

S.M.B.D. - Jewish General Hospital: Adult Tertiary Care Emergency Rotation

Introduction

The S.M.B.D. - Jewish General Hospital is a 659 bed McGill University tertiary care hospital strongly committed to research, academia, and training at both the undergraduate and graduate levels, including both CFPC-EM and FRCPC residents. The Emergency Department is fully committed to the above, and has been recognized as a "Department of Excellence" by the hospital having received full support for research and academic growth.

The Emergency Department has approximately 70,000 visits per year, with the highest number of "stretcher" (heavy) cases in the province. This is based upon our high percentage of elderly, oncology, cardiac patients and diversely ethnic patients in the immediate area, as well as the hospital serving as a referral center for all other sub-specialties.

In July 1997, a new Emergency area was opened. This is a state of the art Emergency Department, with emphasis on its cardiac and critical care areas. However, given a significant increase in volume, we are already in the finalization stages for a larger new Emergency Department and Pavillion. We are also an accredited EDE site (Emergency Department Echo).

The Department is staffed by twenty eight physicians. The physicians are either C.C.F.P., C.C.F.P.(EM), ABEM , FRCPC or CSPQ in Emergency Medicine. Nine members hold Assistant Professorship status at the university level with the Director, Dr. Marc Afilalo and former CFPC(EM) Program Director, Dr. Bernard Unger holding Associate Professorship status.

In addition to their clinical roles, all physicians are involved in extra-clinical activities - research, medico-administrative, academic/ teaching. This commitment to all of emergency medicine's facets make the J.G.H. Emergency Department a unique and excellent opportunity for the training of residents.

General Description

As a high volume adult tertiary care hospital, with the highest percentage and number of seriously ill patients in the province, and as a research and academic oriented Emergency Department, the JGH offers residents an intense academic Emergency Medicine experience.

The R3's are encouraged to review junior residents cases and organize the flow of the Emergency Department during their second month. As C.F.P.C.(EM) and F.R.C.P. Residents work alongside each other, there exists an atmosphere of friendly cooperation where residents develop a genuine and mutual respect for each other.

During the eight weeks in the JGH Emergency Department the resident will demonstrate the ability to recognize acute illnesses and injuries presenting to the Emergency Department and be able to gather appropriate data, develop a differential diagnosis and suggest

management and treatment modalities. Concurrent to the clinical experience gained in the emergency, ample time is allotted for in-depth discussions of current cases with the attendings, access to our Emergency Department library and computer equipment.

The resident will develop competence in the knowledge, clinical skills, technical skills, and attitudes consistent with the progression of his/her training.

By the end of their two months, the residents are expected to have an understanding of anatomy, physiology, pharmacology, toxicology and pathophysiology with the ability to demonstrate competency in the recognition, evaluation and management of acute illnesses and injuries.



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

Emergency Medicine Rotation

Overall Goal:

To utilize the relevant competencies contained within the CanMEDS-FM roles to develop the skills necessary to manage undifferentiated patient presentations to the emergency department.

Educational Objectives:

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

The FM-EM resident will develop expertise in the ability to:

- Identify and treat conditions requiring immediate resuscitation or stabilization
- Synthesize all available data, including interview, physical exam, and lab data to define each patient's central clinical problem
- Formulate an appropriate differential diagnosis listing life-threatening and common (most likely) disorders
- Develop a strategy of investigation and treatment appropriate to the patients presenting complaint
- Modify differential diagnosis, investigations and treatment based on clinical course

The resident will develop expertise in the assessment and management of common emergency presentations including:

NOTE: the following list contains broad categories of clinical presentations only. For a more complete list of clinical presentations the resident is referred to the document entitled "Educational Reference Manual: Core Emergency Medicine Training in Family Medicine Residency Programs"

<http://www.cfpc.ca/local/files/Education/CoreFamilyMed-ResidencyPrograms.pdf>

General

- Airway obstruction
- Respiratory Distress
- Shock
- Sepsis
- Trauma (blunt and penetrating)
- Syncope
- Fever
- Allergic reactions including anaphylaxis

- Burns

Cardiac

- Cardiac Arrest
- Arrhythmias (SVT, Afib, Vtach, Bradycardias)
- Acute Coronary Syndromes
- Sudden death/asystole
- Palpitations
- Chest Pain
- Hypertensive crises
- CHF/Pulmonary Edema

Neurologic

- Coma and Altered Level of Consciousness
- Seizure
- Acute neurologic deficit/CVA/TIA
- Weakness
- Headache
- Vertigo

Environmental

- Hypothermia and hyperthermia
- Acute or Chronic poisoning
- Burns and frostbite
- Diving injuries

Respiratory

- Dyspnea, stridor or wheeze
- Cough
- Hemoptysis

Endocrine/Metabolic

- Hyper or hypoglycemia
- DKA
- Hyper/hypothyroidism
- Dehydration and electrolyte abnormalities

Psychiatry

- Psychosis and agitation
- Anxiety and panic
- Behavioral and personality disorders
- Suicidal Ideation and mood disorders

Ophthalmology

- Vision loss or disturbance

- Ocular pain
- The red eye
- Foreign body or chemical exposure

Gastrointestinal Disorders

- Abdominal Pain including the acute abdomen
- Vomiting, Diarrhea or constipation
- Gastrointestinal hemorrhage
- Jaundice
- Dysphagia
- Hemorrhoids
- Perianal abscess
- Ingested foreign body

Genito-urinary Disorders

- Urinary Retention, dysuria, hematuria or flank pain
- Scrotal pain or swelling
- Non-pregnancy pelvic pain, bleeding, or vaginal discharge
- STI's

Pregnancy

- Vaginal bleeding or pelvic pain in pregnancy or postpartum
- Labour and emergency department vaginal delivery
- Hyperemesis
- Pre-eclampsia, eclampsia

Dermatologic

- Rash
- Pruritis
- Abscess/Cellulitis

Musculoskeletal

- Fracture
- Lacerations
- Dislocations
- Amputations
- Swollen limb
- Foreign bodies
- Back pain and soft tissue injuries
- Joint pain or swelling
- Needlestick injuries

Ear, Nose and Throat

- Epistaxis

- Sore throat
- Neck swelling
- Ear pain
- Acute hearing loss
- Dental pain

Women's Health

- Sexual Assault
- Domestic Violence

Pediatric

- Neonatal resuscitation
- Neonatal Jaundice
- Neonatal cyanosis
- Irritability or lethargy
- Fever
- Non-accidental trauma
- Stridor, wheeze, and respiratory distress
- Limp or painful joint
- Vomiting, diarrhea and dehydration
- Soft tissue infections
- Gastrointestinal bleeding
- Rash

The Resident will develop expertise in the following procedural skills:

- Airway Management
 - Bag-valve mask ventilation
 - Endotracheal intubation with standard laryngoscopy
 - Alternative airway management techniques which may include: gum elastic bougie, laryngeal mask airway (LMA), lighted stylet, intubating LMA, glide scope, combitube, trans-tracheal jet ventilation, cricothyroidotomy, retrograde intubation, and flexible fiberoptic bronchoscopy
- Tube Thoracostomy (pigtail catheter and standard chest tube)
- Circulatory access
 - Peripheral vein access
 - Central venous catheterization (including the use of ultrasound)
 - Intraosseous insertion
- Cardiac Defibrillation
- Transcutaneous pacemaker set up

- Nasogastric and orogastric tube insertion
- Foley catheter insertion
- Paracentesis
- Thoracentesis
- Lumbar puncture
- Fracture reduction, casting and splinting
- Reduction of a dislocated joint
- Arthrocentesis
 - Knee
 - Shoulder
 - Ankle
 - Elbow
- Abscess incision and drainage
- Nail trephination/wedge resection/removal
- Regional anesthesia blocks
 - Supraorbital nerve
 - Infraorbital nerve
 - Mental nerve
 - Radial, median and ulnar nerve blocks
 - Digital blocks
 - Dental blocks
- Wound management
 - Repair of lacerations
 - Simple debridement of wounds including burns
 - Extensor tendon repair
- Ophthalmological
 - Slit lamp examination of the eye
 - Corneal foreign body removal
- ENT
 - Nasal Packing
 - Nasal cautery
- Procedural Sedation including airway assessment
- Emergency Department Ultrasound
- Orogastric lavage
- Whole Bowel Irrigation

The resident will develop expertise in the indications for, risks of and interpretation of the following diagnostic tests:

- Arterial and venous blood gas
- O2 Sat
- Electrocardiogram
- Common Lab tests including ESR,CRP, drug levels, osmolar gap, anion gap
- X-ray
 - Chest
 - Abdomen
 - Head, C-spine
 - MSK
- Computed Tomography (basic interpretation)
 - Abdomen and Pelvis
 - Head
 - Chest
- MRI (basic interpretation)
- Ventilation/Perfusion Scan (basic interpretation)
- Bone Scan (basic interpretation)

Role of Communicator

Overall Goal

The resident will communicate effectively with members of the healthcare team. The resident will 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 demonstrate expertise in the ability to:

- Rapidly establish rapport with patients and families in such a way as to develop an understanding of patients' experiences of illness including their ideas, feelings, and expectations and of the impact of illness on the lives of patients and families
- Incorporate into the individual patient interaction an understanding of the human condition, especially the nature of suffering and patients' response to illness
- Overcome barriers to communication such as language, patient disabilities, cultural differences and age group differences
- Manage the difficult patient encounter
- Explain complex medical issues in language adapted to the needs of the individual patient

- Deliver bad news in a compassionate and humane manner including “death telling”
- Maintain clear (legible), accurate and concise medical records
- Discuss a “Goals of Care” designation level with patients and families
- Field paramedic patch calls with ability to give succinct, clear orders

Role of 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 will demonstrate expertise in the ability to:

- Participate in a team based model in the care of emergency department patients
- Recognize and respect the diversity of roles, responsibilities and competencies of other professionals in relation to their own and consult other specialists in such a way as to respect the consultants individual skills
- Maintain respect for the principle of effective resource allocation
- Participate effectively in inter-professional team meetings, either as a team leader or a member of the team
- Demonstrate the use of crisis resource management skills when needed (communication, teamwork, situational awareness, and leadership)
- The resident will demonstrate a respectful attitude towards other colleagues and members of an inter-professional team
- The resident will function as a resource to the community as a consultant in emergency medicine
- Work to enhance the patient’s continuing relationship with their family physician

Role of Manager

Overall Goal:

The resident will play a central role in the organization of the care delivered to patients during their 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 will develop expertise in the ability to:

- Understand the principles of Quality Improvement (QI)
- Allocate finite healthcare resources appropriately

- Understand the issues that affect emergency department patient flow
- Work collaboratively with other health care professionals and community organizations to provide coordinated care for patients
- Use appropriate (electronic) decision support tools and references
- Take part in hand-over at beginning/end of shifts
- The resident will seek some experience in Emergency Department administration through participation in QI/QA activity including participation in an xray discrepancy reporting system and through attendance at academic sessions covering administrative issues in the Emergency Department

Role of Health Advocate

Overall Goal

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

The resident will develop expertise in the ability to:

- Evaluate patients with respect to determining their status regarding determinants of health and potential barriers to care and implement a disease prevention strategy tailored to each patient's unique status regarding those determinants of health
- Identify and respond to the health needs of the communities that they serve including vulnerable or marginalized population
- Understand the concepts of informed consent and measurement of capacity
- Develop an understanding of living wills, advanced directives, durable power of attorney, personal directives and the "Freedom of Information and Privacy Act"
- Understand the concept of medical futility and understand how to discuss this idea with patients and their families

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:

- Adapt and increase their skills and knowledge to meet the needs of their emergency department patients
- Critically appraise the literature and its relevance to their practice
- Attend Journal club to facilitate critical appraisal skills
- Incorporate into their emergency department practice the relevant published Clinical Practice Guidelines
- Facilitate the medical education of patients, families, emergency department learners, health professional colleagues and the public
- Take part in clinical teaching of junior learners in the Emergency Department
- Contribute to the creation, application and translation of new medical knowledge and practices
- Utilize local computer information systems and Computerized Physician Order Entry Systems

Role of Professional

Overall Goal

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

The resident should:

- § Exhibit professional behaviours in practice including honesty, integrity, reliability, compassion, respect, altruism, and a sincere commitment to patient well-being
- Be punctual for clinical and educational events
 - Follow through on assigned tasks
 - Demonstrate respect for colleagues and team members
 - Recognize the principles and limits of patient confidentiality
 - Maintain appropriate professional boundaries
 - Balance personal and professional priorities to ensure personal health during the rotation
 - The resident will respect the appropriate boundaries of the doctor patient relationship
 - The resident will respect patient confidentiality and privacy.
 - The resident will have respect for patient autonomy as a major guiding principle in the doctor-patient relationship

Take part in evaluation systems for learning events in order to provide/contribute feedback to colleagues/teachers