## **Department Resident and Fellow Preparation Plan**

For participation in undergraduate medical education (UME) through the Paul L. Foster School of Medicine

Department:Emergency MedicineDate Proposed:August 2016

Date Curriculum and Educational Policy Committee Approved: 4/10/2017

	Description	Timing/cycle	Monitoring^
<ul> <li>Process for verified distribution to all <u>current</u> residents and fellows of the following:</li> <li>EPGOs*</li> <li>Clerkship syllabus (Year 3, EM, or Neurology)</li> <li>Selective syllabi (Critical care and/or Sub-Internship)</li> </ul>	<ul> <li>All documentation is distributed via e-mail to all current residents.</li> <li><i>'Medical Residents as MS-4 Instructors'</i></li> <li><i>'EM Clerkship Syllabus'.</i></li> </ul>	End of June	Sign-in sheets are maintained as being present during the presentation and read- receipt is requested for all e-mailed documents.
<ul> <li>Process for verified distribution to all <u>incoming</u> residents and fellows of the following:</li> <li>EPGOs*</li> <li>Clerkship syllabus (Year 3, EM, or Neurology)</li> <li>Selective syllabi (Critical care and/or Sub-Internship)</li> </ul>	Annually incoming residents are provided with 'Medical Residents as MS-4 Instructors', the 'EM Clerkship Syllabus' and 'Appropriate Treatment of Medical Students' on the welcome flash drives provided. The Chief Residents discuss this with all incoming residents during orientation.	July Orientation	Sign-in sheets are maintained as receipt of the flash drive and/or read-receipt is requested for any e-mailed documents.

## Required activities for participation in UME elements (clerkships and selectives) sponsored by the department.

- Specify who is required to participate (i.e., what group or subset of residents and fellows)
- List each activity in a separate row below. Add rows as necessary.

Activity		Description	Timing/cycle	Monitoring <sup>^</sup>
	At the end of Jur	e, Dr. Parsa presents 'Residents as	Annual presentation	Sign-in sheets are
Medical Residents as MS-4	Instructors' to th	e current residents.		maintained as being
'nstructors'				present during the
				presentation.
Other <u>ROUTINE AND SYSTEMA</u>	TIC processes for dissen	ninating clerkship session or activity-re	 lated learning objectives, instruct	ions, and expectations:
<ul> <li>List each process in a separate</li> </ul>				
Process		Description	Timing, trigger, or cycle	Monitoring <sup>^</sup>
Preparation 1-2 weeks in advan	ice. E-mail calendar i	nvitation outlining date, time, location,		Dr. Parsa is present during
	basic expectation	ns and objectives to accomplish as a		all sessions when resident
Didactic is scheduled between 4	45- presenter/teache	er.		are presenters/instructors
50 minutes per rotation.				providing guidance and
				feedback.
		ces provided to residents by the depart	ment to enhance their knowledge	e and abilities for participatio
<ul> <li>in UME (specifying when and h</li> <li>Specify who is eligible (i.e., whether the second s</li></ul>	•	<b>-</b>		
<ul> <li>List each process in a separate</li> </ul>		-		
Activity or resource	Description	Timing, trigger, or cycle	Monitori	ng
* EPGOs: PLFSOM <u>E</u> ducation <u>P</u> rog	gram <u>G</u> oals and <u>O</u> bjectives	(updated version published and distributed	l annually – also publically available th	rough the PLFSOM online
academic catalog)				
Fulfillment of required activities		nonitored. In addition, alternative means of sources should be monitored, when possible	· ·	processes should be identified as

## ADDENDUM:

## Formal teaching assigned to residents for which residents receive feedback and/or assessment of their teaching:

Activity	Description	Timing/cycle	Monitoring^
Orientation Didactic – Orthopedic Emergencies	Expectation to cover basic concepts of immobilization, how to describe fractures correctly, basic fracture classifications and emergency management including some common fractures are positioned, when to use knee/shoulder immobilizers, etc.	EM Residents are assigned to lecture based on their current EM specialty rotation and assignments.	Dr. Parsa is present during the didactic and provides a 'resident as instructor' assessment to the resident
	Discuss non-fracture related orthopedic problems, like compartment syndrome, necrotizing fasciitis, etc. and splinting materials and practice putting splints may be practiced with.	Didactic is scheduled between 45-60 minutes per rotation.	for their permanent file as well as personal one-on- one feedback.
Orientation Didactic – Toxicology in the ED	The lecture should be a general overview hitting on some of the following topics: General overdose management from the ED perspective (charcoal, supportive care, etc.) ASA and APAP overdose, substances that cause anion gap met acidosis (methanol, iron, isoniazid, etc this only needs to be 1-2 slides) CO and metHb Poisoning.	EM Residents are assigned to lecture based on their current EM specialty rotation and assignments. Didactic is scheduled between 45-60 minutes per rotation.	Dr. Parsa is present during the didactic and provides a 'resident as instructor' assessment to the resident for their permanent file as well as personal one-on- one feedback.
Orientation Training – UMC/EPCH Tour, Cerner Training, and Ultrasound	EPCH/UMC tour should include the Trauma Bays and their different roles. Briefly show the MS-4s what happens during a trauma or code, what is in the small Pyxis, where important equipment is stored, what they should do to be helpful when a critical patient arrives, etc Cerner/First Net - show them the basics: Check Labs – Sign- up patient – Review old records – Write a note – Request endorsement - Etc. Ultrasound - Explain why to do ED ultrasound (can change management, easy and quick). Demonstrate an abdominal scan to complete the following: eFAST – RUQ – Aorta – Renal – Cardiac US.	EM Residents are assigned to lecture based on their current EM specialty rotation and assignments. Didactic is scheduled between 45-60 minutes per rotation.	Dr. Parsa is present during the didactic and personal one-on-one feedback.

Task Trainers SIM	<ul> <li>Adult/Pedi Airway</li> <li>Define the principles of ventilation and oxygenation.</li> <li>Demonstrate simple techniques for opening a patient's airway, without the aid of equipment.</li> <li>Intra-Osseous Line Placement</li> <li>Demonstrate the attachment of infusion devices on a simulated training apparatus.</li> <li>List the complications and contraindications for this technique.</li> <li>Lumbar Puncture</li> <li>Recognize the possible serious adverse effects.</li> <li>Identify and demonstrate the basic anatomical landmarks and technique for the procedure.</li> <li>Tube Thoracostomy</li> <li>Implement the steps for the insertion of a chest tube.</li> <li>Discuss potential complications of this procedure and relevant prevention and management strategies.</li> <li>Central Venous Catheterization</li> <li>Describe and demonstrate the basic anatomical landmarks in the procedure.</li> <li>Recognize the possible serious adverse effects.</li> </ul>	EM Residents are assigned to assist with the SIM based on their current EM specialty rotation and assignments.	Dr. Parsa is present and available for pre-SIM discussions, operations, guidance, and feedback with the Senior Residents.
Medical SIM Cases	<ul> <li>Syncope / Pediatric Trauma / Chest Pain</li> <li>Demonstrate initial assessments and basic procedural skills.</li> <li>Utilize communication skills and professionalism in a team setting.</li> <li>Verbalize orders, interpretations, and medical management as a team.</li> </ul>	EM Residents are assigned to assist with the SIM based on their current EM specialty rotation and assignments.	Dr. Parsa is present and available for pre-SIM discussions, operations, guidance, and feedback with the Senior Residents.
Emergency Department Patient Care	Students work alongside EM Senior Residents providing patient care.	Ongoing	Ongoing supervision by Clerkship Director and EM Clinical Faculty.