

2014-15 Orientation Guide: Intern and IM Resident ED Rotation

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QIC 22123

Side A ED Attending Phone: 510 593-9672

Side B ED Attending Phone: 510 593-9662

ED Side 1 Clerk's Phone: 510 437-4559 (Option #7)

Graduate Medical Education Coordinator: Ms. Ashley Bitar
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QIC 22103

I. Welcome to the Emergency Department at AHS/Highland!

- A. Welcome to your upcoming AHS Emergency Department rotation. The ED faculty and staff look forward to working with you. Our goal is for you to have a positive, educationally productive, and presumably fun ED experience. Ask questions and ask for help when needed.
- B. AHS interns and residents will already have ID badges, parking permits, and employee health clearance. You may still need to activate an ED electronic record **Log-on account**, which can be arranged with **Ms. Jackie Alberto** at least 6 weeks before the rotation starts. You must also complete and sign the **Medical Education Information** form, and goals form for your file before your first ED shift.
- C. Contact **Ms. Ashley Bitar** at least **8 weeks** in advance if AHS is not your 'home' institution ('external/outside' rotator).

There is a substantial quantity of paperwork that must be completed prior to the rotation in order to get an ID badge and ED electronic record logon access.

- D. All rotators should call or stop by Room 6412 before their first shift to meet with Ms. Jackie Alberto, to pick up a schedule, and verify that all necessary paperwork is in order. We will also post your picture and goals for the Who's Who in the ED poster.
- E. Three ~ten-minute orientation videos are posted on the website highlandemergency.org under the "Other Programs" tab. Please review these videos prior to your rotation.

II. Phone Numbers

- A. Please place the phone numbers listed above in the title into your cell phone. If you need to resolve an administrative or scheduling issue, contact Dr. Hargis.
- B. Call the on-duty Side A or B ED attending if you will be late, or will miss a shift due to illness, or an unforeseen emergency, on that same day. It will not suffice to send an email days later.
- C. The attending you speak with, and then will forward an email to Dr. Hargis so we can document that you have an 'excused' absence.
- D. If you missed a shift due to an emergency, it might be possible to reschedule another shift. If multiple shifts are missed due to serious illness, please have your program director contact Dr. Hargis.
- E. Unexcused absences will be noted in your final evaluation, and may adversely reflect ratings such as professionalism, or credit for the rotation..

- F. Failure to communicate on the day of the shift, or lack of a legitimate excuse may forfeit successful completion of the rotation.

III. Schedules.

- A. **Starting with the 2015 academic year, schedules will be templated, and made in advance for the entire year. Mandatory home program meetings will be honored, as will any pre-arranged test dates but 'custom-made' schedules are not available.**
- B. For the record, there will never be more than 5-6 shifts in a row; there must be one day off every 7d. Each person is guaranteed ONE complete weekend off (e.g. Sat/Sun) that does not follow a string of nights.
- C. If you are assigned to the ED during a month with a major holiday, please realize, you will **most likely be on during a holiday shift**. It would be unwise to buy plane tickets or make out of town plans before having your schedule in hand.
- D. Trades with fellow interns or fellow residents are fine as long as the following parameters are met:

Interns trade with interns, and residents trade amongst themselves.

No double-backing (swing or night into a day shift)

You have one day off within 7 days

All trade changes are emailed in advance to Dr. Hargis.

The trade does not produce an "empty slot" on the schedule*.

*Only the *specific* attending working during a potentially empty slot situation can approve that switch. Ask at least three days in advance, but

realize the request may be denied. The attending schedule is available on the **hghed-intranet**.

If you are uncertain as to whether the trade is appropriate, please contact Dr. Hargis.

E: Vacation Requests:

The Dept. of EM considers it inappropriate to request vacation time during this rotation, and strongly discourages that practice.

If the provider's program does not honor our requirements, the rotator will only be given credit for the actual time spent in the ED, and this will be documented in their evaluation.

Please note this may affect the program's compliance for 'away' rotations, e.g. only three weeks were worked when four weeks were required.

IV. General Expectations:

- A. You are adult learners and you want to learn about EM.
- B. You carry yourself in a highly professional manner, maintain patient confidentiality, and treat patients with kindness, respect and compassion.
- C. You read this orientation guideline and you viewed the Orientation videos, prior to your first shift.
- D. Set two or three specific goals you would like to achieve during your rotation, whether it is two, three or four weeks long. This might include performing specific procedures, learning to treat certain conditions, working on expanding your differential diagnoses, or improving your efficiency. Jackie Alberto will send you a goals form to complete; it, along with your photo will get posted in the ED.
- E. Punctuality—arrive ten minutes before your shift. Call the attending A/B phone if you will be late (or will miss a shift).
- F. Understand it is okay to admit you do not know something

Ask questions, especially if you do not understand something, or if you need clarification.

- G. Present each patient to the attending or supervising resident.
- H. Ask for help when you need support to stabilize a patient.
- I. Alert the attending or senior resident at once if your patient has any abnormal vital sign (BP, P, R, T, SaO₂), is in severe pain, bleeding, vomiting, mentally altered, or is otherwise in distress.
- J. Perform ultrasound exams with a supervisor
- K. Perform invasive procedures with a supervisor. Also have supervisor assess lacerations prior to repairing them.
- L. Sign-over all of your patients before you leave the ED.
- M. Complete all charts.
- N. Maintain situational awareness at all times. Immediately remove yourself from any situation that feels unsafe, abusive or confrontational.
- O. After your third shift, hand out pink evaluation cards to the attending or supervising residents you worked with, at the end of a shift.
- P. Attend at least one Wednesday EM conference during your rotation.
- Q. Complete all of your shifts.

V. Shifts:

- A. Emergency Department Faculty and EM Resident shifts:

Day: 7am to 3 pm*

Swing: 3 pm to 11 pm*

Night: 11 pm to 7 am*

*** Change of shift time in the Doctor's Charting Room; attendance is mandatory.**

- B. **Interns:** During a four week rotation, **interns** work **20** shifts 10 hour shifts (200 h), including **5** nights. **Please note that Intern shifts are from: 7am-5 pm, 1 pm to 11am, or 9 pm to 7 AM.**

Interns scheduled for a three week rotation will work: 15 shifts and 4 nights.

Interns scheduled for a two week rotation will work: 10 shifts and will do 3 nights.

All assigned shifts must be completed. Prior to each shift the attending will check the schedule posted in the ED.

- C. **Residents** work **18** eight-hour shifts, including **5** nights during a four-week rotation.

Residents scheduled for a 3 week rotation in order to accommodate their clinic duties will work: 14 shifts and will do 4 nights.

Residents scheduled for a 2 week rotation will work: 9 shifts and will do 3 nights.

Residents will not be scheduled for one-week rotations.

All assigned shifts must be completed. Prior to each shift the attending will check the schedule posted in the ED.

- D. The night shifts are done sequentially
- E. Everyone will get one entire weekend off (Sat.-Sun).
- F. Everyone will work one entire weekend (Sat.-Sun).
- G. When possible, the remaining weekends are split (On-Sat./ Off-Sun., or vice versa), but this is variable, and not guaranteed.
- H. Ideally, you should arrive for each shift ten minutes early.
- I. Parking in the Vallecito lot at 3 pm is often problematic, so come to the ED ASAP.

VI. Missed Shifts:

- A. **Call the on-duty Side 1 or 2 ED attending if you will be late, or will miss a shift due to illness, injury, or**

unforeseen emergency on that same day. It will not suffice to send an email later.

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The attending you speak with will forward an email to Dr. Hargis so we can document that you have an 'excused' absence.

- B. If you missed a shift due to an emergency, it might be possible to reschedule another shift. If multiple (>2) shifts are missed due to serious illness, please have your program director contact Dr. Hargis.
- C. Unexcused absences will be noted in your final evaluation, and may adversely reflect ratings such as professionalism.
- D. Failure to communicate on the day of the shift, or lack of a legitimate excuse may forfeit successful completion of the rotation.
- E. Missed shifts must be made up before receiving full credit for your rotation

VII. Shift Logistics:

- A. Pick up a patient to evaluate. Afterwards, mentally organize a presentation for the attending or supervising senior resident (R3 or R4).
- B. Give the presentation *before* you write up the patient, so that the attending or senior resident can provide input into the diagnostic and treatment plans. This usually facilitates the flow of the evaluation.
- C. Your presentation should be concise, with pertinent positive and negative historical and physical exam elements to support your 'best guess'/top tier of your differential diagnoses list,

which should include at least three to five of the most likely possibilities

- D. Do not pick up patients who are in Fast Track or are designated “SWAP”, “5150”, or “medical clearance”.
- E. If the ED is very busy, the attending or senior resident may ask you to evaluate a specific patient.
- F. **Signing out patients:** You must sign out *all* of your patients who are still in the ED, whether fully or partially worked up, and scheduled for admission or discharge, **before** you leave the ED.

Write an update on your patient before signing them out. Document how the patient is doing (better/ same/worse, pain level, repeat ECG, labs results, etc.). Outline any pending studies, or necessary tasks. You may sign out to another intern, or resident. Also make a chart entry and indicate whom you signed the patient over to.

- G. When a patient is signed over to you, make a chart entry notation after you have briefly met and assessed the patient.
- H. **Admitting a patient:** *First* discuss the **indication for admission** and the **goal of admission** with the senior resident or attending. Then, you may present your patient to the admitting resident. On some services, such as urology, and OB/GYN the attending will speak with the resident or attending.

VIII. Charting:

- A. Our current charting system is **WELLSOFT**. You will need a username password in order to log on and evaluate patients. We also access SOARIAN, which also requires a username/password and a working AHS ID badge.

- B. If **Alameda Health System** is not your 'home' institution, please see required paperwork/documentation section for external/outside rotators at the end of this guide.
- C. Try to set a goal of seeing one patient per hour. This of course will vary with the patient's acuity level, and other factors. We will track the number of patients evaluated per shift and per rotation to derive an average rate/rotation for every provider within the same peer group. Rates above or below the average will be noted in your final evaluation.

IX. Procedures:

- A. You are expected to assemble the supplies yourself, then clean up afterwards, including safely disposing of any sharps, and any materials saturated with blood or other body fluids.
- B. You can do procedures such as peripheral IVs and ECGs without direct supervision by an attending or senior resident, provided you have prior experience, and feel confident.
- C. Ultrasound, as well as any invasive procedures such as central lines, lumbar punctures, NGTs, or Foley's will require supervision.
- D. All lacerations will need a brief supervisory assessment before you proceed.
- E. Obtain written consent for procedures such as LPs, central lines, procedural sedation.
- F. HGH ultrasound procedure modules are available on the web (highlandultrasound.net). Several ED procedure module pdfs are also available on Evernote.

X. Evaluation Cards:

- A. Your final evaluation will be written heavily weighted on feedback noted in the PINK cards you hand out to attendings or senior residents whom you presented to. Nurses you have worked with may also submit a card.
- B. Wait until you have done three shifts if you are on a four week rotation before handing out cards. Wait until you have done two shifts for shorter rotations.
- C. Please keep track of the patients you see by writing a brief generic descriptor (age, gender, chief complaint, final diagnosis), but *never* name, birthdate, or medical record, on the back of the pink cards you hand out.

The descriptors will serve as a memory prompt for the evaluator (mark which patients you presented to them to with an asterix*), and will give you feedback on how many patients you saw during the shift.

Also note any procedures you did on a particular patient.

Ideally, each person should have a least five completed pink cards in their file. Persons with fewer cards will be discussed at a staff meeting to obtain a consensus evaluation.

- D. No specific grade is given--the goal is successful completion of the rotation, and achievement of general ED goals, as well as personally-set goals. Evaluations are based on a combination of pink cards, ED attending observations, productivity, and consensus from staff meetings if someone was problematic. Bear in mind however, that highly favorable evaluations are factored into considerations for chief resident positions, requirements of future residencies, fellowships, etc.
- E. Outside (non-AHS) rotators should have their program coordinator forward a link of their electronic evaluation

system to Dr. Hargis (chargis@acmedctr.org or chargis@alamedahealthsystem.org).

XI. Educational Conferences

- A. The Department of Emergency Medicine holds a Teaching Conference every Wednesday morning, from 7:30am to 12:30 pm, in Classroom B, Building S.

You must to attend at least one Wednesday conference during a 2-4 week rotation. If you are not scheduled on a Wednesday, please come to conference.

- B. If you are on duty, the ED attending may allow you to attend an hour or two, depending on how busy the ED is.
- C. You are also welcome to attend the Follow-Up Conference and Journal Club held on the third Thursday from 4pm to 8 pm.
- D. If you are not on duty, you are also welcome to attend the weekly medical student didactic sessions every TH from 1200-1500 in Room 6416, Bldg H. The schedule is available on the hghed-intranet site.
- E. During each shift, prior to mealtime (breakfast, lunch, dinner), there is a brief teaching case, procedure review, or image review. If you are on duty, you are expected to attend the session. The presenter will announce overhead "GI rounds in 'x' minutes". This is your cue to procure your food and return within the designated time to the Doctor's Charting room.

XII. Safety

- A. All providers should maintain situational awareness at all times while in the ED.
- B. Part I of the Orientation videos briefly covers the safety codes.

- C. All providers are advised to use protective personal equipment during procedures, and to properly dispose of sharps and materials containing bodily fluids.

XIII: Bloodborne Pathogen Exposure

- A. Covered briefly in Orientation Video/Part I.
- B. Stop procedure, have supervisor finish it.
Wash the needlestick site with soap and water.
Rinse mucosal exposure with water or normal saline.
- C. Inform attending immediately.
- D. Attending assigns MLP to complete employee needlestick packet.
Level of risk is determined and BBP prophylaxis may be offered.
Female rotators must provide urine for a pregnancy test.
Once the consent form is signed, and if the UPT is negative, then the first prophylaxis dose can be dispensed from the Side 1 Pyxis.

XIV. Required Paperwork for AHS Rotators:

- A. Contact Jackie Alberto, in the Dept. of EM four-six weeks in advance to complete ED paperwork:
- B. Employee Access code
- C. Logon Account form
- D. Employee Health clearance
- E. Medical Education Information
- F. Completed goals form

XV. Required Paperwork for External Rotators:

- A. Contact Ms. Ashley Bitar at least **8 weeks** in advance to complete all of the paperwork and documentation requirements for outside rotators.
- B. Ms. Ashley Bitar (abitar@alamedahealthsystem.org)
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