ROTATION DESCRIPTION

ROTATION TITLE
Emergency Department (PGY2)

PURPOSE
The purpose of this critical care rotation is to assist the PGY-2 resident in becoming more proficient in the management of commonly treated disease states in the emergency department (ED). This rotation will focus on all aspects of patient care (i.e.: ambulatory, internal medicine and critical care). However, the primary focus of the rotation will be increasing the residents' confidence in taking care of medical emergencies, ranging from code participation to assisting with the medication management of acute sequence intubation. In addition, the resident will work with the nurses, physicians, physician assistants, and nurse practitioners to create appropriate pharmacotherapy regimens for the patients seen in the emergency department. Finally, the residents will counsel patients, as appropriate, on their medication regimens.

LEARNING EXPERIENCE DESCRIPTION
The emergency department service will allow the resident to gain experience in a wide variety of disease states. The PGY2 resident will be expected to work more as an advanced independent practitioner and develop as an expert in their area by utilizing additional evidence-based medicine prnicples in practice.

The typical day begins with the resident checking the tracking board in the ED to identify the most critically ill patients. In addition, the residents will also assess boarded patients to assure that there are no pharmacotherapy issues from the previous evening. The resident will carry the trauma/ STEMI/brain attack pager and respond to these events while in house. Throughout the day the PGY-2 resident will continue to monitor the tracking board and follow patients who are category 1-3 (acutely ill). Moreover, they will perform medication histories and provide discharge counseling as needed. There will be between 6-8 formalized discussions each month (Appendix A) where the resident should be well prepared to lead discussions on the topics selected. If students are on rotation, the PGY2 resident will also be expected to precept/mentor in a more formal, organized manner. The resident should provide feedback to the preceptor if there are any questions regarding orientation, patient care, or discussion topics. Additionally the resident should suggest areas of improvement for the rotation at the end of the month.

LEARNING EXPERIENCE ACTIVITIES
- Review each patient's pharmacotherapy regimen to determine the appropriateness of each medication including reviewing indication, dosage, drug interactions, and patient specific factors such as age and liver/renal dysfunction
  (CC: R2.4.2, R2.4.3; PCT: R1.3.2, R2.4.2)

- Develop an organized monitoring system to collect and assess patient care information
  (CC: R2.4.1, R2.4.2, R2.9.3; PCT: R2.4.1, PCT 2.4.3)

- Create and evaluate drug therapy regimens to help meet patient specific pharmacotherapy goals (CC: R1.1.3, R2.5.1, R2.5.2; PCT: R2.6.1, R2.6.2)

- Redesign medication therapy regimens based on monitoring data and therapeutic goals
  (CC: R2.9.2; PCT: R2.11.2)

- Develop a monitoring plan for each medication that the patient is receiving and adjust therapies as needed
  (CC: R2.6.1, R2.9.1, E1.3.2; PCT: R2.7.1, R2.11.1)

- Communicate recommendations/pertinent health care information to other health care professionals in an effective manner
  (CC: R1.2.1, R1.3.1, R2.1.1, R2.7.1, R2.10.1, E3.1.1, E3.1.3; PGY-1 3.1.3; PCT: R1.3.1, R2.8.1)

- Triage patient care issues appropriately
  (CC: R1.1.3, R2.2.1, R2.4.4; PCT: R2.1.1)

- Integrate into the ED environment to be seen as a primary member of the patient care team
  (CC: E3.1.2, R1.1.3; PGY-1: R3.1.2; PCT: 1.1.4)

- Assist nursing in pulling and making STAT medications from the Acudose
  (CC: R1.1.3)

- Utilize primary, secondary, and tertiary resources appropriately when responding to a drug information request
  (CC: E2.1.1, E2.1.2, E2.1.3, E2.1.4, E2.1.5, E2.1.6, E2.1.7; PCT: R3.1.9, R3.1.11)

- Effectively perform medication histories and discharge counseling as needed
  (CC: R1.3.3)

- Evaluate the current literature and utilize evidence-based treatment guidelines for each disease state that is encountered
  (CC: R2.5.2, R2.6.1; PCT: R2.6.1, R2.6.2, R2.7.1)

- Follow hospital policies and procedures in regard to medication management
  (CC: R2.8.1, R2.8.2, E1.3.1; PCT: R2.10.1, R2.13.2)

- Exercise skill as a team member in the management of medical emergencies
  (CC: R5.1.1)

- Provide education to nurses, physicians, nurse practitioners, and physician assistants as needed on medication-related topics
  (CC: R3.1.1, R3.1.2, R3.1.3)

- Lead six to eight topic discussions with the preceptor and students – topics to be determined at the beginning of the rotation
  (CC: R3.1.2, R3.1.3, R3.1.4, R3.1.5, E4.1.1, E4.1.2, E4.1.3, E4.1.4)
- Utilize effective time-management strategies to complete all rotation related activities on time
  (CC: R2.2.1; PCT: E7.4.1)

- Document a minimum of 25 patient care interventions a week in the HMM system. Document adverse drug reactions/medication errors in Patient Safety Net. (CC: R2.11.1; PCT: R2.12.2, R3.2.6)

- Perform a reflective and honest midpoint and final self-evaluation
  (PCT: R1.1.1)

REQUIREMENTS OF LEARNING EXPERIENCE

Required hours
The resident should begin their day between 10 am and noon. The resident should work for a minimum of 8.5 hours a day. The resident has the option to work evenings if they would like. The preceptor will be available be pager should she not be in house while the resident is working.

Required meetings
Daily meetings with preceptor
Critical Care Journal Club
Resident interactive teaching experience, Fridays at noon
Resident seminar, Mondays and 1pm

Required presentations
In-services to staff, if needed

Required readings
Please see Appendix A of suggested topics to be shared with the resident

ROTATION PRECEPTOR
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METHOD OF EVALUATION
Evaluation of residents will be based on the learning experience objectives outlined by the Residency Program Director (RPD). The RPD will identify the specific goals and objectives on which the resident will be evaluated (available in E-Value). The preceptor and resident will review the resident's customized plan and the learning experience introduction document on the first day of rotation. Feedback will include, but not be limited to, verbal and written mid-point and end of rotation evaluations.

Appendix A
Potential topics to be reviewed during ED rotation

- Rapid sequence intubation
- Sepsis
- Status epilepticus
- Acute ischemic Stroke
- Hypertensive urgency/emergency
- Toxicology
- Bioterrorism
- Trauma management
- DKA/HHS
- ACLS/code bag participation
- Anaphylaxis
- Acute Asthma/COPD exacerbations
- Pneumonia