March 2019

Goals and Objectives of the ER Rotation for PGY-1

The ER rotation takes place over four weeks in the PGY-I year. It takes place in the Emergency Departments at both St. Clare's Mercy Hospital and the Health Sciences Centre. The rotation will be scheduled as eight hour shifts, which can take place in both higher acuity (Unit 1) and lower acuity (Unit 2) environments. Residents will be working under the direct supervision of a staff Emergency Physician, and occasionally, under a PGY-III ER resident. Residents will be expected to attend and participate in weekly ER case rounds, as their schedule allows. The PGY-I residents will see all variety of case presentations and it is expected that the resident will develop knowledge of, and expertise in, the initial management of stable and unstable patients, with an emphasis on common Internal Medicine presentations.

It is expected that trainees will demonstrate ongoing development in each of the CanMEDS roles such that the depth, sophistication, efficiency and proficiency of their performance increases with experience. Review of rotation objectives will be done in conjunction with creation of a learning contract at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described. Verbal feedback will be given at the end of each ER shift and will be documented in encounter cards. In accordance with CBD principles, all residents are required to submit EPA assessments with documented narrative coaching via the MUNCAT app per week to evaluate and guide their progress. This will also be documented using an end of rotation in-training evaluation report (ITER) or longitudinal rotational assessment, depending on the applicable resident curriculum.

In addition to the rotational objectives and key competencies described below, the following EPAs may be covered during the ER rotation. These will depend on the learner's stage of training, progress and individual learning needs. The learning contract and rotational goals created at the beginning of the rotation can help specify which EPAs the learner may want to focus on throughout their rotation.

Transition to Discipline:

- TD2. Identifying and assessing unstable patients, providing initial management, and obtaining help
- TD3. Performing the basic procedures of Internal Medicine

Foundations:

- F5: Assessing unstable patients, providing targeted treatment and consulting as needed
- F6: Discussing and establishing patients' goals of care
- F7: Identifying personal learning needs while caring for patients, and addressing those needs

MEDICAL EXPERT

- 1. Gain and demonstrate knowledge of, and growing expertise in, the acute management of both stable and unstable patients presenting to the ER with common medical presentations (especially those related to Internal Medicine) including:
 - a. Sepsis
 - b. CHF
 - c. Myocardial ischemia
 - d. Arrhythmias
 - e. AECOPD and respiratory failure
 - f. Acute kidney injury
 - g. Toxidromes
 - h. GI bleed
- 2. Complete an efficient, accurate, and focused medical history, including from collateral sources.
- 3. Perform an appropriately focused physical examination with proper technique on ER patients.
- 4. Effectively synthesize all relevant information to create a difference diagnosis and problem list, and relevant diagnostic work-up.
- 5. Recognize when to consult other services appropriately.
- 6. Demonstrate an understanding of, the clinical indications, risks, performance and interpretation of the results for the procedures such ABG, venipuncture, I & V appropriate to level of training.
- 7. Recognize and initiate resuscitation appropriately, but know when to call for help.
- 8. Triage patients appropriately based on medical need.

COMMUNICATOR

- 1. Demonstrate a patient centered approach to communication that develops rapport and trust with patients, families and care givers.
- 2. Demonstrate a structured approach to informed consent, disclosure of adverse events, breaking bad news and addressing goals of care.
- 3. Demonstrates clear and concise verbal communication with ER attending, staff and consulting teams as needed.
- 4. Demonstrates excellent written communication including consults, and discharge instructions if patients are not admitted.
- 5. Provide effective feedback medical students under their supervision.

COLLABORATOR

- 1. Engage in shared-decision making with other health care providers, patients, and family members to ensure optimal patient care plans.
- 2. Demonstrate appropriate written and verbal handover of care to other physicians.

LEADER

- 1. Demonstrate appropriate time management by balancing patient care, educational activities and personal matters.
- 2. Demonstrate stewardship in clinical care.

HEALTH ADVOCATE

- 1. Advocate for their patients to access appropriate tests, consultations and interventions in a timely fashion.
- 2. Recognize when patients require additional resources including social work, and protective or addictions services.
- 3. Educate patients about disease prevention and understands the impact of the social determinants of health.
- 4. Facilitate end of life care.

SCHOLAR

- 1. Identify their own learning needs and appropriate resources to assist them.
- 2. Demonstrate the ability to ask a clinical question, perform a literature search and critically review the literature.
- 3. Demonstrate effective teaching of medical students, colleagues, patients and their families.
- 4. Participate in ER weekly rounds, including a case presentation.

PROFESSIONAL

- 1. Behave in a respectful manner toward patients, families, and other health professionals.
- 2. Consider ethical issues and patients' wishes in making treatment decisions.
- 3. Ensure adequate transition of care of patients including assuring proper handover of patients.
- 4. Recognize the limits of one's expertise by knowing when to call for help.
- 5. Demonstrate a commitment to improving one's performance by seeking and responding to feedback.
- 6. Displays punctuality and completes expected tasks.