

Emergency Medicine at St. Mary's Hospital: Adult Community Hospital - Emergency Department

Introduction

St. Mary's Hospital is a 440-bed acute care McGill University community teaching Hospital which provides training in Emergency Medicine to Family Medicine and third-year Family / Emergency Medicine residents. About thirty-seven thousand patient visits are made to the Emergency Department annually; of these approximately 13,000 are stretcher cases, consistent with a high acuity level. Over 50% of all hospital admissions are through the Emergency Department. All consult services are available on site with the exception of Neurosurgery. Staffing for the Department consists largely of C.C.F.P. and C.C.F.P.(E.M.) certificants and several F.R.C.P. certificants.

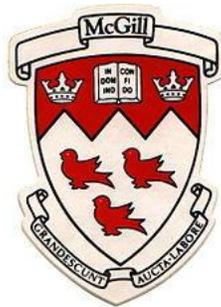
General Description:

The purpose of the training program for third year residents at St. Mary's Hospital is to provide teaching and exposure to commonly encountered adult medical problems in a community hospital Emergency Department. Learning is accomplished through a combination of didactic early morning teaching sessions given by attending staff and resident colleagues and discussions around diagnosis and management of individual cases, as well as, reading of the emergency medical literature. The R-3 will, upon completion of his training, be able to investigate adequately and treat all acute and non-acute patient medical problems presenting to the Emergency Department.

The R-3 will learn to categorize patients into one of three groups; admission, D/C home with appropriate follow up and instructions, or short-term / focused observation in the Emergency Department. Consults and investigations will be requested only if they are necessary for diagnosis or treatment. As part of the third year of training, the R-3 will gain exposure to skills necessary to manage flow in the Emergency Department. He will be given the opportunity to manage his own patients, review cases with more junior residents and decide on patient disposition (home, admission, observation) based on hospital and consultant resources and demands made on him by community based ambulatory services.

In conclusion, while rotating through the Emergency Department at St. Mary's, the R-3 will learn principles of care for all adult patients presenting in the Emergency Department. He/she will be able to examine, investigate, diagnose and consult appropriately and determine patient disposition early in the course of treatment. He/she will be given the opportunity to teach junior residents and organize the flow

in the Emergency Department. Upon completion of the Family-Emergency Residency training, the candidate will have all the skills and knowledge necessary to successfully complete the C.F.P.C.(EM) examination. He/She will be capable of efficiently managing a community hospital Emergency Department and have the knowledge necessary to aid in organization of hospital and pre-hospital emergency medical services.



**Rotation Specific Learning Objectives
CCFP-EM Residency Program**

Community Emergency Medicine Rotation

Overall Goal of the Rotation

To utilize the relevant competencies contained within the CanMEDS-FM roles to develop the skills necessary to manage undifferentiated patient presentations to a community emergency department. To develop and appreciate the management of emergency department patients in a setting with more limited resources.

Education Objectives:

Role of Family Medicine-Emergency Medicine (FM-EM) Expert

The resident should:

- Develop the ability to evaluate, diagnose, treat and arrange definitive care for patients in a community emergency department setting.
- Develop skills in the assessment and management of a variety of medical, surgical and psychiatric presentations to a community emergency department, across a spectrum of severity of such illnesses.
- Develop good judgement regarding the decision to transport a patient to a tertiary care hospital, and effectively prepare the patient for that transport

- Develop proficiency in the initial stabilization and arrangement of definitive care for a variety of clinical conditions which may include the following:
 - Trauma
 - Shock from any cause
 - Acute Coronary syndromes
 - Acute CVA
 - Gastrointestinal Hemorrhage
 - Cardiac Dysrhythmias
 - Poisoning
 - Psychiatric Illness including the acutely agitated or suicidal patient
 - Sepsis
 - Respiratory Failure from any cause
 - Vascular Crises including aortic aneurysm or dissection
 - Status epilepticus
 - Hypothermia and Hyperthermia
 - The acute abdomen and hepatobiliary disease
- Develop proficiency in the assessment and management of common fractures and dislocations. Develop proficient skills in the reduction, splinting and casting of common fractures and dislocations. Describe and demonstrate proficiency in a variety of analgesia and sedation options specific to these fractures and dislocations.
- Examples:
 - Distal Radius/Ulna fracture
 - Scaphoid fracture
 - Metacarpal fracture
 - Humeral fractures including shaft, head/neck, and supracondylar
 - Radial and ulnar shaft fractures and fracture dislocations
 - Hip fractures
 - Femoral shaft fractures
 - Tibial plateau fractures
 - Tibial/fibular shaft fractures
 - Ankle fractures and fracture-dislocations
 - Elbow dislocations
 - Shoulder dislocations
 - Hip dislocations
 - Patellar dislocations
 - Knee dislocations

- Clinically assess skin integrity, limb alignment, neurovascular status and patient lifestyle factors and demonstrate an understanding of how these factors influence management of these orthopaedic injuries
- Learn the rational use of consultants, as well as laboratory, radiographic and other diagnostic tests with limited availability when managing patients in more rural areas
- Understand the responsibility and the liability involved with the transfer of patients from one institution to another.
- Demonstrate the skills to organize (monitoring, transport, venue) and supervise a safe transfer.

Role of Communicator

Overall Goal

The resident will act to facilitate the doctor-patient relationship and establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy.

The resident should be able to:

- Discuss a wide variety of medical conditions and their treatments with patients and their families in language that they can understand
- Establish and maintain a therapeutic relationship with patients, their families and the medical team while fostering an environment characterized by understanding, trust, empathy and confidentiality.
- Accurately describe a patient's clinical condition to consultants using appropriate medical terminology.
- Initiate appropriate telephone consultation with other specialists at local and remote locations
- Using the patient centered clinical model, gather information not only about the disease but also about the patient's beliefs, concerns and expectations about the illness, and how the illness affects the patient's family and the patient's life as a whole.
- Work to enhance the patient's continuing relationship with their family physician.
- Keep thorough and accurate written medical records.
- Communicate effectively with patients, family members and the health care team.
- Whenever appropriate, involve the patient's family physician in the acute care and follow up related to the patient's emergency visit.

Collaborator

Overall Goal

The resident will work cooperatively with patients, families, and other members of the healthcare team to achieve optimal patient care.

The resident should be able to:

- Develop a care plan for a patient they have assessed, including investigation, treatment and continuing care, in collaboration with the members of the interdisciplinary team.
- Utilize medical expertise available within the local community.
- Collaborate with members of the health care team that are at a site distant to the site of the patient to arrange telephone advice, interhospital transfer, and follow up care where necessary.
- Maintain collegial and respectful relationships with medical and paramedical staff in the more rural area.
- Demonstrate an ability to promote the autonomy of patients and families and to promote their involvement in decision-making.

Role of Manager

Overall Goal:

The resident will play a central role in the organization of the care delivered to the patient during their community emergency department visit. They will coordinate the members of the health care system and utilize resources in a way that sustains and improves the health of their patient population.

The resident should be able to:

- Effectively manage the care of multiple patients while working in the community emergency department.
- Effectively triage patients and manage emergency department flow in a single physician coverage emergency department with limited radiologic, laboratory, nursing and paramedical staff resources.
- Develop and/or reflect on the management plan for a mass casualty incident in their rural community hospital.
- Make clinical decisions and judgments based on sound evidence for the benefit of individual patients and the population served.
- Work effectively as a member of a team.

Role of Health Advocate

Overall Goal

The resident will use their role as an emergency department physician in a rural area to influence and advance the health and wellbeing of patients

The resident should be able to:

- Expedite transfer of patients to referral centres where necessary.
- Identify the medical, social, economic, and familial needs of patients, the interactions of these factors, and offer community resources and referrals where appropriate.
- Respect and foster patient autonomy in all decision making where appropriate.
- Develop proficiency with informed consent and measurement of capacity.

- Have knowledge of and utilize community resources where appropriate to assist in the management of illness.
- Communicate with the patient's family physician where appropriate to obtain further history, ensure follow up care, and enhance continuity of care. Encourage participation of the patient's family physician in the acute medical care of the patient where appropriate.

Role of Scholar

Overall Goal

To demonstrate a commitment to self-learning and the creation, translation, and dissemination of medical knowledge.

The resident should be able to:

- Identify his/her own learning needs and make use of available learning resources including members of the medical team unique to the rural area with local expertise.
- Demonstrate critical thinking and integrate critical appraisal of the literature into the bedside approach.
- The interested resident may wish to pursue research or a CAT topic related to rural emergency medicine or medicine involving a social, environmental, industrial or recreational phenomenon involving the community in which he/she is practicing.

Role of Professional

Overall Goal

To display commitment to an ethical practice and high personal standards of behaviour in a manner that is commensurate with the importance of the doctor-patient relationship.

The resident will display professional attitudes and behaviours, including:

- Being punctual for shifts, meetings, and educational events.
- Following through on assigned tasks.
- Being respectful, honest and compassionate care when dealing with patients, families and other professionals.
- Considering racial and cultural issues in selecting treatment regimens for patients.
- Demonstrating responsibility by being reliable and dependable.
- Developing the ability to respectfully collaborate with other medical and paramedical professionals in a small community.
- Take an interest in aspects of the community that are outside of the medical setting.
- Maintain an appearance that conveys a sense of dignity commensurate with the importance of the patient-physician interaction