the emergency department

3) SARs will develop the skills to teach medical students as well as peers

4) SARs will effectively utilize interpersonal and communication skills in a professional manner and apply these skills to improve inpatient care

**LEARNING OBJECTIVES**

1) Recognize common clinical presentations and cardinal manifestations of disease to formulate a focused differential diagnosis, initial clinical impression and a prioritized patient care plan in the emergency department

2) Demonstrate comprehensive evaluation, presentation, documentation and patient management skills, including history taking, physical examination, laboratory evaluation, diagnosis and patient care, including longitudinal care plan to transition to outpatient care

3) Effectively apply medical knowledge to manage patients at the time of presentation to the ER and during the ER stay until discharge or admission to the hospital under the supervision of attending physician

4) Appropriately select, order and interpret laboratory tests and utilize other ancillary resources necessary for the evaluation and management of ER patients
5) Recognize the appropriate requirement for consultation from a specialty or subspecialty service, communicate effectively with consultants, and apply recommendations appropriately to the care of ER patients

6) Recognize the appropriate timing of and learn to carry out when indicated, end-of-life care and difficult situation discussions with patients and their families in the ER

7) Select, plan and perform in a safe manner the appropriate diagnostic and therapeutic procedures necessary for the evaluation and management of ER patients and obtain informed consent prior to procedures

8) Understand the process involved in and work with local and regional emergency department and EMS services in facilitating transfer of patients to or from other localities in the community.

9) Effectively teach medical students on the ER patient care team as well as peers, including giving constructive feedback to more junior trainees

10) Demonstrate exemplary attitude at all times and develop effective communication skills towards patients, their families, peers, colleagues and members of the multidisciplinary ER team including support staff, and learn to apply these skills to improve patient care and own performance by asking supervisors for feedback

1) Patient Care
The following are expected from the SARs during the ER rotation with respect to excellent patient care:

1. Perform an accurate *and targeted* history and physical exam
2. Recognize critical conditions
3. Know limits of abilities
4. Generate a targeted and complete differential diagnosis
5. Develop a patient management plan for common conditions that is targeted and accurate
6. Orders must be complete and timely
7. Procedural competency at expected level for PGY3
8. Demonstrate the ability to multitask effectively
9. Prioritize tasks appropriately
10. Maintain a high level of focus and consistency throughout entire shift
11. Can adjust speed of assessments commensurate with volume and acuity
12. Accurate hand-offs at the end of the shift

2) Procedures
The SARs may perform procedures with which they are properly trained under the direct supervision of the ER attending. SARs may perform basic emergency medicine procedures without direct supervision following satisfactory completion of a minimum of five procedures performed under continuous direct supervision from an attending. These procedures include:

1. Arterial blood gas
2. Bladder catheterization
3. Peripheral intravenous line
4. Venipuncture
5. Nasogastric tube placement
Other procedures that SARs are expected to learn to perform as indicated under attending physician supervision include:

1. Central line placement (IJ, femoral approaches)
2. Lumbar puncture
3. Pelvic exam
4. Thoracentesis
5. Abdominal paracentesis
6. Cardiopulmonary arrest resuscitation
7. Pelvic exam
8. Arthrocentesis
9. Suture
10. Incision and Drainage

All procedures need to be documented by a procedure note in the ER chart. Prior to all procedures, patient identification should be accomplished using the “TIME-Out” process. Informed consent must be obtained from the patient or appropriate family members as indicated when the patient is unable to provide consent. The attending physician will be present during the critical portion of any procedure.

**DUTIES**

1) ER1 rotation starts at 7AM to 6PM; please be on time as the night MOD’s are scheduled until 7AM and will leave at that time.
   Plan to stay at least till 6PM.
2) ER2 (aka ACC) rotation begins at 7:30 AM until all ER2 patients are seen.
   All residents scheduled to be in ER/ACC should ensure ALL patient care has been completed and/or signed out to another provider before leaving the ER.
3) ER(2) residents are scheduled to assist MOD’s on Saturday and Sunday afternoons from 1PM to 5PM (and Prime residents on Saturdays from 1PM to 5PM); please be on time. If unable, please arrange coverage with your colleagues in advance and notify Dr. Knaack of any changes.
   There is an evaluation form located near the MOD computer, please complete it after each shift –it is your way of giving us feedback about the rotation and of the MOD’s.
4) IF you are scheduled to be in ER1 but have a clinic, please arrange coverage for the full day with one of the other SAR residents on the ER block schedule.
   Notify the covering resident to be in the ER1 by 7AM
   We do not have advanced access to your clinic schedule and therefore cannot prearrange coverage for you.
5) ER residents are to CANCEL their subspecialty clinics –this is not automatically done for you, you must take care of this yourself.
6) If you need to take time off during your ER rotation, please notify your chiefs so they can help you arrange appropriate coverage. Also let Dr. Knaack know of your planned absence and who will be covering your shift(s).
7) You must staff all cases with an attending prior to patients leaving the ER.
   Make sure you designate that attending as a co-signer of your note and the attending’s name is in your note (ie: case discussed with Dr. ***).
8) No MRI orders without prior approval by an attending
9) IF you order non-urgent CT’s or U/S’s, you must have it scheduled with one of the ER clerks; if it is an urgent CT or U/S (to be done same day), call the radiologist for approval.
10) If you are giving medications for more than 7 days, please get prior approval from
an attending; if it is restricted, you cannot order it without approval from the service it is restricted to or with pharmacy. No one should receive refills and rarely should medications be for more than 30 days.

11) Recent/New Tools available in CPRS are: iMedConset (for all consentable procedures and HIV tests); Stentor (PACS) for recent radiology exams and VistaWeb for remote VA data.

12) ER notes should be titled “Emergency Department Note”

13) Please complete the encounter form at that time of completing your note. The primary provider should be the attending you signed the case out with and you as the secondary provider. Also complete the Service Connection Yes/No box in the encounter form—if you have any questions ask your attending.

CORE COMPETENCIES

Patient Care

- Residents will learn to provide patient care to adult patients who present to the ER that is compassionate, appropriate, and effective for the treatment of health problems and advocate for the promotion of health in a busy, tertiary emergency department.
- Patient care will be provided in a timely manner to gather accurate, essential information from the patient’s history and physical examination. Exams should be careful and accurate.
- The residents will generate an appropriate differential diagnosis based on findings obtained in the clinical encounter.
- Implement a timely, effective patient management plans.
- Perform diagnostic and therapeutic procedures in a competent manner.
- Recognize the “sick” emergency department patient.
- Stabilize critical emergency department patients.
- Prioritize and stabilize multiple patients and perform other responsibilities simultaneously.
- Provide healthcare services aimed at preventing health problems or maintaining health.
- Work with health care professionals to provide patient-focused care.
- The SAR is expected to work with all members of the multidisciplinary ER team as advocates for each patient to provide the best possible care. This will often involve coordinating consultations, diagnostic tests and therapy in the ER.
- Important diagnostic tests and urgent therapy (IV fluids, antibiotics etc) should be ordered promptly carried out expeditiously.
- Patient care should be delivered with sensitivity and caring. All patients should be treated with the utmost respect.

Medical Knowledge

- The SARs must demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the appropriate application of this knowledge to patient care in the ER.
- Apply knowledge to common clinical situations/bedside.
- SARs are expected to develop a knowledge base for most common and most deadly conditions encountered in the ER by patient-focused learning.
- Apply medical knowledge to order and interpret plain radiographs and routine laboratory studies accurately.
- Know the pharmacologic therapy that you order on your patients.
- Educate patients, students and peers.
Practice- Based Learning and Improvement

- SARs must be able to investigate and evaluate their own patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices and speed based on the knowledge and experience they acquire in a busy community emergency department setting.
- Use evidence to support decision-making.
- Follow-up on patients to monitor clinical effectiveness.
- Actively seeks feedback on clinical competency.
- Apply feedback provided to subsequent patient encounters.
- When errors are noted, these should be reported through the error-reporting systems in place. When in doubt, the attending physician should be notified.
- Application of medical knowledge should be an active pursuit while on the service. Critical appraisal behind the medical evidence (or lack thereof) should be an important part of the ER rotation.

Interpersonal and Communication Skills

- SARs must be able to demonstrate interpersonal and communication skills with colleagues, staff, patients and families that result in effective information exchange and teaming with patients, their families and professional associates all with diverse backgrounds.
- The goal is effective information exchange for the betterment of patient care.
- Communicate information to patients and their families.
- Communicate effectively with nurses and/or ancillary staff in the ER.
- Communicate effectively with consultants. Questions should be clearly articulated with pertinent history provided.
- Utilize translators effectively.
- Integrate family and/or patient into patient care decisions (e.g. DNR, long term care placement).
- Case presentation skills with clear, prioritized communication.
- Accurate and complete sign-out at the end of the shift.
- Whenever possible, communicate directly with the primary Care Physician to review events of the ER stay and plans for discharge or hospitalization.

Professionalism

- The care of ER patients demands a high level of professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- Develop an effective and collegial working relationship with nursing and ancillary help.
- Know and comply with departmental policies.
- Advocate for your patients.
- Show sensitivity to a diverse patient population.
- Complete, accurate, and timely chart documentation is essential.
- Accept feedback on clinical performance in a professional manner.
- Work hard through the entire shift.
- Treat all patient confidential medical information in accordance with HIPAA. Patient records and outside documents should be maintained in the chart outside the patient room. Documents should not be left on desks, workrooms, call rooms, or any conference rooms in the ER.
• Be respectful of your colleagues. If one of your peers is overwhelmed, ask what you can do to help

**Systems Based Practice**

• Residents must demonstrate an awareness of and responsiveness to the Veterans Administration Health System and Emergency room service and be able to effectively call on system resources to provide care and patient follow up that is of optimal value
• SARs will partner with nurses, social workers, nurses, pharmacists and other health professionals to provide comprehensive and effective care for patients in the Emergency room
• SARs are expected to communicate and partner with referring physicians within and outside of VAMC Health System, and work with community health agencies to ensure safe and effective transitions of care for the patients
• Charting is accurate and complete
• Timely and appropriate dispositions
• Aware of costs of patient care
• Appropriate use of consultants
• Proactive in helping avoid systems based patient safety issues
• See an appropriate number of patients per shift – 8-10 patients for an 8hr shift
• Use available resources to improve efficiency
• Be aware of ER volume, acuity and waiting room times

Contact:

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