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Lakeland Regional Healthcare

Mission, Vision, and Values

Lakeland HealthCare Mission Statement:

- To be the leader in safe, high quality, patient-centered, compassionate, health related services

Osteopathic Medical Education Mission Statement:

- To provide osteopathic training programs that prepare quality physicians who provide excellent health care and healing—“Each Patient First”

Vision:

- Quality osteopathic medical education programs that support our mission statement of excellence in the science and art of health care and healing
- Flexible, responsive, and innovative osteopathic Medical Education programs that anticipate the evolution of the health care environment

Values and Behaviors:

- Integrity
- Respect and support for all people and life in all of its phases
- High performance and accountability
- Scholarship and collegiality
- Learning and continuous improvement
- A social conscience
Program Mission Statement, and Philosophy

The Emergency Medicine Residency Program of Lakeland Regional Healthcare is dedicated to excellence in the training of Emergency Medicine Residents. The goal of the training program is to provide graduating residents with the tools, skills and knowledge to practice Emergency Medicine in an institution of the resident’s choosing after graduation. The program is committed to furthering the understanding of the basic science and clinical practice of Emergency Medicine by supporting research conducted by the faculty and residents. The residency strives to improve upon its clinical experience, training facilities and academic program to achieve the ultimate goal of the Department of Emergency Medicine: excellence in patient care.

Seven areas of General Competency define the framework around which the residency curriculum is developed. Residents will be evaluated in these seven areas on a regular basis. These seven competencies are:

**Patient Care:** The resident is expected to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health

**Medical Knowledge:** The resident is expected to gain medical knowledge about established and evolving biomedical, clinical, and cognate (epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

**Practice-Based Learning and Improvement:** The resident is expected to demonstrate practice based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

**Interpersonal and Communication Skills:** The resident will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families and other health professionals.

**Professionalism:** The residents must demonstrate professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse populations.

**Systems-Based Practice:** The residents are expected to engage in systems based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

**Osteopathic Philosophy and Osteopathic Manipulative Medicine**
The Osteopathic Resident will integrate osteopathic principles into the diagnosis and management of patients. In their continued evaluation of clinical presentations, residents will be expected to Apply osteopathic manipulative therapy in patient management, were applicable.
Program History and Description

The Emergency Medicine Residency will be located at Lakeland Regional Medical Center in St Joseph and Niles, Michigan. The first class is anticipated to initiate training in July of 2011. The St Joseph emergency department has recently undergone an extensive renovation, more than doubling in size. The department is divided into 3 main geographic areas. The Department has a total of 46 beds. There are 24 emergency medicine patient beds, 4 trauma beds, an adjacent 6 bed observation area that that houses the Cardiac Rapid Diagnostic Unit, a 6 bed Rapid Medical Evaluation Unit that can be flexed to an overflow status as well as a 5 bed triage unit. The decontamination room has two accesses. The first is separately accessed from the ambulance bay after initial decontamination. The room is equipped with all necessary HAZMAT gear that would be required for a large external tent decontamination or individual decontamination. The trauma resuscitation rooms are fully equipped to care for the trauma patient. These are located in close proximity to the ambulance entrance and the emergency departments CT and radiology suites. The emergency department controls all emergency medicine beds, observation beds, and cardiac rapid diagnostic care areas.

The Emergency Medicine Residency training program will be affiliated with the Michigan State University College of Osteopathic Medicine where faculty members will hold academic appointments.

The Emergency Departments at Lakeland Regional Medical Centers treat more than 70,000 patients per year based out of two separate Emergency Departments. Approximately 18% of all ED patients are admitted to the hospital. Affiliations with DeVos Children’s Hospital in Grand Rapids for a PICU rotation and the University of Michigan’s St Joseph Hospital for trauma will complete the resident’s emergency medicine training.
The Honor Code of the Emergency Medicine Residency is designed to promote individual responsibility, integrity, and professionalism and to promote an atmosphere conducive to proper maturation and development of the Emergency Medicine Resident. Professionalism and honor are among the general competencies in Emergency Medicine. The Honor Code applies to all clinical, academic and professional activities that the Emergency Medicine Resident engages in. The integrity and validity of the Honor Code cannot be maintained without the support and cooperation of each individual Emergency Medicine Resident. Each Emergency Medicine Resident signs the attestation below acknowledging their responsibility to the Honor Code.

By my signature, I pledge on my honor to uphold the principles described in the Emergency Medicine Residency Honor Code and to conduct myself in a manner consistent with the values of the Lakeland Regional Healthcare. I affirm that I will abide by the Honor Code in all of my professional duties and will report all suspected violations of the Honor Code to the Department Chair or Residency Program Director.

The Honor Code of the Emergency Medicine Residency contains the following elements:

- Commitment to the truth
- Commitment to and respect for the rules, regulations, policies and procedures of the Lakeland Regional Healthcare and the Emergency Medicine Residency
- Commitment to the respectful interaction between the resident and patients, other residents, faculty and other members of the Lakeland Community
- Commitment to providing compassionate, evidence based medical care
- Commitment to academic integrity
- Commitment to scholarship and academic curiosity
- Commitment to maintain the reputation of the Department and Residency
- Commitment to constructive, productive feedback regarding the Department, Faculty and Residency
- Commitment to fostering a healthy, supportive, non-judgmental, and non-discriminating work environment that is free of harassment and substance abuse
- Commitment to the Values of Lakeland Regional Healthcare
- Commitment to ensuring that all residents are fulfilling the responsibilities of the Honor Code by promptly reporting suspected violations of the Honor Code
Faculty

The faculty of the Emergency Medicine Residency Program is dedicated to the training of Emergency Medicine Residents. Each faculty member is board certified or board prepared by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine. All faculty members provide direct patient care, supervision of Emergency Medicine Residents and participate in the didactic training program. Many of the faculty participate in Emergency Medicine organizations on the state and national level. Each member of the faculty also performs other duties as part of their non-clinical responsibilities. Specific areas of expertise are developed by faculty members and include residency training, undergraduate Emergency Medicine training; research, Emergency Medical Services, quality assurance, and ultrasonography.

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>Board</th>
<th>Year</th>
<th>Recertification</th>
</tr>
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<tr>
<td>Algis Baliunas, MD</td>
<td>ABEM</td>
<td>2007</td>
<td>Initial</td>
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<tr>
<td>Evan Boyar, MD *</td>
<td>ABEM</td>
<td>2006</td>
<td>Initial</td>
</tr>
<tr>
<td>Ernest Buck, MD</td>
<td>ABEM</td>
<td>1996</td>
<td>2007</td>
</tr>
<tr>
<td>Paula Coghlan, MD</td>
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<td>2007</td>
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<tr>
<td>Marc Headapohl, MD</td>
<td>ABEM</td>
<td>1999</td>
<td>2009</td>
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<tr>
<td>Matthew Hysell, MD*</td>
<td>ABEM</td>
<td>2007</td>
<td>Initial</td>
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<tr>
<td>Peter Josimovich, DO</td>
<td>ABEM</td>
<td>2002</td>
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<tr>
<td>Edward Lutkus, MD</td>
<td>ABEM</td>
<td>1985</td>
<td>2003</td>
</tr>
<tr>
<td>Michelino Mancini DO*</td>
<td>AOBEM</td>
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<tr>
<td>Chris Newton, MD</td>
<td>ABEM</td>
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<td>Robert Nolan, D.O.*</td>
<td>ABEM</td>
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<tr>
<td>Sheila Philpott MD</td>
<td>ABEM</td>
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<tr>
<td>Bryan Staffin, DO</td>
<td>AOBEM</td>
<td>1992</td>
<td>Initial</td>
</tr>
<tr>
<td>Michael Westfall DO</td>
<td>AOBEM</td>
<td>2005</td>
<td>Initial</td>
</tr>
</tbody>
</table>

* Designates Core Faculty
Program Goals and Objectives

General Competencies and Objectives

Each resident is expected to master each of the seven general competencies throughout the training program. These general competencies are:

**Patient Care:** The resident is expected to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health

**Medical Knowledge:** The resident is expected to gain medical knowledge about established and evolving biomedical, clinical, and cognate (epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

**Practice-Based Learning and Improvement:** The resident is expected to demonstrate practice based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

**Interpersonal and Communication Skills:** The resident will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families and other health professionals. Residents will demonstrate integrity and respect in all oral/verbal communications during the residency.

**Professionalism:** The residents must demonstrate professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse populations. The resident will demonstrate integrity and respect in all verbal, written and electronic communications with patients, families, staff, and health care professionals at all times during the residency.

**Systems-Based Practice:** The residents are expected to engage in systems based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

**Osteopathic Philosophy and Osteopathic Manipulative Medicine**
The Osteopathic Resident will integrate osteopathic principles into the diagnosis and management of patients. In their continued evaluation of clinical presentations, residents will be expected to Apply osteopathic manipulative therapy in patient management, were applicable.

Specific Training Year Objectives and Progressive Responsibility

These training objectives provide a reasonable set of expectations for various levels of residents. They are not meant to be restrictive in the separation of responsibility. Residents who exceed the expectations for the training year are permitted to assume greater responsibility provided that they are not competing with the senior resident’s responsibilities. Many residents can perform at levels higher than those dictated by the training objectives for the year. This well defined responsibility based on year of training provides organization and direction to the Emergency Department and makes optimal use of skills previously acquired by the resident.
EM 1 Residents

The first year resident will focus on developing his/her skills of evaluation of patients as well as developing his/her core medical knowledge base that allows for critical decision making in the Emergency Department. The resident will concentrate on becoming thorough in performing histories/physicals and develop the ability to use diagnostic testing, initiate treatment, request consultants, create treatment plans and arrange for follow-up care. The resident will learn to listen to complaints carefully in order to avoid delayed diagnoses or misdiagnoses of conditions which could be life threatening. As the resident progresses through the first year, he/she will be expected to develop efficiency and see a reasonable number of patients. This will result as the resident becomes familiar with patients having common presentations. The accuracy of patient evaluation will be stressed over the number of patients attended. The basic procedures to be mastered include: splint application, wound repair, incision and drainage and management of burns. The resident will also be expected to complete medical records and other documents accurately. The first year residents will not have a supervisory role in the Emergency Department nor will they be responsible for teaching, but will be responsible for case presentation to develop skills in preparing slides and presenting.

EM 2 Residents

During the second year, the resident will expand and refine his/her patient care skills and knowledge leading to efficiency that will allow for the management of several patients simultaneously as well as caring for more patients overall. The resident will participate in major trauma and medical resuscitations and will be introduced to other advanced procedures including: pericardiocentesis, tube thoracostomy and central venous access. EMS will be introduced enabling the resident to develop radio communication skills. The second year residents will not be assigned to administrative duties or teaching/supervising students. The second year residents will be responsible for case presentations and will be assigned a paper or similar scholarly project to develop his/her medical writing abilities.

EM 3 Residents

The third year resident will continue to increase efficiency and be exposed to increasing numbers and patient presentations. These residents will now be able to share knowledge they have gained with the medical students, first and second year residents. EM 3 residents will become responsible for the most critically ill patients and direct medical resuscitations and also demonstrate mastery in airway management. The third year residents will be expected to supervise and teach junior residents and medical students. Patient flow, throughput, and efficiency of the Emergency Department will become an area of focus for these residents. The third year residents will be assigned presentations and a paper or scholarly project to further develop and refine his/her medical writing and presentation skills.

EM 4 Residents

The fourth year resident will become more efficient in managing the Emergency Department involving oversight of the operation of the department and the assurance of appropriate medical care in a timely manner. The resident will become more aware of patient number and acuity in the waiting room, communications with admitting services and dealing with conflicts. The resident will direct major trauma resuscitations and will supervise major medical resuscitations. Problem-solving, patient disposition, efficient medical care delivery and teaching will become a larger part of the resident's responsibilities. The provision of presentations/lectures for faculty and junior residents will increase as well as the supervision of junior residents and medical students. The EM 4 residents will be assigned presentations and a paper to further develop and refine his/her writing and presentation skills. The EM 4 residents will also prepare and present at monthly conferences.
Chief Resident in Emergency Medicine

Roles and Responsibilities:
The chief resident position provides the opportunity for residents in Emergency Medicine to assume administrative responsibilities, to develop professional and interpersonal skills and to refine their academic abilities. The Chief Resident is of the highest character and demonstrates consistent excellence in academics and patient care. In addition, the Chief Resident has demonstrated the leadership skills necessary to organize and lead other Emergency Medicine Residents. Within the Department and the Institution, the Chief Resident in Emergency Medicine will serve as a role model for others.

Duties:
The Chief Resident’s responsibilities include the following activities:
1. Schedule Emergency Medicine Residents for various duties and call schedules.
2. Provide for a back up schedule in the event of illness or disaster.
3. Assign residents to make academic presentations throughout the year.
4. Attend the following meetings:
   - Department and Faculty Meeting
   - Graduate Medical Education Meetings
   - Attend and act as the Resident Representative at all Faculty Meetings
   - Chair the Emergency Medicine Resident’s Meeting
5. Assist in coordinating the weekly Academic Conference.
6. Participate in and encourage resident interest in EMRA, ACOEP, and SAEM.
7. Provide communicative pathways by serving as the liaison between the Administrative, Attending and Resident Staff.
8. Facilitate discussion among the residents about departmental and residency issues.
9. Assist in the resolution of intra/interdepartmental disputes where appropriate.
10. Provide advice and direction to other Emergency Medicine Residents.
11. Organize resident social functions.
12. Serve as the RAC Representative for the Michigan State University – Statewide Campus System Emergency Medicine PAC
13. Create the Medical Student, Intern and visiting resident’s work schedule and formally orient them to the Emergency Medicine Rotation.
14. Maintain and update the Orientation Packets, and the Core Article Review Packets, for visiting house staff.
15. Organize and maintain filing system within the resident’s lounge, which includes miscellaneous general articles, logs, evaluations, ACOEP policy statements, and licensing and board informational material for all the residents within the program.
16. Submit Journal Club minutes to the Program Director and Chair of the Department for all journal clubs presented within department. In addition, it is the Chief Resident’s responsibility to maintain communication with the American College of Osteopathic Emergency Physicians, and the Emergency Medicine Residents Association, and verify that the program submits regular columns for the college newsletter.
Didactic Curriculum

General Description

The didactic curriculum is the compilation of conferences, seminars, laboratories, Journal Clubs and case studies to enable the Emergency Medicine Resident to understand the basic science and clinical principles that govern Emergency Medicine. The first two months of each academic year is dedicated to an overview of topics relevant to the resident’s particular training year. These topics, because of their importance, will be repeated every year. The remainder of the didactic curriculum will be repeated every two years so that each resident will be exposed to a particular topic or learning exercise prior to graduation. The various pieces of the didactic curriculum are presented by the Emergency Medicine Faculty, guest lecturers and by the Emergency Medicine Residents.

The didactic activities are an important part of the training in the general competencies. The general competencies relevant to a particular activity are indicated as follows:

- Patient Care (PC)
- Medical Knowledge (MK)
- Practice-Based Learning (PBL)
- Interpersonal and Communication Skills (ICS)
- Professionalism (P)
- Systems-Based Practice (SBP)
- Osteopathic Methods (OMM)

Weekly Emergency Medicine Conference Format

The Resident Conferences are conducted weekly on Thursdays in the Upton conference room at Lakeland Healthcare – St Joseph. These conferences represent the bulk of the didactic curriculum and are composed of various activities that are detailed below. Thursday Conference is conducted every week except for months that contain 5 Thursdays. The fifth Thursday of the month is reserved for Mock Oral Boards.

A brief description of the Thursday conference activities is provided below.

Case Presentations (Patient Care, Medical Knowledge, Systems Based Practice):

The Emergency Medicine Resident and attendings will present case presentations at this conference. Presenters choose interesting cases to present to the group. Cases are assigned from one of three categories: Trauma, Medical, or Pediatric. Cases should be of educational value and are usually cases which are:

- Diagnostic Challenges
- Difficult to manage
- Unusual Presentations of common disease
- Uncommon diseases or injuries

General Guidelines

The case presentation must last no longer than 45 minutes (including discussion time)

While preparing the case for presentation, you should discuss this case and the conference format with the Chief Resident prior to presentation as needed for a quality review.

The faculty and residents using a standardized form will evaluate your presentation. Feedback will be provided to you after your presentation.
Presenting the Case

Begin by providing one individual learners with the Chief Complaint, age and sex. The chief complaint is used to generate an expansive differential diagnosis with the life threatening diagnoses listed first. The intent of these is to work through the entire case in an oral board type of format. This should include the testing of communication and interpersonal skills. In addition, the presenter should allow the learner the opportunity to work through the case in a similar situation as in the Emergency Department so also to challenge the learner in practice based management.

Encourage the learner to develop an expansive differential diagnosis, ask the audience to develop a prioritized differential diagnosis that begins with the life threats. Ask the audience participant to detail what in the presented history and physical exam supports the offered diagnosis regardless of how obvious. This is of great educational benefit to the junior members of the audience.

Ask the audience to develop a prioritized list of diagnostic evaluations. Ask the audience participant to tell you what the diagnostic test’s value is with regard to the differential diagnosis.

Develop a prioritized plan, starting with life saving interventions first.

Briefly discuss the patient’s ED course and provide a brief discussion of the patient’s outcome.

Electrocardiograms and patient radiographs must be presented to the audience.

Autopsy reports, when applicable should provided.

Core Lectures (Patient Care, Medical Knowledge, Systems Based Practice):

The Emergency Medicine faculty provide the core lecture series. The topics for these lectures are selected from a list of core lecture topics that will be repeated every two years.

Resident Lectures (Patient Care, Medical Knowledge, Systems Based Practice):

Residents will be scheduled to provide advanced lectures. The topics for these lectures will be selected by the resident from a list of lecture topics provided. The purpose of these lecture are to:

Encourage an in-depth review of a select Emergency Medicine topic

Provide the resident with the opportunity to teach his/her peers

Expose the resident to various teaching techniques and tools and to encourage the use of power point and other presentation software available.

Guidelines:

Formal lecture presentations are expected. Fellow residents and faculty members are counting on a quality educational experience. Residents should be dressed as if they are an invited lecturer and behave in a professional manner. Lecture handouts, if used, must be typed and photocopied for distribution. Slide presentations can be formatted using the Hospital’s computer software and can be projected through the video projector system in the Upton Conference Center. Allow time to review your lecture content and format with your faculty mentor prior to presentation. The faculty has a great deal of experience in teaching and can assist in polishing resident lectures.
Journal Club (Patient Care, Medical Knowledge, Systems Based Practice):

The purpose of Journal Club is to encourage regular reading habits and to review the current literature in Emergency Medicine. In addition, research methodology and study design, biostatistics and critical analysis of the literature will be discussed. All residents will be expected to have read the material assigned for the month and be prepared to discuss the articles. A faculty member who will guide and focus the discussion of various articles will moderate the conference. Faculty members will also prepare lectures during this period to expound on any pertinent aspects particular to the material and methods, or statistical analysis that involve these cases. This will allow for increased understanding of statistics as it relays to the review of the medical literature.

MSU-SCS Grand Rounds (Patient Care, Medical Knowledge, Systems Based Practice):

Grand Rounds are presented by nationally recognized speakers who are noted for their expertise in a particular subject area and are scheduled monthly. These speakers are invited because of their recognized expertise and provide our program with exposure to recognized experts in a specific field. All residents, regardless of their schedule, make every attempt to attend these presentations. These lectures are hosted through the Michigan State University Statewide Campus System, and are attended by all residents of the consortium. A wireless audience response system will be utilized during these sessions to assist in both audience participation, and in evaluation of the audiences acquired knowledge.

Procedures Laboratory or Workshops (Patient Care, Medical Knowledge, Systems Based Practice):

Procedure laboratories and hands-on workshops are scheduled throughout the 4 year curriculum at various times. Orientation labs and conferences are repeated each July and August. These labs are conducted by the faculty and are designed to provide the residents the experience and psychomotor skills needed to perform procedures for emergency patients. Labs are tailored to the educational needs of the junior and senior residents. Because of the great deal of effort that is involved in these labs and the enormous educational benefit to the resident, all residents are expected to attend and will be excused from other rotations when possible. These labs/workshops are presented in a small group format to maximize participation. Labs include: Ballistics lab, Advanced Airway Lab, Hazmat Lab, Basic Ultrasonography, Advance Ultrasonography, Cadaver Procedure Lab, Advanced Slit Lamp Lab.

Mock Oral Board Simulation (Interpersonal and Communication Skills, Medical Knowledge, Practice Based Learning, Professionalism, Systems Based Practice)

The “Mock Oral Board Simulations” provides all residents to discuss cases in a format similar to the format used by the certifying boards in Emergency Medicine. Each year, the faculty provides a general discussion of the approach to these types of examinations. Mock Oral Board Simulations are then completed with residents quarterly. Summary score sheets with examiner comments are then reviewed with the individual residents, and a formal evaluation is then kept in the resident’s education file.

EKG Reviews (Medical Knowledge, Patient Care)

EKG reviews will be conducted a minimum of once a month. A sampling of 10-15 EKG’s will be provided to all participants a minimum of one week prior to the conference. It is anticipated each resident will completely analyze each EKG prior to the conference. The instructor will randomly call on residents to interpret EKG’s in detail. In addition, when indicated other information may be requested regarding treatment or stabilization that may be pertinent to a particular EKG.
**Radiology Review** (Medical Knowledge, Patient Care)

Radiology reviews are conducted once a month. These sessions are conducted by a pre-assigned resident. The resident will choose an anatomical area of interest and obtain a series of radiographic images of this area. The resident will conduct a systematic overview of the study interpretation, pitfalls and appropriate analysis of reviewing these studies. The chief resident will assist the resident in selection of topic as well as lecture content to avoid any redundancy and maintain quality amongst the various presenters.

**Visual Diagnosis Conference** (Patient Care, Medical Knowledge)

The faculty presents this conference to all residents. The faculty will present visual images in Emergency Medicine along with a clinical vignette.

**Program Curriculum**

**EM 1**  
EM Orientation Month  
Emergency Medicine  
Hospital Cardiology  
Anesthesia  
Internal Medicine  
Obstetrics  
General Surgery  
Pediatric Medicine  
Hospital Family Practice

**EM 2**  
Emergency Medicine  
Radiology/Ultrasound ED  
Neurology  
Neurosurgery  
Pediatric Intensive Care  
Orthopedics  
Trauma 1  
Critical Care

**EM 3**  
Emergency Medicine  
EMS  
Elective  
Plastics  
Hand Surgery  
Critical Care  
Trauma 2  
Research

**EM 4**  
Emergency Medicine  
Elective (2)  
Administrative  
Research
## Annual Schedule

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<th>Month</th>
<th>JULY</th>
<th>AUGUST</th>
<th>SEPT.</th>
<th>OCT.</th>
<th>NOV.</th>
<th>DEC.</th>
<th>JAN.</th>
<th>FEB.</th>
<th>MARCH</th>
<th>APRIL</th>
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<td>A PGY IV</td>
<td>EM</td>
<td>EM-VAC</td>
<td>Research</td>
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### Blocks
- **Block 1**: Hosp FP, OB, IM, Card, Hosp FP, Card, Hosp FP, Card
- **Block 2**: Hosp FP, OB, IM, Card, Hosp FP, Card, Hosp FP, Card
- **Block 3**: Hosp FP, OB, IM, Card, Hosp FP, Card, Hosp FP, Card
- **Block 4**: Hosp FP, OB, IM, Card, Hosp FP, Card, Hosp FP, Card
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- **Block 9**: Hosp FP, OB, IM, Card, Hosp FP, Card, Hosp FP, Card
- **Block 10**: Hosp FP, OB, IM, Card, Hosp FP, Card, Hosp FP, Card
- **Block 11**: Hosp FP, OB, IM, Card, Hosp FP, Card, Hosp FP, Card
- **Block 12**: Hosp FP, OB, IM, Card, Hosp FP, Card, Hosp FP, Card

**Note:** The above schedule is a representation of the annual schedule for residents in various positions across different months. The specific activities, such as research, electives, admin, and clinical rotations, are indicated for each position during each month.
Clinical Rotations (Core and Elective)

EM 1 Clinical Rotation Summaries

Orientation Month

Location: Lakeland Regional Healthcare

Training Year: EM 1

Educational Objectives:

General Goals:
To become familiar with the initial evaluation and management of common Emergency Department patients, including the preparation of the medical record. (Patient Care, Medical Knowledge, Systems Based Practice):

To learn the basic procedural skills used in the treatment of Emergency Department patients. Special emphasis is placed on wound and airway management. (Patient Care, Medical Knowledge, Systems Based Practice)

To foster professional and personal relationships with other members of the EM intern class and to begin to develop these relationships with members of the faculty, other residents, ED personnel and others within the Medical Center. (Interpersonal and Communications Skills, Professionalism)

To become familiar with the Department and Residency’s Policies and Procedures. (System Based Practice)

Specific Objectives

The resident will learn the presenting signs and symptoms of common ED complaints and gain an understanding of the diagnostic and therapeutic approach to these complaints. Typically, the following complaints will be specifically addressed (Patient Care, Medical Knowledge, Systems Based Practice):

- Approach to the Emergency Department patient
- Approach to the dyspneic patient
- Approach to the patient with chest pain
- Approach to the trauma patient
- Approach to gynecologic disorders
- A review of Pediatric Advanced Life Support
- A review of Advanced Cardiac Life Support
- Rapid Sequence Intubation
- Procedural Sedation
- Communication Skills, giving bad news
- Professionalism in Emergency Medicine
- Hands on Suture Lab/Wound Care Basics
- Introduction to Ultrasound
- Wellness/recognition of fatigue and related topics
- Code and Critical Scenario Etiquette
- Common ENT Presentations
- Slit lamp Clinic and common Ophthalmologic presentations
- Base Station - EMS Review
- General Program Orientation, Honor Code
Specific instruction in the elements of the “T-system”, ED record are learned by the resident. ED records created in the month are saved and reviewed with the EM faculty in conference. (*Systems Based Practice*)

The resident will learn the principles applied to ED electrocardiogram and routine radiographs. (*Patient Care, Medical Knowledge*)

The resident will learn the indications, contraindications, complications and techniques for wound management and airway management. The resident will perform these skills in the training laboratory and when available in the ED. (*PC, MK*)

The resident will successfully complete the following courses in the first year of training, however, an overview of each of these will occur during the orientation month. (*PC, MK, SBP*):
- ACLS Provider Course
- Pediatric Advanced Life Support Course
- Advanced Trauma Life Support Provider Course

The resident will perform clinical duties as assigned in the ED and become familiar with the Department’s personnel, procedure and policies. Skills learned in the didactic portion of the rotation will be practiced. (*PC, MK*)

The resident will complete assigned readings prior to the applicable educational exercise. (*MK*)

**EM 1 Competency Objectives**

The first year Emergency Medicine Resident concentrates on developing skills in individual patient evaluation. Focusing on the basic principles of decision making in Emergency Medicine and acquiring a core knowledge base are the primary educational objectives. By the end of the first year of training the resident will:

1. Perform a thorough and efficient history and physical exam
2. Competently use diagnostic tests, develop a treatment plan, and initiate treatment.
3. Appropriately request consultation and arrange follow-up.
4. Demonstrate effective multi-patient management skills as they acquire the basic familiarity with common Emergency Department presentations.
5. Drainage, burn management, lumbar puncture, arterial puncture, EKG and radiographic interpretation, and orthopedic procedures including splint application and joint aspiration.
6. Effectively communicate with patients and their families concerning diagnoses, prognoses, therapeutic plans and alternatives, informed consent, and advanced directives and with other team members, consultants, and pre-hospital personnel.
7. Maintain a program of study sufficient to acquire the knowledge and skills necessary for successful practice in emergency medicine.
**Evaluation process:**

Written evaluation of the resident by the EM faculty will occur at the completion of the rotation, and become a part of the first quarterly evaluation.

Evaluation of the resident’s knowledge and skills will occur throughout the training year as care is provided to ED patients under the supervision of EM faculty. The faculty will reflect their assessment of the resident on the EM rotation evaluation forms each quarter that the resident rotates in the ED.

Ad hoc evaluation of the experience as deemed appropriate by the Program Director.
Emergency Department Core Rotation EM 1

Introduction / Description

The LRHS Emergency Departments are staffed with EM Residency Faculty. Residents are assigned to faculty members all shifts to provide exposure to a broad range of clinical pathology and major trauma.

Over the course of the residency, and with increasing experience and responsibility, the resident will develop the skills, knowledge and attitudes necessary to handle a wide variety and number of cases in an efficient and professional manner.

In addition to the clinical experience, the ED Core rotation includes a series of didactic sessions intended to supplement and provide the broad based education, theory and practical aspects, of up-to-date Emergency Medicine.

Year of Training: EM 1

Contact Information:

Attending Physicians: Bryan D. Staffin, DO, FACOEP
LRHS Faculty

Location:
Lakeland Regional Healthcare – St Joseph
1234 Napier Ave, St Joseph MI 49085
269-983-8263

Educational Objectives:

General Goals:
To become knowledgeable of the principles of Emergency care and to become familiar with their application in the evaluation, diagnosis and management of patients presenting to the Emergency Department. (Patient Care, Medical Knowledge, Systems Based Practice):

To become knowledgeable with the indications for and interpretation of diagnostic modalities utilized in the evaluation of patients presenting to the Emergency Department. (Patient Care, Medical Knowledge, Systems Based Practice):

To learn to interact with attending physicians and residents from other disciplines in relation to the Emergency Department patients. (Interpersonal Communication Skills, Professionalism)

Specific Goals:
The resident will master the skills needed to elicit an adequate history and perform a complete examination on patients presenting to the Emergency Department with urgent and non-urgent complaints. (Patient Care, Medical Knowledge)

The resident will evaluate patients with multiple symptom complexes, and understand the pathophysiologic process, diagnosis and proper management of the following (Patient Care, Medical Knowledge, Systems Based Practice):
- Altered mental status
- Apnea
- Cardiac arrest
- Chemical Intoxication
- Coma
Dizziness
Fever
Hypertension
Hypotension
Pain
Poisoning
Seizures
Syncope
Weakness
Chest Pain
Dyspnea
Wheezing
Abdominal Pain
Hematemesis
Hematochezia
Nausea/Vomiting
Deformity of the extremity
Swelling of the extremity

The resident will learn the indications, contraindications, complications and techniques for the following procedures. When possible, these procedures will be performed on Emergency Department patients. (Patient Care, Medical Knowledge, Systems Based Practice)

Intubation
Nasotracheal intubation
Orotracheal intubation
Local anesthesia
Nasogastric intubation
Urinary bladder catheterization
Laryngoscopy
Central venous access
Femoral
Jugular
Subclavian
Fracture/dislocation
Immobilization techniques
Spine immobilization backboard
Techniques
Cervical traction techniques
Spine immobilization techniques
Techniques
Cervical traction techniques
Spine immobilization techniques
Intestinal tube insertion
Suture techniques
Venipuncture
Arterial blood gas sampling
History and physical examination
EKG interpretation
Oxygen therapy
Cardiac resuscitation
Trauma resuscitation
Description of clinical experiences:

The resident will rotate for four months at the EM 1 level on the Emergency Medicine Service. The resident will work with senior Emergency Medicine residents under the direct supervision of the assigned Emergency Medicine Faculty.

Instruction in the proper method of patient evaluation and management in the Emergency Department will be provided by the assigned Emergency Medicine attending and senior residents.

The resident will examine and treat patients in the Emergency Department under the supervision and direction of the assigned attending Emergency physician.

Description of didactic objectives:

The resident will participate in resuscitations under the direct supervision of the assigned Emergency Medicine attending physician. The resident will participate in Advanced Cardiac Life Support course, the Advanced Trauma Life Support course, Pediatric Advanced Life Support course, the regional Base Station Command course and the MSU-SCS Emergency Medicine procedural laboratories under the direction of Emergency Medicine Faculty.

The resident will attend daily and weekly Emergency Medicine conferences and meetings while on the service.

The resident will be responsible for the list of suggested readings for the Emergency Medicine rotation.

Evaluation process:

Written evaluation of the resident by the attending Emergency Medicine physicians at the completion of the rotation. These are distributed via the New Innovations Residency Management Suite. (See sample evaluation form under evaluation section of this manual).

Successful certification during the first year in the following courses: Advanced Life Support, Advanced Trauma Life Support, and Pediatric Advanced Life Support.

Performance on the annual residents in-service examination.

Feedback mechanisms:

Annual review of the rotation evaluations at the Core Faculty Advancement Committee.

Ad hoc review as deemed appropriate by the Residency Director

Description of Didactic Educational Activities (See Curriculum: didactic activities section of this manual)

Schedule:

Resident schedule is individualized and will be determined once the rotation is scheduled.

EM 1 – 18 ten hour shifts/month

Housing:

Not provided by hospital.

Meals:

Provided by hospital
Parking:  
Provided by hospital

Readings:

1. **Core texts in Emergency Medicine:**

2. **Recommended References:**
   3. Medical Toxicology-Diagnosis and Treatment of Human Poisoning, M. Ellenhorn and D. Barceloux, Current Edition,
   4. EKG, Marrino, H.
   5. Paramedic Book - Caroline

3. **Reference Journals:**
   1. Annals of Emergency Medicine
   2. The Journal of Trauma
   3. Emergency Medicine Clinics of North America
Anesthesiology Rotation EM 1

Introduction / Description

This rotation will involve hands-on care of patients requiring airway stabilization in a controlled setting under the direct supervision of an Anesthesiologist.

The Resident will participate with the Anesthesiologist in providing care to operative patients. The resident will assist in procedures associated with the practice of Anesthesiology with emphasis on advance practices in airway control and management in a controlled environment.

At the end of the rotation the Resident will be expected to demonstrate proficiency in basic airway techniques as well as beginning to be exposed to advanced cases. Additionally, the resident will evaluate and establish vascular access in select patient cases.

In addition, the Resident will become proficient with the medications used in rapid sequence intubation for establishing emergency airway control.

Training Year: EM 1

Length: 4 Weeks

Contact Information:

Attending Physician: Lakeland Anesthesia Department

Location:
Anesthesia Department
Lakeland regional Healthcare
St Joseph, MI 49085

Rotation Goals:
1. Develop airway management skills
2. Develop familiarity with pharmacologic agents used in anesthesia
3. Learn standard patient monitoring techniques
4. Learn relevant pre-operative historical and physical exam considerations
5. Learn principles of pain management.

Rotation Learning Objectives:
1. Demonstrate correct use of the bag-valve-mask device. (PC/MK)
2. Demonstrate knowledge of the anatomy of the upper airway. (PC/MK)
3. Demonstrate basic familiarity with nasotracheal and endotracheal intubation as well as the indications and complications (PC/MK)
4. Have knowledge of the dosages, indications and contraindications for, intravenous analgesic and anesthetics, and neuromuscular blocking agents pertinent to care of the emergency patient. (PC/MK)
5. Demonstrate ability to use standard monitoring techniques. (PC/MK)
6. Demonstrate ability to manage a patient on a ventilator. (PC/MK)
7. Recognize and manage an obstructed airway. (PC/MK)
8. Demonstrate appropriate judgment regarding the need for airway intervention. (PC/MK)
11. Demonstrate skill in the use of anesthetics and neuromuscular blocking agents including conscious sedation and rapid sequence intubation. (PC/MK)
12. Demonstrate the ability to work effectively and collaboratively with other members of the health care team. (ICS/P)
13. Demonstrate the ability to apply current principles of practice to the care of their patients. (PBL)
14. Demonstrate a professional and caring attitude with patients and their families. (ICS/P)
15. Demonstrate the ability to work in an efficient and timely manner. (ICS/P)
16. Demonstrate the ability to coordinate patient care with specialist physicians. (P)
17. Demonstrate the ability to use resources of the available system in a cost-effective manner. (BP)

**Content Areas:**

Airway anatomy
Airway devices
Airway techniques
1. Cricothyroidotomy
2. Intubation
   1. Nasotracheal
   2. Orotracheal

Use of paralytic agents

Mechanical ventilation

Rapid Sequence Intubation

Post intubation management

**Instructional Methods:**

<table>
<thead>
<tr>
<th>Method</th>
<th>Evaluation</th>
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<tbody>
<tr>
<td>Daily patient care and teaching rounds</td>
<td>Direct Observation of daily patient care and participation in rotation didactics.</td>
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</tbody>
</table>

**Resident Responsibilities:**

In addition to accomplishing the specific goals and objectives and instructional methods as defined above, the resident must complete the following general program requirements as outlined in the resident manual:

A. Rotation Completion:
   Satisfactory completion of monthly rotations and logs. Completion of "Rotation Evaluation" form signed by Rotation Director.

B. Assigned Readings Completion:
   This includes satisfactory and punctual completion of assigned readings. This is demonstrated by the maintenance of weekly quiz scores.

C. Attendance:
   Satisfactory attendance required at lectures, conferences and meetings.

D. Compliance:
   Maintaining criteria outlined in approval of residency training programs in emergency medicine under “Standards for Residents”.
Attending Responsibilities:

Provide didactic and individual instruction to the resident.
Provide timely feedback to the Program Director, and faculty regarding resident performance and evaluation.

Evaluation:

Evaluation of the resident will be done by the designated attending physician based on the written and defined goals and objectives listed above. Written evaluation of the resident by the attending Emergency Medicine physicians at the completion of the rotation. These are distributed via the New Innovations Residency Management Suite. (See sample evaluation form under evaluation section of this manual).

Schedule:

The resident will report to the Anesthesia rotation on a daily basis. The resident will be available Monday thru Friday starting at 6am or as instructed by the preceptor. The resident will participate in cases scheduled for that day.

Parking:
Provided by hospital.

Meals:
Provided by hospital
Cardiology Rotation EM 1

Introduction / Description:
The purpose of this rotation is to allow the resident to be exposed to a variety of cardiovascular cases under the supervision of an attending cardiologist. Working with the attending physician the resident will develop the skills necessary to accurately and quickly evaluate, diagnose and initiate treatment in patients presenting with cardiovascular symptoms.

Appropriate use and interpretation of a variety of diagnostic modalities will also be covered.

Training Year:  EM 1

Length:  1 month

Contact Information:

Attending Physician:
Dr Kuhnlein

Location:
Lakeland Regional Healthcare

Rotation Goals:
1. Learn the anatomy, pathophysiology, presentation, and management of common cardiovascular disorders.
2. Develop skill in the performance of a screening and detailed cardiology evaluation.
3. Develop skill in the use and performance of diagnostic procedures in the evaluation of cardiovascular disorders.
4. Effectively utilize Electrocardiogram and Echocardiogram studies to diagnose cardiovascular disorders.
5. Diagnose, stabilize and provide initial treatment of cardiovascular disorders.

Rotation Learning Objectives:
1. The resident will develop the ability to perform a general history and physical examination pertinent to cardiology. (Patient Care / Medical Knowledge)
2. The resident will develop the skills necessary to formulate an appropriate differential diagnosis. (Patient Care / Medical Knowledge)
3. The resident will acquire an understanding of the basic laboratory tests necessary to pursue a suspected diagnosis including, but are not limited to: electrocardiogram, echocardiogram, diagnostic-imaging (i.e., CT, MRI, etc). (Patient Care / Medical Knowledge)
4. The resident will develop an understanding of the prognosis and treatment strategies for common cardiovascular illnesses. (Patient Care / Medical Knowledge)
5. The resident will develop a strong didactic background in basic cardiology and cardiovascular pathology that will allow a foundation for lifelong learning in this discipline of medicine. (Patient Care / Medical Knowledge)
6. Demonstrate the ability to work effectively and collaboratively with other members of the health care team. (Interpersonal and Communication Skills / Professionalism)
7. Demonstrate the ability to apply current principles of practice to the care of their patients. (Practice Based Learning and Improvement)
8. Demonstrate a professional and caring attitude with patients and their families. (Interpersonal and Communication Skills / Professionalism)
9. Demonstrate the ability to work in an efficient and timely manner. (Interpersonal and Communication Skills / Professionalism)
10. Demonstrate the ability to coordinate patient care with specialist physicians. (Professionalism)
11. Demonstrate the ability to use resources of the available system in a cost-effective manner. (Systems Based Practice)

Content Areas:

Normal cardiovascular anatomy and physiology
Cardiovascular exam
Acute Coronary Syndrome
Dysrhythmias
  1. Etiology and Treatment
  2. Implantable Cardiac Devices
Congestive Heart Failure/Pulmonary Edema
Cardiomyopathies
Deep Venous Thrombosis
Pulmonary Embolism
Pericardial Disorders
Myocarditis
Endocarditis
Thoracic Aortic Dissections and Aneurysms
Abdominal Aortic Dissections and Aneurysms
Hypertensive Emergencies
Valvular Heart Disease
Peripheral Arteriovascular Disease

Instructional Methods:

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</thead>
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<tr>
<td>Care of in/out patients being evaluated on the Cardiology Service</td>
<td>Daily observation of clinical duties by the preceptor</td>
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<tr>
<td>Teaching and patient care rounds</td>
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<td>One-on-one precepting</td>
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<tr>
<td>Assigned readings</td>
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Resident Responsibilities:

In addition to accomplishing the specific goals and objectives and instructional methods as defined above, the resident must complete the following general program requirements as outlined in the resident manual:

A. Rotation Completion:
   Satisfactory completion of monthly rotations and logs. Completion of "Rotation Evaluation" form signed by Rotation Director.
B. Assigned Readings Completion:
   This includes satisfactory and punctual completion of assigned readings. This is demonstrated by
   the maintenance of weekly quiz scores.

C. Attendance:
   Satisfactory attendance required at lectures, conferences and meetings.

D. Compliance:
   Maintaining criteria outlined in approval of residency training programs in emergency medicine
   under “Standards for Residents”.

E. Quality Assurance Programs:
   Attend all required Quality Assurance Programs, audits, chart reviews and Morbidity and Mortality
   reviews as assigned.

Attending Responsibilities:

   Provide didactic and individual instruction to the resident.
   Participate in teaching rounds with the resident
   Provide timely feedback to the Program Director and faculty regarding resident performance and
   evaluation.

Evaluation:

   Evaluation of the resident will be done by the designated attending physician based on the written
   and defined goals and objectives listed above.

Schedule:

   Variable and will be reviewed at the start of the service by the preceptor.

Parking:
   Provided by hospital

Meals:
   Not provided

Recommended Reading:
   “Braunwald Cardiology – Heart Disease Edition”
   "Textbook of Emergency Cardiovascular Care and CPR" Lippincott, Williams and Wilkin
   “ECGs for Emergency Physician 2” Mattu and Brady
Obstetrics Rotation EM 1

Introduction / Description

The purpose of the Obstetrics rotation is for the Resident to become knowledgeable in the assessment and initial stabilization of the patient with an obstetric emergency. Additionally, the Resident will be competent in the emergency resuscitation of the neonate, procedures and practices of spontaneous vaginal deliveries.

Residents will be on call according to the current obstetric schedule. The goal for the rotation is to manage deliveries in obstetric emergencies associated with pregnancy (i.e., eclampsia).

Training Year: EM1

Length: 1 month

Contact Information:

Attending Physician: TBD

Location:

Lakeland Regional Healthcare

Rotation Goals:

1. Learn the principle of contraception.
2. Develop expertise in the diagnosis and management of emergent complications of pregnancy.
3. Develop expertise in the management of uncomplicated and complicated labor and delivery.
4. Develop expertise in the management of sexual assault.
5. Learn the principles of management of gynecologic and obstetrical trauma.
7. Develop expertise in the diagnosis and management of abdominal pain in females.
8. Develop expertise in the diagnosis and management of vaginal bleeding.

Rotation Learning Objectives:

1. Demonstrate ability to correctly perform a complete gynecologic exam. (Patient Care / Medical Knowledge)
2. Discuss the differential diagnosis and demonstrate ability to evaluate and treat patients with vaginal discharge. (Patient Care / Medical Knowledge)
3. Discuss the differential diagnosis and demonstrate ability to evaluate and treat patients with pelvic pain. (Patient Care / Medical Knowledge)
4. Discuss the differential diagnosis and demonstrate ability to evaluate and treat vaginal bleeding in pregnant and non-pregnant women. (Patient Care / Medical Knowledge)
5. Discuss the differential diagnosis and demonstrate ability to evaluate and treat patients with dysmenorrhea. (Patient Care / Medical Knowledge)
6. Demonstrate ability to evaluate and treat patients with genitourinary infections including PID, UTI, STD, TOA and vaginitis. (Patient Care / Medical Knowledge)
7. Describe the symptoms and differential diagnosis of toxic shock syndrome. (Patient Care / Medical Knowledge)
8. Demonstrate ability to perform perinatal and neonatal resuscitations. (Patient Care / Medical Knowledge)
9. Describe the relative effectiveness and complications of various contraceptive methods, including post-coital douche, coitus interruptus, condoms, diaphragm, rhythm method, oral contraceptives, injectable hormonal agents and IUD. (Patient Care / Medical Knowledge)

10. Demonstrate ability to evaluate and manage the care of patients with suspected ectopic pregnancy. (Patient Care / Medical Knowledge)

11. Discuss the signs, symptoms and treatment of placenta previa. (Patient Care / Medical Knowledge)

12. Discuss the signs, symptoms and treatment of abruptio placenta. (Patient Care / Medical Knowledge)

13. Discuss the signs, symptoms and treatment of preeclampsia and eclampsia. (Patient Care / Medical Knowledge)

14. Discuss the normal stages of labor and the time course for each. (Patient Care / Medical Knowledge)

15. Demonstrate ability to determine the APGAR score and discuss the significance of different values. (Patient Care / Medical Knowledge)

16. Define the following according to ACOG guidelines: rape, statutory rape, sexual molestation, and deviant sexual assault. (Patient Care / Medical Knowledge)

17. Demonstrate ability to evaluate and treat sexual assault victims, including evidence collection, appropriate patient counseling and pregnancy prevention. (Patient Care / Medical Knowledge)

18. Discuss the differential diagnosis and demonstrate ability to diagnose and treat genital ulcerations. (Patient Care / Medical Knowledge)

19. Discuss the pathophysiology, differential diagnosis, signs, symptoms and treatment of ovarian torsion. (Patient Care / Medical Knowledge)

20. Discuss the management of trauma during pregnancy. (Patient Care / Medical Knowledge)

21. Discuss the indications for perimortem caesarian section and describe the technique. (Patient Care / Medical Knowledge)

22. Demonstrate ability to perform uncomplicated full-term deliveries. (Patient Care / Medical Knowledge)

23. Demonstrate ability to manage patients with hyperemesis gravidarum. (Patient Care / Medical Knowledge)

24. Discuss the diagnosis and treatment of complicated labor including premature rupture of membranes, premature labor, failure to progress, fetal distress, and ruptured uterus. (Patient Care / Medical Knowledge)

25. Describe the management of complicated deliveries, including prolapsed cord, uncommon presentations, dystocia, uterine inversion, multiple births and stillbirth. (Patient Care / Medical Knowledge)

26. Demonstrate ability to diagnose and manage postpartum complications including retained products, endometritis and mastitis. (Patient Care / Medical Knowledge)

27. Discuss RH incompatibility. (Patient Care / Medical Knowledge)

28. Describe the presentation a patient with hydatidiform mole. (Patient Care / Medical Knowledge)

29. Describe the classification scheme for abortion. (Patient Care / Medical Knowledge)

30. Demonstrate the ability to work effectively and collaboratively with other members of the health care team. (Interpersonal and Communication Skills / Professionalism)

31. Demonstrate the ability to apply current principles of practice to the care of their patients. (Practice Based Learning and Improvement)

32. Demonstrate a professional and caring attitude with patients and their families. (Interpersonal and Communication Skills / Professionalism)

33. Demonstrate the ability to work in an efficient and timely manner. (Interpersonal and Communication Skills / Professionalism)

34. Demonstrate the ability to coordinate patient care with specialist physicians. (Professionalism)

35. Demonstrate the ability to use resources of the available system in a cost-effective manner. (Systems Based Practice)
Content Areas:

Treatment of STD's and pregnancy
Medication use in pregnancy
Normal Pregnancy
  1. Physiological changes
  2. Normal spontaneous vaginal delivery
     a. Presentation
     b. Position
     c. Lie
     d. Episiotomy
  3. Delivery, complicated
     a. Presentation
     b. Dystocia
     c. Prolapsed cord
     d. Retained placenta
     e. Uterine inversion
     f. Multiple births
     g. Stillbirth

Pregnancy - complications
  1. Ectopic
  2. Hyperemesis gravidarum
  3. Abortion
     a. Threatened
     b. Inevitable
     c. Incomplete
     d. Complete
     e. Septic
     f. Missed
  4. Abruptio placenta and Placenta previa
  5. Toxemia
     a. Pre-eclampsia
     b. Eclampsia
  6. Rh incompatibility
  7. Labor, complicated
     a. Premature rupture of membranes
     b. Premature labor
     c. Fetal distress
     d. Ruptured uterus
  8. Postpartum complications
     a. Retained placenta
     b. Endometritis
     c. Mastitis

Abnormal vaginal bleeding - Age related differential diagnosis
Trauma in pregnancy
Sexual assault and domestic violence
Emergency contraception
**Instructional Methods:**

<table>
<thead>
<tr>
<th>Method</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care of the Obstetric Patient</td>
<td>Direct daily observation of care of patients.</td>
</tr>
<tr>
<td>Patient care and teaching rounds</td>
<td></td>
</tr>
<tr>
<td>One-on-one precepting</td>
<td></td>
</tr>
<tr>
<td>Assigned readings</td>
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</tbody>
</table>

**Resident Responsibilities:**
The resident is responsible for floor coverage and didactic sessions as defined by the OB schedule.

In addition to accomplishing the specific goals and objectives and instructional methods as defined above, the resident must complete the following general program requirements as outlined in the resident manual:

A. **Rotation Completion:**
   Satisfactory completion of monthly rotations and logs. Completion of "Rotation Evaluation" form signed by Rotation Director.

B. **Assigned Readings Completion:**
   This includes satisfactory and punctual completion of assigned readings. This is demonstrated by the maintenance of weekly quiz scores.

C. **Attendance:**
   Satisfactory attendance required at lectures, conferences and meetings.

D. **Compliance:**
   Maintaining criteria outlined in approval of residency training programs in emergency medicine under “Standards for Residents”.

E. **Quality Assurance Programs:**
   Attend all required Quality Assurance Programs, audits, chart reviews and Morbidity and Mortality reviews as assigned.

**Attending Responsibilities:**

- Provide didactic and individual instruction to the resident.
- Participate in teaching rounds with the resident
- Provide timely feedback to the Program Director and faculty regarding resident performance and evaluation.

**Evaluation:**

Evaluation of the resident will be done by the designated attending physician based on the written and defined goals and objectives listed above.

**Schedule:**

Resident schedule is individualized and will be determined by the OB department.

**Parking:**
Provided by the hospital.
Meals:
Provided by the hospital

Recommended Readings:
“Williams Obstetrics”
“Gynecology”, 8th edition, Ralph Benson
General Internal Medicine Rotation EM 1

Introduction / Description

The Internal Medicine rotation will help the Resident expand and develop a more complete understanding of the basics in Internal Medicine. Proficiency at patient work-up, and procedures in patient care will be expanded. Evaluation and treatment of central internal medicine problems such as: hypertension, emphysema, diabetes mellitus, coronary artery disease, gastrointestinal disorders will be emphasized.

The Resident will work one-on-one with the Medicine attending who will instruct and supervise the care and treatment of internal medicine patients. Patient load varies with service admissions.

Training Year: EM 1

Length: Two 1 Month Rotations

Contact Information:

Attending: Mark Harrison, MD (SWMC Hospitalists)

Location:
Lakeland Regional Healthcare
1234 Napier Ave, St Joseph, Mi

Contact person: Mark Harrison, MD

Rotation Goals:

1. To assimilate general concepts of internal medicine, history taking and physical examination skills to develop a systemic evaluation for patients presenting to the emergency department.
2. To learn the pathophysiology, presentation, and management of diseases related to the alimentary tract.
3. To develop knowledge of the pathophysiology, presentation, and management of common hematologic diseases.
4. To master the understanding of the components of the immune system, and the disorders of hyper- and hypofunction of the immune system.
5. To know the major systemic infectious disorders, their diagnosis and treatment.
6. To learn the pathophysiology, evaluation, and treatment of renal disorders.
7. To develop knowledge of the etiologies, manifestations, and treatment of endocrine and metabolic disorders.
8. To master an understanding of the diseases of the respiratory system, including pathophysiology, evaluation, and treatment.
9. To develop the skills for compassionate and effective communication with patients and their families.
10. To develop skills necessary for independent learning, continuing education and the application of EBM techniques.
11. To develop senior residents with the skills to supervise and teach junior residents and students.

Rotation Learning Objectives:

1. Demonstrate appropriate history taking skills for all patients presenting to the emergency department. (Patient Care / Medical Knowledge)
2. Demonstrate the ability, based on the history acquired, to do an immediate assessment and initial stabilization, followed by a complete directed examination. (Patient Care / Medical Knowledge)
3. Combine the knowledge defined in the objectives below with the history and physical examination, to develop an appropriate differential diagnosis for all presentations. (Patient Care / Medical Knowledge)

4. Demonstrate knowledge of the causes, presentation, and management of esophageal problems. (Patient Care / Medical Knowledge)

5. Describe the etiologic agents, pathophysiology, and management of infectious diarrhea. (Patient Care / Medical Knowledge)

6. Demonstrate the ability to evaluate, manage, and appropriately disposition patients with gallbladder and liver disorders. (Patient Care / Medical Knowledge)

7. Demonstrate knowledge of the presentation, diagnosis, and management of obstructive lesions of the alimentary tract. (Patient Care / Medical Knowledge)

8. Demonstrate the ability to perform intubation procedures of the alimentary tract, including, but not limited to, and NG tube insertion. (Patient Care / Medical Knowledge)

9. Describe the presentations, work-up, and appropriate treatment of patients with inflammatory processes of the alimentary tract. (Patient Care / Medical Knowledge)

10. Demonstrate familiarity with the evaluation, treatment, and appropriate disposition of patients with gastrointestinal bleeding. (Patient Care / Medical Knowledge)

11. Demonstrate knowledge of the proper evaluation and treatment of the patient with sickle cell disease. (Patient Care / Medical Knowledge)

12. Describe the appropriate steps in the assessment and treatment of the patient with bleeding disorders. (Patient Care / Medical Knowledge)

13. Demonstrate knowledge in the work-up, treatment, and appropriate disposition of the patient with anemia. (Patient Care / Medical Knowledge)

14. Demonstrate understanding of the appropriate use of transfusions of blood components, including diagnosis and treatment of transfusion reactions. (Patient Care / Medical Knowledge)

15. Demonstrate familiarity with the mechanism and manifestations of immune compromise, including that caused by infection with HIV. (Patient Care / Medical Knowledge)

16. Discuss and be able to differentiate non-AIDS causes of immune hypofunction. (Patient Care / Medical Knowledge)

17. Discuss the manifestations, initial treatment, and appropriate disposition of patients with rheumatologic and autoimmune diseases. (Patient Care / Medical Knowledge)

18. Demonstrate understanding of the work-up and treatment of patients with hypersensitivity reactions, including transplant rejection. (Patient Care / Medical Knowledge)

19. Demonstrate knowledge of the concepts of cellular and humoral immunity and the proper use of immunizations in patients presenting to the emergency department. (Patient Care / Medical Knowledge)

20. Demonstrate familiarity with the manifestations of, evaluation for, and treatment of bacterial infections, especially including gonorrhea, syphilis, tuberculosis, and tetanus. (Patient Care / Medical Knowledge)

21. Describe the diagnostic criteria for, and the treatment of, toxic shock syndrome. (Patient Care / Medical Knowledge)

22. Know the characteristics of sepsis in different age groups. (Patient Care / Medical Knowledge)

23. Demonstrate knowledge of the appropriate initial treatment of the patient with possible sepsis. (Patient Care / Medical Knowledge)

24. Demonstrate knowledge of the vector, predisposing factors, clinical course, work-up, and treatment of rickettsial diseases. (Patient Care / Medical Knowledge)

25. Discuss the manifestations of, treatment of, appropriate disposition for, and immunization (when appropriate) of patients with viral infections. (Patient Care / Medical Knowledge)

26. Demonstrate knowledge of the time course, vectors, and treatment of the more common protozoal diseases. (Patient Care / Medical Knowledge)

27. Demonstrate familiarity with the causes, presentation, initial management and disposition of patients with glomerular disorders. (Patient Care / Medical Knowledge)

28. Describe the common etiologic agents, and appropriate work-up and disposition of patients with infections of the renal system. (Patient Care / Medical Knowledge)
29. Discuss the common causes, metabolic manifestations, treatment (including dialysis) and disposition of patients with renal failure. (Patient Care / Medical Knowledge)

30. Describe the common complications of dialysis therapy and how they manifest in patients presenting to the emergency department. (Patient Care / Medical Knowledge)

31. Define the etiologies, and demonstrate understanding in the evaluation and treatment of patients with acid/base disorders. (Patient Care / Medical Knowledge)

32. Demonstrate understanding of the etiologies, manifestations, and treatment of fluid and electrolyte abnormalities. (Patient Care / Medical Knowledge)

33. Discuss the manifestations, work-up, treatment, and disposition of patients with disorders of glucose metabolism. (Patient Care / Medical Knowledge)

34. Demonstrate understanding of the common endocrine abnormalities, especially regarding presentation, initial evaluation and management, and disposition. (Patient Care / Medical Knowledge)

35. Discuss acute treatment for patients presenting with disorders of severe malnutrition. (Patient Care / Medical Knowledge)

36. Demonstrate knowledge in the etiologic agents causing, presentation and evaluation, and disposition of patients with infections of the respiratory system. (Patient Care / Medical Knowledge)

37. Describe the etiology, manifestation, and treatment of patients with acute and chronic airway disease. (Patient Care / Medical Knowledge)

38. Discuss the predisposing factors, presentation, and appropriate treatment of patients with pulmonary embolus. (Patient Care / Medical Knowledge)

39. Demonstrate knowledge of the potential presentation, work-up, treatment and appropriate disposition of patients with chest masses. (Patient Care / Medical Knowledge)

40. Demonstrate knowledge of the presentation, work-up, treatment, and disposition of patients with chronic granulomatous disease. (Patient Care / Medical Knowledge)

41. Demonstrate knowledge of the appropriate evaluation of patients with abnormalities of the lymphatic system. (Patient Care / Medical Knowledge)

42. Demonstrate knowledge of the presentation, treatment, and disposition of patients with malignancies of the hematopoietic system. (Patient Care / Medical Knowledge)

43. Demonstrate understanding of the etiologies, diagnosis, and treatment of adult respiratory distress syndrome and multisystem organ failure. (Patient Care / Medical Knowledge)

44. Demonstrate the ability to communicate effectively and compassionately with patients and families. (Interpersonal and Communication Skills / Professionalism)

45. Demonstrate the ability to work quickly and efficiently to assess patients according to the urgency of their problem(s). (Patient Care / Professionalism / Practice Based Learning and Improvement)

46. Demonstrate the ability to work in a professional and effective manner with members of the health care team. (Professionalism / Systems Based Practice)

47. Communicate with specialty physicians in an accurate and timely manner. (Patient Care / Professionalism)

48. Discuss with the patient’s attending physician their patient’s treatment and disposition plans. (Patient Care / Professionalism)

49. Appropriately utilize system resources (discharge planning, social services, etc) to facilitate patient treatment and disposition plans. (Professionalism / Systems Based Practice)

50. Demonstrate and promote a teaching and learning environment for fellow residents, students and other trainees working in the ED. (Patient Care / Medical Knowledge / Professionalism)

51. Maintain a professional appearance and manner at all times. (Professionalism)

52. Fulfill all responsibilities as listed in the resident manual including attendance at lectures, journal clubs and the development of an independent research project. (Patient Care / Medical Knowledge / Professionalism)

53. Demonstrate an understanding of OMM/OPP and apply them as part of the ED patient management. (Patient Care / Medical Knowledge / Professionalism)
**Instructional Methods:**

<table>
<thead>
<tr>
<th>Method</th>
<th>Evaluation</th>
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<tbody>
<tr>
<td>Patient care rounds.</td>
<td>Evaluation based on daily observation of patient care, clinical skills and interaction during teaching rounds</td>
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<tr>
<td>Teaching rounds with attending</td>
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</tr>
<tr>
<td>One-on-one precepting with medicine attending and didactics</td>
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<tr>
<td>Independent Reading</td>
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</tbody>
</table>

**Resident Responsibilities**

In addition to accomplishing the specific goals and objectives and instructional methods as defined above, the resident must complete the following general program requirements as outlined in the resident manual:

A. Rotation Completion:
   Satisfactory completion of monthly rotations and logs. Completion of "Rotation Evaluation" form signed by Rotation Director.

B. Assigned Readings Completion:
   This includes satisfactory and punctual completion of assigned readings. This is demonstrated by the maintenance of weekly quiz scores.

C. Attendance:
   Satisfactory attendance required at lectures, conferences and meetings.

D. Compliance:
   Maintaining criteria outlined in approval of residency training programs in emergency medicine under "Standards for Residents".

E. Quality Assurance Programs:
   Attend all required Quality Assurance Programs, audits, chart reviews and Morbidity and Mortality reviews as assigned.

**Attending Responsibilities:**

Provide didactic and individual instruction to the resident.
Participate in teaching rounds with the resident
Provide timely feedback to the Program Director and faculty regarding resident performance and evaluation.

**Evaluation:**

Evaluation of the resident will be done by the designated attending physician based on the written and defined goals and objectives listed above.

**Schedule:**

Schedule is variable and will be determined at the start of the rotation by the preceptor.
Parking:  
Provided by office or hospital.

Meals:  
Available through hospital contract.

Recommended Reading:
"Textbook of Internal Medicine"
"Cecil's Textbook", 17th edition,
"Water, Electrolyte and Acid Base Syndrome", 6th edition, Goldberger
Pediatric Medicine Rotation EM 1

Introduction / Description

The purpose of this rotation is to give the Resident the opportunity to become competent in the emergency care of the pediatric population. To develop expertise in emergency procedures needed in the care of these patients.

Training Year: EM 1

Length: 1 month

Attending Physician: Dr Dyer/Dr Boyd

Location:

Lakeland Regional Healthcare
1234 Napier Ave. St Joseph, Mi

Outpatient Offices of Dr Dyer / Dr Boyd

Rotation Contact:

Peds Hospitalist on call

Rotation Goals:

1. Develop skill in performance of appropriate pediatric history and physical exam.
2. Learn the etiologies, significance, and treatment of fever and infection in the child.
3. Learn the manifestations and significance of abdominal related complaints in the child.
4. Learn the etiologies and treatment of neurologic emergencies in the child.
5. Learn the physiology and derangements of fluid and electrolyte management in children.
6. Learn the manifestations and treatment of pediatric cardiac abnormalities.
7. Learn the pathophysiology, etiologies, and treatment of respiratory disorders of children.
8. Learn the pathophysiology, etiologies, and treatment of common endocrine and hematologic disorders of children.
9. Learn the pathophysiology, etiologies, and treatment of common serious gynecologic and urologic conditions of children.
10. Learn to recognize and provide appropriate treatment for orthopedic and soft tissue problems of childhood.
11. Learn to recognize and treat children with common and/or serious problems of the head and neck.
12. To develop the skills for compassionate and effective communication with patients and their families.

Rotation Learning Objectives:

1. Demonstrate knowledge of the significance of fever in children of various ages. (Patient Care / Medical Knowledge)
2. Demonstrate knowledge of common infectious diseases of childhood, including appropriate work-up and treatment of meningitis, sepsis, pneumonia, urinary tract infection, and bacteremia. (Patient Care / Medical Knowledge)
3. Demonstrate ability to properly perform a pediatric lumber puncture. (Patient Care / Medical Knowledge)
4. Demonstrate knowledge of the pathophysiology and manifestations of common and/or serious diseases of the gastrointestinal tract and abdominal cavity of children, including gastroenteritis, intussusception, volvulus, Meckel's, anaphylactoid purpura, and appendicitis. (Patient Care / Medical Knowledge)
5. State the appropriate management of children with seizures, both febrile and afebrile. (Patient Care / Medical Knowledge)
6. Demonstrate familiarity with the diagnosis and management of Reye's syndrome. (Patient Care / Medical Knowledge)
7. Demonstrate ability to read pediatric chest x-rays. (Patient Care / Medical Knowledge)
8. Discuss management of patients with upper airway infection suspected of having epiglottitis. (Patient Care / Medical Knowledge)
9. Discuss the differential diagnosis of chest pain in children and adolescents, noting differences from adults, and demonstrating knowledge of proper work-up and treatment. (Patient Care / Medical Knowledge)
10. Discuss the differential of congestive failure in the pediatric patient and demonstrate knowledge of appropriate treatment. (Patient Care / Medical Knowledge)
11. Discuss the anatomy and physiology of the respiratory tract in children. (Patient Care / Medical Knowledge)
12. Discuss correct performance of peak expiratory flow measurement, pulse oxymetry and end-tidal CO2. (Patient Care / Medical Knowledge)
13. Demonstrate correct management of the pediatric patient with diabetes and/or diabetic ketoacidosis. (Patient Care / Medical Knowledge)
14. Demonstrate knowledge of the etiologies of anemia in children and the appropriate diagnostic evaluation. (Patient Care / Medical Knowledge)
15. Demonstrate knowledge of the differential diagnosis and work-up of the jaundiced child. (Patient Care / Medical Knowledge)
16. Discuss the differential diagnosis and work-up of the child with evidence of a bleeding disorder. (Patient Care / Medical Knowledge)
17. Discuss the findings and disposition of a patient with a suspected autoimmune syndrome such as juvenile arthritis, lupus, or dermatomyositis. (Patient Care / Medical Knowledge)
18. Discuss the differential diagnosis and work-up of the child with evidence of a bleeding disorder. (Patient Care / Medical Knowledge)
19. Discuss the etiologies and demonstrate correct management of children with lower and upper airway diseases including asthma, bronchiolitis, cystic fibrosis, and pneumonia. (Patient Care / Medical Knowledge)
20. Discuss the etiology and treatment of acute soft tissue infections and perform an incision and drainage. (Patient Care / Medical Knowledge)
30. Correctly diagnose common pediatric exanthemas including varicella, measles, monilia, roseola, rubella, pityriasis, scabies, and erythema infectiosum. (Patient Care / Medical Knowledge)
31. Demonstrate knowledge of the differential diagnosis and evaluation of children with petechiae. (Patient Care / Medical Knowledge)
32. Demonstrate ability to correctly perform and interpret the exam of the ears, nose and throat. (Patient Care / Medical Knowledge)
33. Demonstrate knowledge of pediatric facial and orbital infections and their treatment. (Patient Care / Medical Knowledge)
34. Discuss the findings and differential of sudden infant death syndrome, and demonstrate knowledge of the proper legal steps and ability to support the family. (Patient Care / Medical Knowledge)
35. Discuss the differential diagnosis and acute treatment of the weak infant and child, including polio, botulism and the Landry-Guillain-Barré syndrome. (Patient Care / Medical Knowledge)
36. Demonstrate knowledge of the evaluation and treatment of children with diarrhea illness. (Patient Care / Medical Knowledge)
37. Demonstrate knowledge of the common poisonings of childhood and their treatments. (Patient Care / Medical Knowledge)
38. Demonstrate knowledge of the evaluation of a child with foreign body ingestion, discussing the complications, diagnostic steps and treatment. (Patient Care / Medical Knowledge)
39. State the differential diagnosis of a child with upper or lower GI bleeding, and discuss the evaluation and treatment. (Patient Care / Medical Knowledge)
40. Discuss the differential diagnosis and work-up of renal failure or anuria in children. (Patient Care / Medical Knowledge)
41. Demonstrate ability to evaluate children with syncope and discuss its differential diagnosis. (Patient Care / Medical Knowledge)
42. Discuss the signs, symptoms, treatment and complications of Kawasaki disease. (Patient Care / Medical Knowledge)
43. Discuss the risk factors associated with teenage suicide. (Patient Care / Medical Knowledge)
44. Discuss the differential of abnormal vaginal bleeding in childhood and demonstrate ability to perform a complete genital exam on children of various ages. (Patient Care / Medical Knowledge)
45. Demonstrate ability to evaluate and treat a child with altered mental status and interpret a pediatric cranial CT scan. (Patient Care / Medical Knowledge)
46. Discuss the technique for reducing an incarcerated inguinal hernia. (Patient Care / Medical Knowledge)
47. Discuss the common pediatric malignant tumors. (Patient Care / Medical Knowledge)
48. Differentiate between the presentation, diagnostic test results and treatment of transient synovitis and septic joint. (Patient Care / Medical Knowledge)
49. Demonstrate the ability to communicate properly with children and parents, including portrayal of a non-judgmental and supportive attitude toward parents in cases of suspected abuse. (Interpersonal and Communication Skills / Professionalism)
50. Demonstrate the ability to work quickly and efficiently to assess patients according to the urgency of their problem(s). (Patient Care / Professionalism / Practice Based Learning and Improvement)
51. Demonstrate the ability to work in a professional and effective manner with members of the ED department. (Professionalism / Systems Based Practice)
52. Communicate with specialty physicians in an accurate, and timely manner. (Patient Care / Professionalism)
53. Discuss with the patient’s attending physician their patient’s treatment and disposition plans. (Patient Care / Professionalism)
54. Appropriately utilize system resources (discharge planning, social services, etc) to facilitate patient treatment and disposition plans. (Professionalism / Systems Based Practice)
55. Demonstrate and promote a teaching and learning environment for fellow residents, students and other trainees working in the ED. (Patient Care / Medical Knowledge / Professionalism)
56. Maintain a professional appearance and manner at all times while working in the ED. (Professionalism)
57. Fulfill all responsibilities as listed in the resident manual including attendance at lectures, journal clubs and the development of an independent research project. (Patient Care / Medical Knowledge / Professionalism)
58. Demonstrate an understanding of OMM/OPP and apply them as part of the ED patient management. (Patient Care / Medical Knowledge / Professionalism)

Content Areas:

Abdominal, Gastrointestinal
1. Aganglionic megacolon (Hirschsprung’s Disease)
2. Anorectal fissures
3. Appendicitis
4. Foreign bodies
5. Gastroenteritis
   1. Viral
   2. Bacterial
6. Gastroesophageal reflux
7. Henoch-Schönlein purpura
8. Hernias
   1. Inguinal
   2. Umbilical
9. Intussusception
10. Meckel’s diverticulum
11. Pyloric stenosis
12. Tumors
   1. Neuroblastoma
   2. Wilm’s tumor

Cardiovascular - Dysrhythmias

Endocrine
1. Diabetic ketoacidosis
2. Hypoglycemia

Hematologic
1. Hemolytic uremic syndrome
2. Neonatal jaundice
3. Acute leukemia

Neurologic
1. Reye’s syndrome
2. Headache
3. Meningitis
   1. Aseptic
   2. Bacterial
4. Seizures
5. Febrile
   1. Non febrile
   2. Neonatal
6. Shunt infection
7. Hydrocephalus

Orthopedic
1. Legg-Calve-Perthes disease
2. Septic joint
3. Osteomyelitis
4. Slipped capital femoral epiphysis
5. Osgood-Schlatter disease

Head and neck
1. Epiglottitis
2. Foreign bodies (non-airway)
3. Laryngotracheobronchitis
4. Nasopharyngitis (upper respiratory infection)
5. Otitis externa
6. Otitis media
7. Pharyngitis
8. Torticolis
9. Tracheitis, bacterial

Psychiatric
1. Abuse
   1. Neglect
   2. Physical
   3. Sexual
2. Eating disorders
3. Suicide

Respiratory
1. Bronchiolitis
2. Bronchopulmonary dysplasia
3. Cystic fibrosis (recognition)
4. Foreign bodies
5. Asthma
6. Pneumonia

Rheumatologic
1. Juvenile rheumatoid arthritis
2. Kawasaki’s disease

Skin and soft tissue
1. Bacterial
2. Infestations
3. Fungal
4. Viral exanthema

Urologic
1. Testicular
   1. Hydrocele
   2. Undescended testis

Sudden infant death syndrome (SIDS)

Principles of Care
1. Pre-hospital trauma care
2. Triage
3. Resuscitation and stabilization of infant and pediatric patients
4. Role of the emergency physician
5. Team response
6. Reassessment and monitoring
7. Diagnosis
8. Treatment
9. Consultation
10. Disposition

Radiologic evaluation
1. Plain radiographs (indications)
2. Contrast radiography
3. Computed tomography scan (indications)
4. Angiography
5. Ultrasonography
6. Mechanism of Injury
**Instructional Methods:**

<table>
<thead>
<tr>
<th>Method</th>
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<tbody>
<tr>
<td>One-on-one precepting with Peds Hospitalist attending.</td>
<td>Evaluation for Peds rotation by attending based on daily interactions and didactics.</td>
</tr>
<tr>
<td>Didactics</td>
<td></td>
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<tr>
<td>Independent reading</td>
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</table>

**Resident Responsibilities:**

In addition to accomplishing the specific goals and objectives and instructional methods as defined above, the resident must complete the following general program requirements as outlined in the resident manual:

A. Rotation Completion:
   Satisfactory completion of monthly rotations and logs. Completion of "Rotation Evaluation" form signed by Rotation Director.

B. Assigned Readings Completion:
   This includes satisfactory and punctual completion of assigned readings. This is demonstrated by the maintenance of weekly quiz scores.

C. Attendance:
   Satisfactory attendance required at lectures, conferences and meetings.

D. Compliance:
   Maintaining criteria outlined in approval of residency training programs in emergency medicine under “Standards for Residents”.

E. Quality Assurance Programs:
   Attend all required Quality Assurance Programs, audits, chart reviews and Morbidity and Mortality reviews as assigned.

**Attending Responsibilities:**

Provide didactic and individual instruction to the resident.
Participate in teaching rounds with the resident
Provide timely feedback to the Program Director and faculty regarding resident performance and evaluation.

**Evaluation:**

Evaluation of the resident will be done by the designated attending physician based on the written and defined goals and objectives listed above.
Schedule:
To be determined by the Preceptor at the start of the rotation.

Parking:
Provided by hospital.

Meals:
Provided by hospital.

Suggested Reading:
"Pediatric Emergency Medicine", Residorff, Roberts and Weingenstein,
"Pediatrics", Nelson

Reference:
"Pediatric Radiology", Rabinowitz, current ed.
"Pediatric Antimicrobial Therapy" 5th edition, Wilson
"Pediatric Therapeutics", Harriet Lane
General Surgery Rotation EM 1

Introduction / Description

This rotation is designed to expose the Resident to a variety of cases in the evaluation and management of the surgical patient. The resident will have the opportunity to participate in both pre-operative and post-operative management as well as “scrub in” with the surgical team.

Training Year: EM 1

Length: 1 Month

Attending Physician: TBD

Location:

Lakeland Regional Healthcare
St Joseph, Mi

Rotation Goals:

The goal of this service is to provide the intern with the working knowledge, skills and attitudes necessary to establish a generalist’s foundation in the care of the surgical patient.

To develop competence in the diagnosis, management and disposition of common surgical disorders (Patient Care, Medical Knowledge, Systems Based Practice)

To gain a working knowledge of surgical procedures and equipment (Patient Care, Medical Knowledge)

To gain expertise in the preoperative and postoperative management of surgical patients (Patient Care, Medical Knowledge, Systems Based Practice)

To become familiar with the pathophysiology, presentation, diagnosis and management of the following general categories of surgical disorders (Patient Care, Medical Knowledge, Systems Based Practice):

Abdominal and Gastrointestinal
Peripheral vascular disease
Hemo/pneumothorax
Principles of wound care

To gain expertise in the following skills (Patient Care, Medical Knowledge):

History and physical examination
Fluid and electrolyte therapy
Blood component therapy

Wound closures and care
Closed tube thoracostomy
To become knowledgeable of the indications, contraindications and complications of various diagnostic modalities (Patient Care, Medical Knowledge):

- Laboratory studies
- Radiographic studies
- CT scanning
- Ultrasound
- Endoscopy

**Rotation Learning Objectives:**

The main objective of this General Surgery Rotation is to aid in the development of basic surgical knowledge in the preoperative, intra-operative and postoperative settings.

1. Appropriately workup a surgical patient and develop a differential diagnosis utilizing the history, physical and pertinent diagnostic studies.
2. Deliver a case presentation in an organized and articulate fashion.
3. Gain an understanding of surgical approaches to disease processes.
4. Manage surgical patients pre and postoperatively.
5. Work on basic surgical skills.

**Content Areas:**

- A. The acute abdomen
- B. Breast masses and cancer
- C. Colon and rectal disease: hemorrhoids, polyps, cancer and inflammatory bowel disease
- D. Biliary tract disease
- E. Hernias
- F. Soft tissue disease: skin cancer and benign tumors
- G. Post operative complications
- H. Vascular disease
- I. Urological conditions: ureterolithiasis and the undescended testicle
- J. Peptic ulcer disease
- K. Perioperative nutrition
- L. Fluids and electrolytes in the surgical patient
- M. Endocrine masses

**General Surgery:**

**Duties and Expectations of the Resident**

**Rounds:**

1. Work in conjunction with the service’s other residents, interns, and students.
2. Round at least twice daily on assigned service patients.
3. Write morning notes using the S.O.A.P. note format.
4. Outstanding laboratory, radiology, and pathology results should be checked routinely.
5. Assist with other daily floor work, i.e. changing dressings, removing drains, etc..
6. Check with service prior to leaving for the day.
7. Completion of discharge paperwork including instructions, prescriptions and follow up appointments.
Operating room:
1. Scrub on service cases.
2. Participate in the preoperative evaluation, i.e. performing history and physical, checking laboratory and/or radiology results, and discussing the case with the attending. Pre-admission testing falls into this category as well.
3. Help the operating room ancillary staff in transferring patients to and from the pre/post anesthesia care units.
4. Complete the surgical skills checklist requirements.

Education:
1. Completely read packet and be familiar with contents.
2. Complete rotation test that contains material from reading packet.
3. Prepare for cases by becoming familiar with basic surgical principles in regards to anatomy, pathology and surgical indications.
4. Attend conferences and/or lectures required by Medical Education. Participate in Surgical Educational Conferences.
5. Complete the Surgical Skills Checklist

Resident Competencies:
Residents will achieve the following competencies as related to the above core content areas:

Describe key elements of the history and physical exam which help establish the diagnosis.
Develop and prioritize a differential diagnosis that includes the problems that may have a similar presentation.
Discuss any additional studies or procedures required to establish a final diagnosis.
Describe treatment options including benefits and risks

**Deliver pre-operative and post-operative care in a continuity manner**
Assist effectively in surgery
Communicate clearly with patients
Approach the patient holistically and utilize OMT as indicated.

Instructional Methods:

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<tr>
<td>Assigned readings</td>
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Resident Responsibilities

In addition to accomplishing the specific goals and objectives and instructional methods as defined above, the resident must complete the following general program requirements as outlined in the resident manual:

A. **Rotation Completion:**
   Satisfactory completion of monthly rotations and logs. Completion of "Rotation Evaluation" form signed by Rotation Director.

B. **Assigned Readings Completion:**
   This includes satisfactory and punctual completion of assigned readings.

C. **Attendance:**
   Satisfactory attendance required at lectures, conferences and meetings.

D. **Compliance:**
   Maintaining criteria outlined in approval of residency training programs in emergency medicine under “Standards for Residents”.

Attending Responsibilities:

Provide didactic and individual instruction to the resident.
Participate in teaching rounds with the resident
Provide timely feedback to the Program Director and faculty regarding resident performance and evaluation.

Evaluation:

Evaluation of the resident will be done by the designated attending physician based on the written and defined goals and objectives listed above.

   A. Weekly topic reviews with residences.
   B. Home reading assignments.

Parking:
Provided by the Hospital

Meals:
Provided by the hospital

Suggested Reading:

Core Reading Packet on the service

Bilious Vomiting in the Newborn: Rapid Diagnosis of Intestinal Obstruction
American Family Physician; May 1, 2000
http://www.aafp.org/afp/20000501/2791.html

Carotid Endarterectomy
Postgraduate Medicine; May 15, 2000
http://www.postgradmed.com/issues/2000/05_00/ingall_dodick.htm

Chronic Abdominal Pain in Childhood: Diagnosis and Management
American Family Physician
http://www.aafp.org/afp/990401ap/1823.html
Current Guidelines for Antibiotic Prophylaxis of Surgical Wounds
American Family Physician; June 1998
http://www.aafp.org/afp/980600ap/woods.html

Diagnosis and Treatment of Abdominal Aortic Aneurysms
American Family Physician; September 15, 1997
http://www.aafp.org/afp/970915ap/santilli.html

Evaluation of Incidental Renal and Adrenal Masses
American Family Physician; January 15, 2001
http://www.aafp.org/afp/20010115/288.html

Gastroesophageal Reflux Disease: Diagnosis and Management
American Family Physician; March 1, 1999
http://www.aafp.org/afp/990301ap/1161.html

Management of Gallstones and Their Complications
American Family Physician; March 15, 2000
http://www.aafp.org/afp/20000315/1673.html

Management of Inflammatory Bowel Disease
American Family Physician; January 1, 1998
http://www.aafp.org/afp/980101ap/botoman.html

Prevention and Early Detection of Malignant Melanoma
American Family Physician; November 15, 2000
http://www.aafp.org/afp/20001115/2277.html

A Primary Care Approach to the Patient with Claudication
American Family Physician; February 15, 2000
http://www.aafp.org/afp/20000215/1027.html

Surgical Options in the Management of Groin Hernias
American Family Physician; January 1, 1999
http://www.aafp.org/afp/990101ap/143.html

The Evaluation of Common Breast Problems
American Family Physician; April 15, 2000
http://www.aafp.org/afp/20000415/2371.html

The Undescended Testicle: Diagnosis and Management
American Family Physician; November 1, 2000
http://www.aafp.org/afp/20001101/2037.html

Thyroid Nodules and Cancer
Postgraduate Medicine; January 2000
http://www.postgradmed.com/issues/2000/01_00/castro.htm

Update on Colorectal Cancer
American Family Physician; 3/15/2000
http://www.aafp.org/afp/20000315/1759.html

What Could Be Causing Chronic Abdominal Pain?
Postgraduate Medicine; September 1999
EM 2 Clinical Rotation Summaries
Emergency Department Core Rotation EM 2

Introduction / Description

The LRHC Emergency Department at St Joseph and Niles are staffed with EM Residency Faculty. Residents are assigned to all shifts to provide exposure to a broad range of clinical pathology and major trauma.

Over the course of the residency, and with increasing experience and responsibility, the resident will develop the skills, knowledge and attitudes necessary to handle a wide variety and number of cases in an efficient and professional manner.

In addition to the clinical experience, the ED Core rotation includes a series of didactic sessions intended to supplement and provide the broad based education, theory and practical aspects, of up-to-date Emergency Medicine.

Training Year: EM 2

Contact Information:

Attending Physician:
Bryan Staffin, DO, FACOEP
LRMC Faculty

Location:
Lakeland Regional Medical Centers
St Joseph, Mi. 49085

Educational objectives:

General Goals:
To become competent in the evaluation, diagnosis and management of urgent and emergent patients presenting to the Emergency Department (Patient Care Systems Based Practice)

To become competent in the evaluation and resuscitation of critically ill patients and to function as an integral member of the Emergency Department resuscitation team (Patient Care, Medical Knowledge, Systems Based Practice)

To learn proper interaction with pre-hospital personnel in relation to transport of patients to the Emergency Department (Interpersonal Communication Skills, Professionalism)

Specific Goals:
The resident will learn the skills needed to properly evaluate and initiate management of patients presenting to the Emergency Department with the following urgent and emergent conditions (Patient Care, Medical Knowledge, Systems Based Practice):

- Cold injury
- Cyanosis
- Dehydration
- Drowning
- Heat illness
- Malaise
Urticaria
Loss of vision
Neck pain
Paralysis
Seizures
Tremor
Vertigo
Chest pain
Palpitations
Tachycardia
Abnormal vaginal bleeding
Food poisoning
Pregnancy

The resident will learn the indications, contraindications, complications and techniques for the following procedures. When possible, these procedures will be performed on Emergency Department patients. *(Patient Care, Systems Based Practice)*
- Regional never blocks
- Arthrocentesis
- Culdocentesis
- Tonometry
- Control of epistaxis
- Intraosseous infusion
- Pneumatic garment application and removal
- Transthoracic cardiac pacing
- Defibrillation / cardioversion
- Gastric lavage
- Incision and drainage
- Trephination nails

**Description of clinical experiences:**
The resident will rotate for five months at the EM-2 level on the Emergency Medicine Service. The resident will work with senior Emergency Medicine residents under the supervision of the Emergency Medicine Faculty.

Instruction in the proper evaluation and management of urgent and emergent patients in the Emergency Department will be provided by the Emergency Medicine attending and senior residents.

The resident will examine and treat patients under the supervision of senior Emergency Medicine residents and the attending Emergency physician.

**Description of didactic objectives:**
The resident will attend daily and weekly Emergency Medicine conferences and meetings as assigned while on this service.

The resident will be responsible for the list of suggested readings for the Emergency Medicine rotation.
**EM 2 Competency Objectives**

The second year Emergency Medicine Resident concentrates on expanding and refining patient care skills. The resident begins to focus on developing an efficient approach to patient care and learns the skills needed to manage several patients simultaneously. He/she is expected to see a larger number of patients to broaden the base of expertise and to participate in major medical and trauma resuscitations. In addition to competencies expected from the previous year, by the end of the resident’s second year of training the resident will:

1. Demonstrate increasing competency with advanced procedural skills including endotracheal intubation, central venous access, tube thoracostomy and pericardiocentesis.
2. Provide on-line medical supervision of EMS providers and use effective radio communication skills.
3. Efficiently managing a larger number of patients simultaneously
4. Demonstrate improving skills in problem-solving, patient disposition, efficient delivery of emergency medical care
5. Effectively apply new and evidence-based knowledge to clinical practice
6. Maintain a program of study sufficient to acquire the knowledge and skills necessary for successful practice in emergency medicine

**Evaluation Process:**
Written quarterly evaluation of the resident by the Emergency Medicine Faculty upon the completion of the rotation.

Performance on the annual resident’s in-service examination.

**Feedback mechanisms:**
Annual review of the rotation by the Curriculum Committee

Ad hoc review of the rotation as deemed appropriate by the Program Director

**Description of Didactic Educational Activities** (See Curriculum: didactic activities section of this manual)

**Schedule:**
Resident schedule is individualized and will be determined once the rotation is scheduled.
EM 2 – 18 shifts/month

**Housing:**
Not provided by hospital.

**Meals:**
Provided by hospital

**Parking:**
Provided by hospital

**Readings:**

**Core texts in Emergency Medicine:**
Recommended References:
    Emergency Orthopedics-The Extremities, Current Edition, R. Simon, S. Koenigsknecht,
    Medical Toxicology-Diagnosis and Treatment of Human Poisoning, M. Ellenhorn and D.
    Barceloux, Current Edition,
    EKG, Marrino, H.
    Paramedic Book - Caroline

Reference Journals:
    Annals of Emergency Medicine,
    The Journal of Trauma,
    Emergency Medicine Clinics of North America,
Radiology Rotation EM 2

Introduction / Description

The purpose of this rotation is to expose the resident the variety of methods of medical imaging and their use as related to Emergency Medicine. In addition, through this exposure, the resident will develop a strong foundation in radiological procedures and interpretation of this information as it relates to Emergency Medicine.

Training Year: EM 2

Length: 2 weeks

Contact Information:

Attending Physician: TBD

Location:
Lakeland Regional Healthcare

Rotation Goals:

1. Learn normal anatomy and x-ray presentation.
2. Develop skills in the use and interpretation of a variety of other imaging studies including:
   1. CT
   2. MR
   3. Ultrasound
   4. Nuclear medicine
   5. Angiography
3. Learn imaging indications for certain clinical situations including:
   1. PE
   2. CVA
   3. Focal neurologic findings
   4. Acute abdomen
   5. Renal colic
   6. Gallbladder disease

Rotation Learning Objectives:

1. The resident will be able to interpret basic x-ray imaging studies encountered in emergency medicine. (Patient Care / Medical Knowledge)
2. The resident will be able to determine the best imaging studies based on obtaining appropriate history and physical findings and developing differential diagnosis. (Patient Care / Medical Knowledge)
3. The resident will know the indications and contraindications for the various imaging modalities. (Patient Care / Medical Knowledge)
4. The resident will be able to interpret basic imaging studies for CT, MR, ultrasound, nuclear medicine and angiography. (Patient Care / Medical Knowledge)
5. The resident will be able to choose and interpret the correct imaging study based on a variety of clinical situations. (Patient Care / Medical Knowledge)
6. Demonstrate the ability to work effectively and collaboratively with other members of the health care team. (Interpersonal and Communication Skills / Professionalism)
7. Demonstrate the ability to apply current principles of practice to the care of their patients. (Practice Based Learning and Improvement)
8. Demonstrate a professional and caring attitude with patients and their families. (Interpersonal and Communication Skills / Professionalism)
9. Demonstrate the ability to work in an efficient and timely manner. (Interpersonal and Communication Skills / Professionalism)
10. Demonstrate the ability to coordinate patient care with specialist physicians. (Professionalism)
11. Demonstrate the ability to use resources of the available system in a cost-effective manner. (Systems Based Practice)

**Content Areas:**

**Principles of radiology and radiation**

**Plain Radiographs**

1. Chest:
   1. Describe normal anatomy on PA, AP, and lateral films
   2. Abnormal - recognize on a chest x-ray the following:
      - airspace vs. interstitial patterns
      - pleural effusion
      - pneumothorax
      - pneumonia & location
      - changes of congestive heart failure
      - changes of chronic obstruction pulmonary disease
      - atelectasis
      - pulmonary nodules/masses
      - normal vs. abnormal mediastinum and mediastinal location of an abnormality

2. Four views of the abdomen:
   1. Describe normal anatomy
   2. Abnormal - recognize
      - ileus
      - mechanical obstruction
      - free air
      - calcifications (including AAA)

3. Bone
   1. Describe normal anatomy of the spine and long bone in adults and children
   2. Abnormal - recognize
      - fracture
      - degenerative joint disease
      - osteoporosis (including vertebral collapse)
      - primary and metastatic malignancy.

4. Contrast Studies
5. Describe normal anatomy on IVP, BE, UGI

**CT**

0. Describe how CT scanner works; differences between CT, MRI, and ultrasound
1. Describe normal anatomy on CT head, spine, chest, abdomen/pelvis
2. Abnormal:
   1. Head - recognize
      - acute hemorrhage (subarachnoid, subdural, parenchymal)
      - infarct
      - edema/mass effect
      - skull fractures
      - hydrocephalus (infant & adult)
      - describe when to use/not use contrast
   2. Chest - recognize
      - pulmonary nodules/mass
      - mediastinal mass
3. Abdomen - recognize
   • diverticular disease
   • appendicitis
   • bowel obstruction
   • AAA
   • hepatic mass
   • pancreatic mass
   • pancreatitis
   • abscess
   • bile duct lesions
   • ascites
   • renal mass/obstruction.

4. Spine - describe when to order CT vs. MRI; recognize
   • dislocations
   • metastatic disease
   • DJD
   • disc disease

MRI
0. Describe how MRI works and the difference between MRI & CT
1. Describe normal anatomy on MRI head and spine
2. Abnormal:
   1. Head - recognize
      • CNS infection
      • mass
      • stroke syndromes
      • MS
   2. Spine - recognize
      • disc disease
      • metastatic disease
      • cord compression

Nuclear Medicine
1. Describe general principles including therapeutic uses
2. Describe the mechanisms, indication and limitation of:
   1. gall bladder function tests
   2. bone scans
   3. tagged RBC scans
   4. renal scans for obstruction
   5. myocardial perfusion and function (gated blood pool) scans
   6. V/Q scans

Ultrasound
1. Discuss general principles including differences between 2D, Doppler flow and 3D
2. Describe normal anatomy on ultrasound of heart and female adenexa
3. Describe indications and limitations of ultrasound for specific
   1. OB/Gyn situations
      • molar pregnancy
      • anencephalic pregnancy
      • placenta previa
      • viable pregnancy
   2. vascular Doppler ultrasound
      • aneurysm
      • DVT
      • carotid artery and
      • peripheral vascular
3. gall bladder/bile duct/liver
4. echocardiogram
   - describe normal anatomy
   - trans-thoracic vs. trans-esophageal
   - chamber size
   - valves
   - pericardial effusions
5. renal ultrasound for
   - cysts/tumors

**Angiograms**

1. Diagnostic:
   1. Describe general principles and indications
   2. Describe the use of MRA angiograms
   3. Describe normal anatomy of aorta, aortic arch, great vessels
   4. Describe indications for angiograms/MRA angiograms in
      - subarachnoid hemorrhage and
      - berry aneurysms
      - vascular stenotic lesions
      - pulmonary angiogram for PE
      - aortic dissection
      - aortic trauma
      - GI bleeds.

2. Therapeutic - Describe general principles
   Discuss the appropriate radiologic investigations - including sequencing, sensitivity, specificity, utility, patient preparation and complications for the following situations:
   1. Imaging work-up for Pulmonary Embolism
   2. Cardiac ischemia
   3. Acute abdomen
   4. Neck & back pain
   5. Neurologic syndromes
      - Spinal cord impression
      - Seizures
      - CVA
      - HA
      - Focal neurologic findings
      - Mental status changes
      - Head trauma
      - Child abuse
      - Work-up for bone/joint pain
      - Use of ultrasound in normal and abnormal pregnancy

**Hematuria/flank pain**

**Instructional Methods:**

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Resident Responsibilities:

Specific requirements for this rotation include the following:

1. The Resident is expected to be in the Department of Radiology from 7:00 am to 5:00 PM five (5) days a week to read appropriate films.

2. Resident is also expected to become familiar with the indications and technical aspects of performing emergency procedures (i.e., aortogram, ultrasound, CAT and MRI scanning).

In addition to accomplishing the specific goals and objectives and instructional methods as defined above, the resident must complete the following general program requirements as outlined in the resident manual:

A. Rotation Completion:
   Complete monthly rotations and logs. Completion of "Rotation Evaluation" form signed by Rotation Director.

B. Assigned Readings Completion:
   This includes satisfactory and punctual completion of assigned readings. This is demonstrated by the maintenance of weekly quiz scores.

C. Attendance:
   Satisfactory attendance required at lectures, conferences and meetings.

D. Compliance:
   Maintaining criteria outlined in approval of residency training programs in emergency medicine under “Standards for Residents”.

E. Quality Assurance Programs:
   Attend all required Quality Assurance Programs, audits, chart reviews and Morbidity and Mortality reviews as assigned.

Attending Responsibilities:

Provide didactic and individual instruction to the resident.
Participate in teaching rounds with the resident
Provide timely feedback to the Program Director and faculty regarding resident performance and evaluation.

Evaluation:

Evaluation of the resident will be done by the designated attending physician based on the written and defined goals and objectives listed above. Written evaluation of the resident by the attending Emergency Medicine physicians at the completion of the rotation. These are distributed via the New Innovations Residency Management Suite. (See sample evaluation form under evaluation section of this manual).

Schedule:
Daily Monday thru Friday from 7 am – 5 pm in the Department of Radiology.

Parking:
Provided by hospital.

Meals:
Provided by hospital.
Recommended Reading:
"Textbook of Emergency Radiology", by Harris and Harris
"Emergency Radiology", by Mueller
"Radiology of the Acutely Ill or Injured Child", by Swischuk
"Radiology of Acute Cervical Spine Trauma", by Harris
"Atlas of Normal Roentgen Variants that May Stimulate Disease". 4th edition by Keats
"Pediatric Radiology" Medical Outline Series", by Ostrech,
Introduction/Description:

This rotation is a 2 week experience designed to educate the resident in the introduction and early skills into the use of ultrasonography. The resident will work with certified Emergency Medicine Ultrasonographers in the Emergency Department. The resident will have all work reviewed (live or via review of hard copies) for acceptable quality. All cases will be documented on the program’s form designed for detailing each case. The program recognizes the modality of bedside ultrasound as a beneficial skill to the emergency medicine physician, and places a priority on developing its use in the residency.

Year of Training: EM 2

Length: 2 Weeks

Contact Information:

Attending Physician: Mark Headaphol, MD

Location: Lakeland Regional Healthcare

Contact Person: TBD

Rotation Goals:

1. Learn the basic functions of the ultrasound hardware for emergency medicine
2. Learn the techniques of the fast exam.
3. Learn the techniques for basic emergency cardiac ultrasound
4. Learn the techniques for evaluation of the abdominal aortic aneurysm.
5. Learn the techniques for basic ultrasound imaging of the urologic/collecting system.

Rotation Learning Objectives:

1. Review the interactive instructional DVD on the above noted sections for ultrasonography “EM Ultrasound: Fundamentals for the Emergency and Acute Care Physicians”.
2. Discuss the basic physics involved in the process of ultrasound.
3. Complete 25 ultrasounds on 25 different patients.
4. Document the acquisition of successful ultrasound images by printing them and having them reviewed by the EM attending certified ultrasonographer.
5. Discuss the use of various US probes as would be utilized in differing clinical situations.

The following are the minimum requirements for the 2 week rotation of Emergency Medicine residents in limited bedside ultrasound.

1. 25 U/S on 25 different patients with printed, labeled images in any of the following categories:
   Trauma (FAST)
   IUP
   Emergency Cardiac
   Procedural
   AAA
   Biliary
   Renal
OB/GYN

2. Text:
   c. *Ultrasonography in Trauma; The FAST Exam*. ACEP, 2003

3. Completion of the “EM Ultrasound: Fundamentals for Emergency and Acute Care Physicians” CD Program.

4. Demonstrated proficiency in the use of the current U/S unit including proper selection of probes, frequency, and manipulation of probe in order to obtain a high quality image.

5. The resident will turn in a log of US examinations to the rotation coordinator for final approval and a passing grade.

A. **Rotation Completion:**
   Satisfactory completion of monthly rotations and logs. Completion of "Rotation Evaluation" form signed by Rotation Director.

B. **Assigned Readings Completion:**
   This includes satisfactory and punctual completion of assigned readings.

C. **Attendance:**
   Satisfactory attendance required at lectures, conferences and meetings.

D. **Compliance:**
   Maintaining criteria outlined in approval of residency training programs in emergency medicine under “Standards for Residents”.

E. **Quality Assurance Programs:**
   Attend all required Quality Assurance Programs, audits, chart reviews and Morbidity and Mortality reviews as assigned.

**Attending Responsibilities:**

Provide didactic and individual instruction to the resident.
Provide timely feedback to the Program Director and faculty regarding resident performance and evaluation.

**Evaluation:**

Evaluation of the resident will be done by the designated attending physician based on the written and defined goals and objectives listed above.

**Schedule:**

Variable will be given at the start of the rotation.

**Meals:**

Provided by the hospital.

**Parking:**

Provided by the hospital.
Recommended Readings:

Text:

c. *Ultrasonography in Trauma; The FAST Exam*. ACEP, 2003
Orthopedic Rotation EM 2

Introduction / Description

The purpose of this rotation is to expose the resident to a variety of orthopedic cases under the supervision of an attending orthopedic surgeon. Through this exposure the resident will become proficient at orthopedic examination, various splinting techniques, and repair of tendon lacerations.

Rotation focus will be on Emergency Medicine and office orthopedics. The resident will gain experience and knowledge in the evaluation, diagnosis, initial treatment and stabilization of a variety of common orthopedic injuries encountered in emergency medicine.

Training Year: EM 2

Length: 1 month

Contact Information:

Attending Physician: Ken Edwards, MD

Location:
Lakeland Regional Healthcare
St Joseph, Mi

Contact Person: Ken Edwards, MD

Rotation Goals:

1. Develop appropriate orthopedic history and physical exam skills.
2. Learn use of the diagnostic imaging modalities available for the evaluation of orthopedic disorders.
3. Develop skill in the evaluation and management of musculoskeletal trauma.
4. Develop skill in the diagnosis and treatment of inflammatory and infectious disorders of the musculoskeletal system.
5. Learn principles of acute and chronic pain management in patients with musculoskeletal disorders.

Rotation Learning Objectives:

1. Develop ability to correctly perform a history and physical of patients with musculoskeletal disorders. (Patient Care / Medical Knowledge)
2. Demonstrate ability to correctly order and interpret radiographs of patients with orthopedic injuries. (Patient Care / Medical Knowledge)
3. Demonstrate knowledge of standard orthopedic nomenclature. (Patient Care / Medical Knowledge)
4. Demonstrate knowledge of appropriate aftercare and rehabilitation of orthopedic injuries. (Patient Care / Medical Knowledge)
5. Demonstrate knowledge of the differences in pediatric and adult skeletal anatomy and indicate how those differences are manifest in clinical and radiographic presentations. (Patient Care / Medical Knowledge)
6. Demonstrate ability to apply orthopedic devices, including compressive dressings, splints and immobilizers. (Patient Care / Medical Knowledge)
7. Demonstrate skill in performance of the following procedures: fracture/dislocation immobilization and reduction, arthrocentesis, extensor tendon repair. (Patient Care / Medical Knowledge)
8. Demonstrate ability to prioritize and manage the treatment of orthopedic injuries in multiple trauma patients. (Patient Care / Medical Knowledge)
9. Describe the presentation of patients with inflammatory and infectious disorders and demonstrate ability to diagnose and treat them. (Patient Care / Medical Knowledge)
10. Demonstrate ability to diagnose and treat soft tissue foreign bodies. (Patient Care / Medical Knowledge)

11. Describe the presentations, complications, diagnosis, management and prognosis of patients with human and animal bites. (Patient Care / Medical Knowledge)

12. Describe the presentations, complications, diagnosis and management of compartment syndromes. (Patient Care / Medical Knowledge)

13. Demonstrate ability to provide regional anesthesia, including hematoma blocks, Bier blocks and radial, ulnar, median, axillary, posterior tibial and sural nerve blocks. (Patient Care / Medical Knowledge)

14. Discuss the dosages, indications, contraindications and side effects of standard analgesic and sedative agents used to treat patients with acute orthopedic trauma and demonstrate skills in their use. (Patient Care / Medical Knowledge)

15. Discuss the dosages, indications, contraindications, side effects and relative potency of standard oral analgesics used in treatment of patients with musculoskeletal disorders. (Patient Care / Medical Knowledge)

16. Discuss the differential diagnosis, historical features, physical and examination findings of patients with low back pain. (Patient Care / Medical Knowledge)

17. Demonstrate ability to recognize and treat soft tissue infections involving muscle, fascia, and tendons. (Patient Care / Medical Knowledge)

18. Describe diagnosis and treatment of overuse syndrome. (Patient Care / Medical Knowledge)

19. Describe how to evaluate and preserve amputated limb parts. (Patient Care / Medical Knowledge)

20. Demonstrate knowledge of joint injuries, evaluation and grading of joint injuries, treatment of joint injuries and prognosis. (Patient Care / Medical Knowledge)

21. Discuss evaluation and treatment of soft tissue injuries such as strains, penetrating soft tissue injuries, crush injuries, and high-pressure injection injuries. (Patient Care / Medical Knowledge)

22. Demonstrate the ability to work effectively and collaboratively with other members of the health care team. (Interpersonal and Communication Skills / Professionalism)

23. Demonstrate the ability to apply current principles of practice to the care of their patients. (Practice Based Learning and Improvement)

24. Demonstrate a professional and caring attitude with patients and their families. (Interpersonal and Communication Skills / Professionalism)

25. Demonstrate the ability to work in an efficient and timely manner. (Interpersonal and Communication Skills / Professionalism)

26. Demonstrate the ability to coordinate patient care with specialist physicians. (Professionalism)

27. Demonstrate the ability to use resources of the available system in a cost-effective manner. (Systems Based Practice)

Content Areas:

1. Normal anatomy and physiology
2. Normal growth and development
3. Musculoskeletal history taking
4. Principles of musculoskeletal physical examination
5. Laboratory data including indications, contraindications and interpretation (e.g. joint fluid)
6. Testing
   1. Interpretation of common musculoskeletal radiographs
   2. Appropriate use of magnetic resonance imaging, computed tomographic scanning and bone scanning
   3. Procedures: indications and understanding of techniques
      a. Arthrogram
      b. Myelogram
      c. Arthroscopy
7. Pathogenesis/pathophysiology/recognition
   1. Joint pain, swelling and erythema
   2. Muscular pain, swelling and injury
   3. Musculoskeletal trauma
4. Fractures
5. Dislocations
6. Tendon injuries
7. Nerve injuries
8. Bone and joint infections
9. Compartment syndrome
10. Avascular necrosis
11. Osteoporosis
12. Overuse syndromes

8. Pediatric problems
1. Hip dislocation
2. Congenital hip dysplasia
3. Legg Calvé-Perthes disease
4. Osgood-Schlatters disease
5. Slipped capitofemoral epiphysis
6. “Clubfoot” (talipes)
7. Intoeing (metatarsus adductus, tibial torsion, femoral anteversion)
8. “Bow leg” (genu varum) and “knock knee” (genu valgum)
9. Epiphyseal injuries in children according to the Salter-Harris classification
10. Transient synovitis
11. Child abuse

9. Basic Care
1. Fractures (simple, stable, closed and nondisplaced)
   a. Metacarpal, metatarsal, phalangeal
   b. Forearm, single bone midshaft
   c. Humerus, midshaft
   d. Clavicle
   e. Ribs
   f. Vertebrae, lumbar or thoracic compression-type
   g. Pelvis, excluding interruption of the pelvic ring
   h. Patella
   i. Lower leg, single bone midshaft
   j. Unimalleolar ankle
   k. Calcaneus

Sprains and strains
   a. Finger
   b. Toe
   c. Ankle
   d. Knee
   e. Vertebral column
   f. Wrist
   g. Elbow
   h. Shoulder
   i. Neck
   j. Muscular strains (e.g. hamstring, trapezius)

3. Other problems
   a. Costochondritis
   b. Bursitis/tendinitis/tenosynovitis
   d. Entrapment syndrome
   e. Baker’s cyst
   f. Chondromalacia patellae
   g. Osgood-Schlatter disease
   h. Osteochondroses/aseptic necrosis
   i. Osteoarthritis/crystalline-induced arthritis (e.g. gout/pseudo-gout)
   j. Metabolic bone disease (osteoporosis, Paget’s disease)
k. Acute and chronic low back pain
l. Osteomyelitis

10. Procedures (indications, contraindications and competency)
   1. Joint aspiration (arthrocentesis)
   2. Joint and musculoskeletal injection (local anesthesia, steroid)
   3. Wrapping and taping
      a. Elasticized bandage
      b. Ankle taping
      c. Clavicular figure-of-eight bandage
      d. Soft cervical collar
   4. Splints (upper and lower extremity)
   5. Plaster and fiberglass casts
      a. Short and long leg, with and without walker
      b. Short and long arm
      c. Thumb Spica
      d. Cast wedging
      e. Cast problems
   6. Dislocation reduction
      a. Simple anterior shoulder
      b. Radial head
      c. Simple posterior elbow
      d. Phalanges
      e. Patella
      f. Mandible

11. Orthopedic Emergency Recognition and Stabilization
   1. Compartment Syndrome
   2. Hip Dislocation
   3. Knee Dislocation
   4. Pelvis Fracture
   5. Cervical Spine Fracture
   6. Cord Injury

**Instructional Methods:**

<table>
<thead>
<tr>
<th>Method</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-on-one precepting</td>
<td>Rotation evaluation by attending physician</td>
</tr>
<tr>
<td>Patient care and teaching rounds</td>
<td>Direct observation of patient care</td>
</tr>
<tr>
<td>Didactic sessions</td>
<td>Participation in didactics</td>
</tr>
<tr>
<td>Assigned readings and presentations</td>
<td></td>
</tr>
</tbody>
</table>
**Resident Responsibilities:**

Specific requirements for this rotation include the following:

1. The resident is expected to be available to the Orthopedics Department. In addition to accomplishing the specific goals and objectives and instructional methods as defined above, the resident must complete the following general program requirements as outlined in the resident manual:

   A. **Rotation Completion:**
      Complete monthly rotations and logs. Completion of "Rotation Evaluation" form signed by Rotation Director.

   B. **Assigned Readings Completion:**
      This includes satisfactory and punctual completion of assigned readings. This is demonstrated by the maintenance of weekly quiz scores.

   C. **Attendance:**
      Satisfactory attendance required at lectures, conferences and meetings.

   D. **Compliance:**
      Maintaining criteria outlined in approval of residency training programs in emergency medicine under “Standards for Residents”.

   E. **Quality Assurance Programs:**
      Attend all required Quality Assurance Programs, audits, chart reviews and Morbidity and Mortality reviews as assigned.

**Attending Responsibilities:**

   Provide didactic and individual instruction to the resident.
   Participate in teaching rounds with the resident
   Provide timely feedback to the Program Director and faculty regarding resident performance and evaluation.

**Evaluation:**

   Evaluation of the resident will be done by the designated attending physician based on the written and defined goals and objectives listed above.

**Schedule:**

The resident schedule is individualized and will be defined by the Orthopedic Attending

**Parking:**

Provided by office or hospital.

**Meals:**

Provided by hospital.
Recommended Reading:

For General Orthopedics:
"Campbell's Operative Orthopedics", current edition, Vol.1 and 2,
"Fractures", Vol. 1 and 2, by Rockwood and Greden, current edition
"Fractures in Children", by Blount, current edition
"Fracture Management", by Hartman, current edition

For Hand:
"Primary Care of Hand Injuries", by Newmeyer
Pediatric Intensive Care Unit Rotation EM 2

Introduction / Description:

The purpose of this rotation is to allow residents to evaluate and manage pediatric intensive care patients under direct supervision of the Pediatric Intensivist. During the service the resident will care for critical care pediatric patients on a daily basis, including the use of mechanical ventilation, exposure to surgical services and use of state-of-the-art monitoring equipment.

The experience will include emergency resuscitation, etiology and management of respiratory failure and circulatory failure. The understanding of data derived from invasive pressure monitoring, evaluation and management of patient in multiple organ system failure and the practices of post-operative care including: pain and anxiety management, fluid and electrolyte balance and respiratory care.

Residents have the opportunity to gain experience with endotracheal intubation, ventilator management, arterial line placement, femoral venous catheter placement, and thoracentesis.

All patients are admitted under the service of board certified Intensivists who are responsible for direct supervision, patient care, and teaching of the residents and fellows.

Rounds incorporating teaching and patient management are held daily.

Training Year: EM 3

Length: 1 month

Contact Information:

Attending Physician: TBD

Location:

DeVos Children's Hospital
Grand Rapids, Mi

Contact Person: TBD

Rotation Goals:

1. Develop the ability to rapidly evaluate, diagnose, stabilize, and disposition critically ill infants and pediatric patients.

2. Learn respiratory, cardiovascular, renal and neurologic physiology and the pathophysiology of trauma, toxins, shock, sepsis, cardiac failure, and respiratory failure that affect critically ill pediatric patients.

3. Learn the principles of medical instrumentation and hemodynamic monitoring and be able to utilize them in the care of critically ill pediatric patients.

4. Learn the indications and develop the technical skills needed to perform diagnostic and therapeutic interventions in critically ill pediatric patients.

5. Learn the rational use of laboratory, radiographic and other diagnostic tests in the management of critically ill pediatric patients.

6. Understand the etiologies and pathophysiology of cardiac arrest.

7. Learn to recognize the dysrhythmias associated with cardiac arrest and their treatment.
8. Learn the American Heart Association recommendations and develop skill in the performance of standard resuscitative procedures for infants and pediatric patients.

9. Learn the principles of pharmacotherapy and the routes and dosages of drugs recommended during cardiac arrest and following resuscitation of infants and pediatric patients.

**Rotation Learning Objectives:**

1. Demonstrate ability to rapidly perform history and physical exams in critically ill pediatric patients. (Patient Care / Medical Knowledge)

2. Demonstrate the ability to perform the following procedures: oral endotracheal intubation, nasotracheal intubation, cricothyrotomy, needle thoracostomy, tube thoracostomy, central intravenous placement, swan Ganz placement, transvenous cardiac pacing, arterial line placement, ABG, and Foley catheterization. (Patient Care / Medical Knowledge)

3. Demonstrate the ability to use and interpret data from ECG monitors, EKGs, cardiac outputs, hemodynamic monitoring, arterial blood gases, pulse oximetry, end tidal CO₂ monitors and respirators. (Patient Care / Medical Knowledge)

4. Describe the dosages, indications and contraindications of pharmacologic interventions for shock, cardiac failure, dysrhythmias, sepsis, trauma, toxins, respiratory failure, hepatic failure, renal failure, and neurologic illnesses. (Patient Care / Medical Knowledge)

5. Demonstrate the ability to manage a pediatric patient on a ventilator. (Patient Care / Medical Knowledge)

6. Demonstrate appropriate judgment in the management of critically ill pediatric patients. (Patient Care / Medical Knowledge)

7. Demonstrate appropriate prioritization of diagnostic and therapeutic interventions in critically ill pediatric patients. (Patient Care / Medical Knowledge)

8. Demonstrate ability to diagnose and treat shock, sepsis, fluid and electrolyte abnormalities, cardiac failure, cardiac dysthymias, renal failure, hepatic failure, and toxicologic emergencies. (Patient Care / Medical Knowledge)

9. Demonstrate an understanding of the appropriate use of consultants in critically ill pediatric patients. (Patient Care / Medical Knowledge)

10. Demonstrate an understanding of the ethical and legal principles applicable to the care of critically ill patients. (Patient Care / Medical Knowledge)

11. Demonstrate knowledge of the various etiologies of cardiac arrest and the corresponding therapeutic approaches in infants and pediatric patients. (Patient Care / Medical Knowledge)

12. Demonstrate knowledge of the factors affecting blood flow, oxygen delivery and oxygen consumption during cardiac arrest. (Patient Care / Medical Knowledge)

13. Demonstrate ability to recognize dysrhythmias associated with cardiac arrest and knowledge of ACLS protocols in infants and pediatric patients. (Patient Care / Medical Knowledge)

14. Demonstrate ability to manage the airway during cardiac arrest, including mouth-to-mouth ventilation, bag-valve-mask ventilation, endotracheal intubation, cricothyroidotomy, and recognition of the obstructed airway. (Patient Care / Medical Knowledge)

15. Demonstrate ability to perform external closed chest cardiopulmonary resuscitation. (Patient Care / Medical Knowledge)

16. Discuss the dosages, indications and contraindications for pharmacologic therapy during cardiac arrest and following resuscitation. Demonstrate knowledge of the techniques for drug administration including peripheral and central venous, endotracheal, and intraosseous administration. (Patient Care / Medical Knowledge)

17. Demonstrate ability to safely perform internal and external defibrillation. (Patient Care / Medical Knowledge)

18. Demonstrate the ability to work effectively and collaboratively with other members of the health care team. (Interpersonal and Communication Skills / Professionalism)

19. Demonstrate the ability to apply current principles of practice to the care of their patients. (Practice Based Learning and Improvement)

20. Demonstrate a professional and caring attitude with patients and their families. (Interpersonal and Communication Skills / Professionalism)
21. Demonstrate the ability to work in an efficient and timely manner. (Interpersonal and Communication Skills / Professionalism)

22. Demonstrate the ability to coordinate patient care with specialist physicians. (Professionalism)

23. Demonstrate the ability to use resources of the available system in a cost-effective manner. (Systems Based Practice)

**Content Areas:**
- Neonatal Resuscitation
- Pediatric Resuscitation
- Trauma - Evaluation, Management and Therapeutics
  1. Abdominal injuries
  2. Chest injuries
  3. Cranial / Neurologic
  4. Orthopedic

**Fluid and Electrolyte Balance**

1. Maintenance fluids:
   1. Pathophysiology of hypernatremic and hyponatremic dehydration.
   2. Daily water and electrolyte requirements.
   3. Factors which increase daily fluid requirements.
   4. Conditions in which fluid administration may need to be restricted (Syndrome of inappropriate ADH secretion--SIADH), congestive heart failure, renal failure)

2. Fluid deficit:
   1. Causes of excessive fluid loss leading to dehydration.
   2. Clinical complications of electrolyte disturbances, including hypernatremia, hyponatremia, hyperkalemia, and acidosis.
   3. Effect of pH on serum potassium levels.
   4. Electrolyte composition of standard oral and IV solutions.
   5. Appropriate laboratory studies and their interpretation

**Shock**

1. Sepsis
2. Meningococcemia
3. DKA
4. Dehydration
5. Burns
6. Anaphylaxis
7. Adrenal insufficiency (adrenogenital syndrome)
8. Ingestion

**Ataxia**

1. Ingestion
2. Infection
3. Tumor

**Seizures**

1. Febrile seizure
2. Status epilepticus
3. Epilepsy
4. Ingestion
5. Toxic encephalopathy
6. Increased intracranial pressure
7. Electrolyte disturbance (sodium, calcium, glucose)

**Delirium / Coma**

1. Head injury
2. Substance abuse
3. Infection (encephalitis, meningitis)
4. Hepatic failure
5. Reye syndrome
6. DKA
7. Hypoglycemia
Airway obstruction / Respiratory distress
1. Foreign body aspiration
2. Anaphylaxis
3. Epiglottitis
4. Croup
5. Asthma
6. Bronchiolitis
7. Pneumonia
8. Peritonsillar or retropharyngeal abscess

Apnea
1. SIDS (Sudden Infant Death Syndrome)
2. ALTE (Acute Life Threatening Event)
3. Seizure disorder
4. Cardiac arrhythmia

Instructional Methods:

<table>
<thead>
<tr>
<th>Method</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-on-one precepting with attending physician in direct patient care</td>
<td>Direct observation of daily management activities by the PICU attending based on goals and objectives.</td>
</tr>
<tr>
<td>Daily rounds with pediatric intensivist</td>
<td></td>
</tr>
</tbody>
</table>

Resident Responsibilities:

In addition to accomplishing the specific goals and objectives and instructional methods as defined above, the resident must complete the following general program requirements as outlined in the resident manual:

A. Rotation Completion:
   Satisfactory completion of monthly rotations and logs. Completion of "Rotation Evaluation" form signed by Rotation Director.

B. Assigned Readings Completion:
   This includes satisfactory and punctual completion of assigned readings. This is demonstrated by the maintenance of weekly quiz scores.

C. Attendance:
   Satisfactory attendance required at lectures, conferences and meetings.

D. Compliance:
   Maintaining criteria outlined in approval of residency training programs in emergency medicine under “Standards for Residents”.

E. Quality Assurance Programs:
   Attend all required Quality Assurance Programs, audits, chart reviews and Morbidity and Mortality reviews as assigned.

Attending Responsibilities:

Provide didactic and individual instruction to the resident.
Participate in teaching rounds with the resident
Provide timely feedback to the Program Director and faculty regarding resident performance and evaluation.

**Evaluation:**

Evaluation of the resident will be done by the designated attending physician based on the written and defined goals and objectives listed above.

**Schedule:**

Resident schedule is individualized and will be determined once the rotation is scheduled

**Housing:**

Not provided

**Meals:**

Not provided

**Parking:**

Provided by the hospital
Neurology Rotation EM 2

Introduction / Description:

The purpose of this rotation is to allow the resident to be exposed to a variety of neurological patients under the supervision of an attending neurologist. Working with the attending physician the resident will develop the skills necessary to accurately and quickly evaluate, diagnose and initiate treatment in patients presenting with neurological symptoms.

Appropriate use and interpretation of a variety of diagnostic modalities will also be covered.

Training Year: EM 3

Length: 2 Weeks

Contact Information:

Attending Physician:
Richard Frieden, MD

Location:
Lakeland Regional Healthcare

Rotation Goals:

6. Learn the anatomy, pathophysiology, presentation, and management of common nervous system disorders and injuries.
7. Develop skill in the performance of a screening and detailed neurological evaluation.
8. Develop skill in the use and performance of diagnostic procedures in the evaluation of neurological disorders.
9. Effectively utilize radiologic studies to diagnose neurological disease or injury.
10. Diagnose, stabilize and provide initial treatment of injuries and diseases of the brain, spinal cord, bony spine and peripheral nerves.

Rotation Learning Objectives:

12. The resident will develop the ability to perform a general history and physical examination pertinent to neurology and establish localization of the neurologic lesion. (Patient Care / Medical Knowledge)
13. The resident will develop the skills necessary to formulate an appropriate differential diagnosis. (Patient Care / Medical Knowledge)
14. The resident will acquire an understanding of the basic laboratory tests necessary to pursue a suspected diagnosis including, but are not limited to: electrophysiology, neuro-imaging (i.e., CT, MRI, etc), cerebral spinal fluid analysis, hematology, metabolic analysis. (Patient Care / Medical Knowledge)
15. The resident will develop an understanding of the neuropathology prognosis and treatment strategies for common neurologic illnesses. (Patient Care / Medical Knowledge)
16. The resident will develop a strong didactic background in basic neurology, neurophysiology and neuropathology that will allow a foundation for lifelong learning in this discipline of medicine. (Patient Care / Medical Knowledge)
17. Demonstrate the ability to work effectively and collaboratively with other members of the health care team. (Interpersonal and Communication Skills / Professionalism)
18. Demonstrate the ability to apply current principles of practice to the care of their patients. (Practice Based Learning and Improvement)
19. Demonstrate a professional and caring attitude with patients and their families. (Interpersonal and Communication Skills / Professionalism)
20. Demonstrate the ability to work in an efficient and timely manner. (Interpersonal and Communication Skills / Professionalism)
21. Demonstrate the ability to coordinate patient care with specialist physicians. (Professionalism)
22. Demonstrate the ability to use resources of the available system in a cost-effective manner. (Systems Based Practice)

**Content Areas:**

Normal neuroanatomy and physiology
Neurologic exam
Cerebrovascular disorders
   1. Aneurysm
   2. Arteriovenous malformation
Stroke syndrome
   1. Hemorrhagic
   2. Ischemic
   3. Embolic
   4. Thrombotic
Subarachnoid hemorrhage
Cranial nerve disorders
   1. Bell’s Palsy
   2. Trigeminal neuralgia
Demyelinating disorders
   1. Amyotrophic lateral sclerosis
   2. Multiple sclerosis
Infections / Inflammatory disorders
   1. Abscess
   2. Encephalitis
   3. Meningitis
   4. Neuritis
Neuromuscular disorders
   1. Landry-Guillain-Barré Syndrome
   2. Myasthenia gravis
Peripheral neuropathies
Spinal cord compression
Central nervous system shunt malfunction
Seizure Disorders – Differential Dx
Common emergencies
   1. Head / Spinal cord trauma
   2. Increased Intracranial Pressure Syndrome
   3. Spinal Cord Compression Syndrome
   4. Headache – Differential Dx
   5. Coma / Altered mental status
**Instructional Methods:**

<table>
<thead>
<tr>
<th>Method</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care of in/out patients being evaluated on the Neurology Service</td>
<td>Daily observation of clinical duties by the preceptor</td>
</tr>
<tr>
<td>Teaching and patient care rounds</td>
<td></td>
</tr>
<tr>
<td>One-on-one precepting</td>
<td></td>
</tr>
<tr>
<td>Assigned readings</td>
<td></td>
</tr>
</tbody>
</table>

**Resident Responsibilities:**

In addition to accomplishing the specific goals and objectives and instructional methods as defined above, the resident must complete the following general program requirements as outlined in the resident manual:

A. Rotation Completion:
   Satisfactory completion of monthly rotations and logs. Completion of "Rotation Evaluation" form signed by Rotation Director.

B. Assigned Readings Completion:
   This includes satisfactory and punctual completion of assigned readings. This is demonstrated by the maintenance of weekly quiz scores.

C. Attendance:
   Satisfactory attendance required at lectures, conferences and meetings.

D. Compliance:
   Maintaining criteria outlined in approval of residency training programs in emergency medicine under “Standards for Residents”.

E. Quality Assurance Programs:
   Attend all required Quality Assurance Programs, audits, chart reviews and Morbidity and Mortality reviews as assigned.

**Attending Responsibilities:**

- Provide didactic and individual instruction to the resident.
- Participate in teaching rounds with the resident
- Provide timely feedback to the Program Director and faculty regarding resident performance and evaluation.

**Evaluation:**

Evaluation of the resident will be done by the designated attending physician based on the written and defined goals and objectives listed above.

**Schedule:**

Variable and will be reviewed at the start of the service by the preceptor.

**Parking:**
Provided by hospital
Meals:
Not provided

Recommended Reading:
"Neurology for the House Office"
"Harrison's Principles of Medicine"
"Manter and Gatz"
Neurosurgery Rotation EM 2

**Introduction / Description:**

The purpose of this rotation is to give the resident the opportunity to participate in the care of patients with neurosurgical emergencies and develop the skills necessary to recognize, work-up and initiate therapy in the patient with a neurosurgical emergency.

The resident will work with Neurosurgical consultants in the Emergency Department management of Neurosurgical emergencies and consultations to establish an understanding and proficiency at performing procedures such as spinal blocks, pain management and Neurosurgical emergency case stabilization.

In addition, the resident will assist in neurosurgical procedures and patient care.

**Training Year:** EM 2

**Length:** 2 Weeks

**Contact Information:**

**Attending Physician:** Christian Sikorski, MD

**Location:**

Lakeland Regional Healthcare

**Rotation Goals:**

1. Learn the anatomy, pathophysiology, presentation, and management of common nervous system disorders and injuries requiring surgical intervention.
2. Develop skill in the performance of a screening and detailed neurological evaluation.
3. Develop skill in the use and performance of diagnostic procedures in the evaluation of neurological disorders.
4. Effectively utilize radiologic studies to diagnose neurological disease or injury.
5. Diagnose, stabilize and provide initial treatment of injuries and diseases of the brain, spinal cord, bony spine and peripheral nerves.
6. Learn how CSF shunts function and learn to evaluate patients with possible shunt malfunction.

**Rotation Learning Objectives:**

1. Demonstrate a brief and a complete neurological history and examination on patients with various levels of consciousness, including trauma patients. (Patient Care / Medical Knowledge)
2. Demonstrate knowledge of neuroanatomy and application of this knowledge in the neurological examination to localize neurological disorders. (Patient Care / Medical Knowledge)
3. Demonstrate the ability to recognize and manage cerebrovascular ischemic disorders, seizure disorders, headache, spinal cord compression, shunt malfunction, neurological infections, and neurological inflammatory states. (Patient Care / Medical Knowledge)
4. Demonstrate the ability to recognize and manage cranial nerve disorders, demyelination disorders, neuromuscular disorders, pseudotumor cerebri, normal pressure hydrocephalus, and peripheral neuropathy. (Patient Care / Medical Knowledge)
5. Demonstrate skill in the initial evaluation and management of blunt and penetrating traumatic injuries of the CNS. (Patient Care / Medical Knowledge)
6. Describe initial management of fractures, subluxations, and dislocations of the spine. (Patient Care / Medical Knowledge)
7. Demonstrate the ability to recognize and manage acute cerebrovascular and spinal cord disorders that are amenable to neurosurgical intervention. (Patient Care / Medical Knowledge)

8. Describe the main classifications of headaches and state the doses, indications, and contraindications for agents used to manage each of these types of headaches. (Patient Care / Medical Knowledge)

9. Describe the indications, techniques, and contraindications for neurological imaging procedures including plain radiographs, computerized tomographic scans, magnetic resonance imaging, tomography. (Patient Care / Medical Knowledge)

10. Demonstrate accurate interpretation of neurological imaging studies including plain radiographs and computerized tomographic scans. (Patient Care / Medical Knowledge)

11. Demonstrate spinal immobilization techniques. (Patient Care / Medical Knowledge)

12. Demonstrate ability to recognize and manage spinal cord compression due to non-traumatic causes. (Patient Care / Medical Knowledge)

13. Describe the indications and techniques for control of intracranial pressure. (Patient Care / Medical Knowledge)

14. Demonstrate the ability to work effectively and collaboratively with other members of the health care team. (Interpersonal and Communication Skills / Professionalism)

15. Demonstrate the ability to apply current principles of practice to the care of their patients. (Practice Based Learning and Improvement)

16. Demonstrate a professional and caring attitude with patients and their families. (Interpersonal and Communication Skills / Professionalism)

17. Demonstrate the ability to work in an efficient and timely manner. (Interpersonal and Communication Skills / Professionalism)

18. Demonstrate the ability to coordinate patient care with specialist physicians. (Professionalism)

19. Demonstrate the ability to use resources of the available system in a cost-effective manner. (Systems Based Practice)

**Content Areas:**

- Normal neuroanatomy and physiology
- Neurologic exam
- Cerebrovascular disorders
  - 3. Aneurysm
  - 4. Arteriovenous malformation
- Stroke syndrome
  - 5. Hemorrhagic
  - 6. Ischemic
  - 7. Embolic
  - 8. Thrombotic
- Subarachnoid hemorrhage
- Infections / Inflammatory disorders
  - 5. Abscess
  - 6. Encephalitis
  - 7. Meningitis
- Spinal cord compression
- Central nervous system shunt malfunction
- Common emergencies
  - 6. Head / Spinal cord trauma
  - 7. Increased Intracranial Pressure Syndrome
  - 8. Spinal Cord Compression Syndrome
  - 9. Headache - Differential Dx
Instructional Methods:

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<thead>
<tr>
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<tbody>
<tr>
<td>Office and in-house care of the Neurosurgical patient</td>
<td>Direct observation by the preceptor</td>
</tr>
<tr>
<td>Patient care and teaching rounds</td>
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Resident Responsibilities:

In addition to accomplishing the specific goals and objectives and instructional methods as defined above, the resident must complete the following general program requirements as outlined in the resident manual:

A. Rotation Completion:
   Satisfactory completion of monthly rotations and logs. Completion of "Rotation Evaluation" form signed by Rotation Director.

B. Assigned Readings Completion:
   This includes satisfactory and punctual completion of assigned readings.

C. Attendance:
   Satisfactory attendance required at lectures, conferences and meetings.

D. Compliance:
   Maintaining criteria outlined in approval of residency training programs in emergency medicine under “Standards for Residents”.

Attending Responsibilities:

Provide didactic and individual instruction to the resident.
Participate in teaching rounds with the resident
Provide timely feedback to the Program Director and faculty regarding resident performance and evaluation.

Evaluation:

Evaluation of the resident will be done by the designated attending physician based on the written and defined goals and objectives listed above. Written evaluation of the resident by the attending Emergency Medicine physicians at the completion of the rotation.

Schedule:

Variable and will be determined by the preceptor at the start of the rotation.

Parking:

Provided by hospital.

Meals:

Provided by hospital.
**Recommended Reading:**

"Stupor and Coma", by Plum and Posner
"Emergency Neurology", by Henry and Little
"Head Injury", by Cooper
"Neurological Emergencies"
Medical Intensive Care-1 Rotation EM 2

Introduction / Description

The purpose of this rotation is to give the Resident the opportunity to provide the resident with a foundation on which to appreciate the presentation, pathophysiology, exam techniques, testing procedures and treatment guidelines that are associated with a variety of critical disease conditions seen in the medical intensive care patient.

Training Year:  EM 2

Length:  1Month

Attending Physicians:

Dr. Steven Hempel

Location:

Lakeland Regional Healthcare
St Joseph, Mi

Rotation Goals:

This rotation is four weeks (one month) in the Critical Care Unit. The Goal is to develop the knowledge and understanding of the principles and practice of critical care medicine. The Resident will be able to recognize a critically ill patient through the integration of the history and physical, laboratory and diagnostic tests. The Resident will develop a basic management plan which will include stabilization and treatment of the critically ill patient.

Rotation Learning Objectives

1. To perform a complete but focused history and physical examination on critically ill patients. (Patient Care, Medical Knowledge)

2. To develop a differential diagnosis list integrating findings from the history and physical, and diagnostic tests. (Patient Care, Medical Knowledge)

3. To develop a treatment plan to stabilize and treat the critically ill patient based on the history and physical, laboratory and other diagnostic modalities available to the physician. (Patient Care, Medical Knowledge)

4. To understand the pathophysiology of critical illness and to develop strategies in treatment. (Patient Care, Medical Knowledge, Systems Based Practice)

4a. To understand the risks/complications associated with critical illness. (Patient Care, Medical Knowledge, Systems Based Practice)

5. To incorporate principles and practices of osteopathic medicine in the diagnosis and treatment of critically ill patients. (Patient Care, Medical Knowledge, Osteopathic Manipulative Medicine)

6. Use library and computer sources in the diagnosis and treatment of critical care patients. (Patient Care, Medical Knowledge, Systems Based Practice)
7. To be able to succinctly but completely present cases to appropriate medical personnel. (Patient Care, Medical Knowledge, Systems Based Practice)

8. To understand the ethical and sociological issues involved in critical care, and death and dying. (Patient Care, Medical Knowledge, Systems Based Practice, Professionalism, Interpersonal and Communication Skills)

9. To develop motor or manual skills consistent with the level of training including, ventilator management, ABG interpretation, venous and arterial line access, swan-gantz catheter placement and interpretation, thrombolytic therapy, BCLS and ACLS protocol, common critical care medications and dosing. (Patient Care, Medical Knowledge, Systems Based Practice)

10. Participate in Critical Care didactic sessions with other house staff and attending physicians. (Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism)

Description and Expected Duties

The Critical Care rotation is a four-week rotation working with the critical care intensivists.

The Resident will be completing admissions, daily program notes, transfer orders, lab/xray review, get past history from previous facility and other sources, obtain current literature relevant to patient care. Familiarize with indications, risks, and complications for any procedures on your patients. The Resident should participate in all procedures done in unit and respond to floor calls.

Daily Schedule:

First day contact in house intensivist who will determine schedule

Instructional Methods:

<table>
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<tr>
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<tbody>
<tr>
<td>Office and in-house care of the critical patient</td>
<td>Direct observation by the preceptor</td>
</tr>
<tr>
<td>Patient care and teaching rounds</td>
<td></td>
</tr>
<tr>
<td>One-on-one precepting</td>
<td></td>
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<td>Assigned readings</td>
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Resident Responsibilities:

In addition to accomplishing the specific goals and objectives and instructional methods as defined above, the resident must complete the following general program requirements as outlined in the resident manual:

A. Rotation Completion:  
   Satisfactory completion of monthly rotations and logs. Completion of "Rotation Evaluation" form signed by Rotation Director.

B. Assigned Readings Completion:  
   This includes satisfactory and punctual completion of assigned readings.
C. **Attendance:**
Satisfactory attendance required at lectures, conferences and meetings.

D. **Compliance:**
Maintaining criteria outlined in approval of residency training programs in emergency medicine under “Standards for Residents”.

**Attending Responsibilities:**
Provide didactic and individual instruction to the resident.
Participate in teaching rounds with the resident
Provide timely feedback to the Program Director and faculty regarding resident performance and evaluation.

**Evaluation:**
Evaluation of the resident will be done by the designated attending physician based on the written and defined goals and objectives listed above.

  - Weekly topic reviews with residents.
  - Home reading assignments.

**Parking:**
Provided by the Hospital

**Meals:**
Provided by the hospital

**Reading Materials:**
Recommended Marino’s “ICU” book, articles will be distributed on service.

**Logs and Evaluations:**
Complete logs daily and receive signature of the attending the last day on service.

  - Evaluation will be discussed with attending and should be completed during the last 2-3 days of rotation.
  - This is the Resident’s responsibility to set up a time to do this
Trauma-1 Rotation EM 2

Introduction / Description:

The purpose of this rotation is to give residents the opportunity to learn advanced resuscitation procedures/techniques such as closed tube thoracostomy, thoracotomy, advanced airway techniques (cricothyroidotomy), central line placement while managing the trauma patient.

Training Year: EM 2

Length: 1 Month

Contact Information: Trauma Department, St Joseph Hospital, Ann Arbor, Mi

Attending Physician: TBD

TBD

Rotation Goals:

1. To learn principles trauma care.
2. To develop an organized approach to the assessment, resuscitation, stabilization and provision of definitive care for the trauma victim.
3. To learn use of the diagnostic imaging modalities available for evaluation of the trauma victim.
4. To develop procedural skills necessary in the evaluation and management of the trauma victim.
5. To learn to recognize and treat immediate life and limb threatening injuries in the trauma victim.
6. To learn special considerations in the evaluation and management of the pregnant trauma victim.
7. To learn special considerations in the evaluation and management of the pediatric trauma victim.
8. To learn special considerations in the evaluation and management of the geriatric trauma victim.
9. To learn the principles of disaster management.
10. To learn the principles of burn management.
11. To learn a systems approach to trauma management that includes statewide trauma systems and categorization of institutions and emergency department.
12. To learn the principles of pre-hospital trauma care including the role of BCS and ALS ambulance services and air transport services.

Rotation Learning Objectives:

1. Demonstrate ability to rapidly and thoroughly assess victims of major and minor trauma. (Patient Care / Medical Knowledge/Practice-Based Learning & Improvement)
2. Demonstrate ability to establish priorities in the initial management of victims of life-threatening trauma. (Patient Care / Medical Knowledge Practice-Based Learning & Improvement)
3. Demonstrate ability to manage fluid resuscitation of trauma victims. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)
4. Demonstrate ability to manage the airway of trauma victims. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)
5. Discuss the continuing care of the trauma victim, including operative, post-operative and rehabilitative phases of care. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)
6. Demonstrate ability to perform/describe the following procedures: oral and nasogastric intubation, venous cutdowns, insertion of large bore peripheral and central venous lines, insertion of arterial lines, tube thoracostomy, local wound exploration, peritoneal lavage, vessel ligation, repair of simple and complex lacerations, splinting of extremity fractures, and reduction and immobilization of joint dislocations, cricothyroidotomy, resuscitative thoracotomy, pericardiotomy, aortic cross-clamping, and extensor tendon repair. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

7. Demonstrate ability to interpret radiographs on trauma patients, including chest, cervical, thoracic and lumbar spine, pelvis and extremity films. (Patient Care / Medical Knowledge/Practice-Based Learning & Improvement)

8. Discuss the importance of mechanism of injury in the evaluation and treatment of the trauma victim. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

9. Demonstrate ability to calculate the Glasgow Coma Score and discuss its role in the evaluation and treatment of head injured patients. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

10. Demonstrate ability to use spine immobilization techniques in trauma victims. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

11. Demonstrate ability to diagnose and manage trauma victims with extremity fractures, dislocations and subluxations. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

12. Demonstrate ability to manage soft tissue injuries including lacerations, avulsions and high-pressure injection injuries. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

13. Discuss the diagnosis and management of compartment syndromes. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

14. Discuss the diagnosis and management of urogenital injuries. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

15. Demonstrate appropriate use of analgesics and sedatives in trauma patients. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

16. Demonstrate appropriate use of antibiotics in trauma patients. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

17. Demonstrate ability to direct a trauma team during complex resuscitations. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

18. Demonstrate ability to coordinate consultants involved in the care of multiple trauma patients. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

19. Demonstrate ability to use and interpret imaging modalities in the evaluation of trauma patients. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

20. Demonstrate ability to arrange appropriate consultation and disposition of trauma patients. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

21. Demonstrate ability to direct the care of trauma victims in the pre-hospital setting. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

22. Discuss principle of disaster management and participate in disaster drills. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

23. Discuss the role of pre-hospital systems in the management of trauma patients. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

24. Discuss factors unique to the evaluation and management of pediatric trauma. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

25. Demonstrate ability to direct pediatric trauma resuscitations. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

26. Discuss factors unique to the evaluation and management of geriatric trauma. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

27. Demonstrate ability to direct geriatric trauma resuscitations. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

28. Discuss factors unique to the evaluation and management of trauma in pregnancy. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

29. Discuss the evaluation and management of spinal cord injuries. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)
30. Demonstrate ability to diagnose and manage tendon injuries. (Patient Care / Medical Knowledge Practice-Based Learning & Improvement)
31. Demonstrate ability to manage amputation injuries and discuss the potential for reimplantation. (Patient Care / Medical Knowledge Practice-Based Learning & Improvement)
32. Demonstrate the ability to manage the acutely burned patient, including minor and major injuries. (Patient Care / Medical Knowledge Practice-Based Learning & Improvement)
33. Demonstrate the ability to diagnose and treat smoke inhalation. (Patient Care / Medical Knowledge Practice-Based Learning & Improvement)
34. Discuss indications and procedures for transfer of an injured patient to a center. (Patient Care / Medical Knowledge Practice-Based Learning & Improvement)
35. Demonstrate the ability to assess and manage facial trauma. (Patient Care / Medical Knowledge Practice-Based Learning & Improvement)
36. Demonstrate the ability to evaluate and manage anterior neck injuries. (Patient Care / Medical Knowledge Practice-Based Learning & Improvement)
37. Demonstrate the ability to assess and manage penetrating and blunt chest trauma. (Patient Care / Medical Knowledge Practice-Based Learning & Improvement)
38. Demonstrate the ability to evaluate and manage blunt and penetrating abdominal trauma. (Patient Care / Medical Knowledge Practice-Based Learning & Improvement)
39. Demonstrate the ability to diagnose and treat pelvic fractures. (Patient Care / Medical Knowledge Practice-Based Learning & Improvement)
40. Demonstrate the ability to work effectively and collaboratively with other members of the health care team. (Interpersonal and Communication Skills / Professionalism/ Practice-Based Learning & Improvement/ Patient Care / Medical Knowledge)
41. Demonstrate the ability to apply current principles of practice to the care of their patients. (Practice Based Learning and Improvement/ Patient Care / Medical Knowledge)
42. Demonstrate a professional and caring attitude with patients and their families. (Interpersonal and Communication Skills / Professionalism/ Practice-Based Learning & Improvement)
43. Demonstrate the ability to work in an efficient and timely manner. (Interpersonal and Communication Skills / Professionalism/ Practice-Based Learning & Improvement)
44. Demonstrate the ability to coordinate patient care with specialist physicians. (Professionalism/ Practice-Based Learning & Improvement)
45. Demonstrate the ability to use resources of the available system in a cost-effective manner. (Systems Based Practice)

**Content Areas:**
Principles of Care
1. Pre-hospital trauma care
2. Triage
3. Resuscitation and stabilization

Domestic Violence

Radiologic evaluation
1. Plain radiographs
2. Contrast radiography
3. Computed tomography scan
4. Angiography
5. Ultrasonography

Head / Brain trauma

Spinal cord and peripheral nervous system trauma

Injuries of the spine and skull

Neck trauma

Chest trauma
Abdominal trauma
Upper extremity injuries
Lower extremity injuries
Pelvic fractures (open and closed)
Compartment syndromes
Amputations / reimplantation
Tendon injuries
Injuries to joints
Other soft tissue injuries
Crush injuries and crush syndrome
Cutaneous injuries
Principles of wound management
Burns
1. Thermal
2. Electrical
3. Chemical
Injuries to the genitalia
Trauma in pregnancy
ATLS

**Instructional Methods:**

<table>
<thead>
<tr>
<th>Method</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care of Level I, II, III trauma cases upon initial presentation to the ED. One-on-one precepting as member of trauma team</td>
<td>Direct observation by rotation preceptor</td>
</tr>
<tr>
<td>Required lectures / presentations</td>
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<tr>
<td>EM/ Trauma grand rounds</td>
<td></td>
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</tbody>
</table>

**Resident Responsibilities:**

In addition to accomplishing the specific goals and objectives and instructional methods as defined above, the resident must complete the following general program requirements as outlined in the resident manual:

**A. Rotation Completion:**
Satisfactory completion of monthly rotations and logs. Completion of "Rotation Evaluation" form signed by Rotation Director.
B. Assigned Readings Completion:
This includes satisfactory and punctual completion of assigned readings. This is demonstrated by
the maintenance of weekly quiz scores.

C. Attendance:
Satisfactory attendance required at lectures, conferences and meetings.

D. Compliance:
Maintaining criteria outlined in approval of residency training programs in emergency medicine
under “Standards for Residents”.

E. Quality Assurance Programs:
Attend all required Quality Assurance Programs, audits, chart reviews and Morbidity and Mortality
reviews as assigned.

Attending Responsibilities:
Provide didactic and individual instruction to the resident.
Participate in teaching rounds with the resident
Provide timely feedback to the Program Director and faculty regarding resident performance and
evaluation.

Evaluation:
Evaluation of the resident will be done by the designated attending physician based on the written
and defined goals and objectives listed above.

Schedule:
Resident schedule is individualized and will be determined once the rotation is scheduled. All
scheduling will be compliant with current “Work Hour Guidelines”

Housing:
Provided by hospital.

Meals:
Provided by hospital.

Parking:
Provided by hospital.

Readings:
"Emergency Airway Management Clinical Procedures in Emergency
Medicine", 2nd edition, Roberts
"Textbook of Emergency Medicine", Rosen
EM 3 Clinical Rotation Summaries

Emergency Department Core Rotation – EM 3

Introduction / Description:

The LRMC Emergency Department is staffed with EM Residency Faculty. Residents are assigned to all shifts to provide exposure to a broad range of clinical pathology and major trauma.

Over the course of the residency, and with increasing experience and responsibility, the resident will develop the skills, knowledge and attitudes necessary to handle a wide variety and number of cases in an efficient and professional manner.

In addition to the clinical experience, the ED Core rotation includes a series of didactic sessions intended to supplement and provide the broad based education, theory and practical aspects, of up-to-date Emergency Medicine.

Year of Training: EM 3

Contact Information:

Attending Physicians: Bryan Staffin, DO, FACOEP
LRMC Faculty

Location:
Lakeland Regional Medical Center
St Joseph, Mi

Educational Objectives:

General Goals:
To become progressively more independent in evaluation and initial intervention of urgent and emergent patients presenting to the Emergency Department (Patient Care, Medical Knowledge, Systems Based Practice)

To become competent in the resuscitation and stabilization of critically injured trauma patients presenting to the Emergency Department (Patient Care, Medical Knowledge, Systems Based Practice)

To become competent in the diagnosis and management simultaneously of multiple patients in the Emergency Department. (Patient Care, Medical Knowledge, Systems Based Practice)

Specific Goals:
The resident will master the skills needed to properly evaluate, resuscitate, if necessary, and stabilize critically ill and injured patients in the Emergency Department with particular emphasis on the following (Patient Care, Medical Knowledge, Systems Based Practice)

- Hepatic / hepato-renal failure
- Acute gastrointestinal hemorrhage
- Small bowel obstruction
- Mechanically
- Adynamic
- Pseudo obstruction
- Cardiac failure
Ischemic heart disease
Pericarditis
Arrhythmias
Conduction blocks
Circulatory augmentation
Indications of mechanical assistance
Acute hypertensive crisis
Thrombolytic therapy
Pharmacological agents
Acid-base disturbances
Metabolic
Respiratory
Diabetes Mellitus
Diabetic ketoacidosis
Hyperosmolar coma
Hypoglycemic syndromes
Thyroid disorders
Hyperthyroidism / thyroid storm
Hypothyroidism / myxedema
Thyroiditis
Burns
Smoke inhalation
Hemostatic disorders
Transfusions
Autotransfusion
Component therapy
Synthetic blood replacement
Hypersensitivity
Anaphylaxis / anaphylactoid reactions
Angioneurotic edema
Systemic bacterial infection
Gonococcemia
Gram-negative sepsis
Gram-positive sepsis
Meningococcemia
Tetanus
Toxic Shock Syndrome
Cerebrovascular disorders
Aneurysm
Stroke syndrome
Subarachnoid hemorrhage
Infections / inflammatory disorders
Spinal cord compression
Pregnancy, complicated
Ectopic pregnancy
Placenta previa
Toxemia
Treatment modalities
Major tranquilizers
Sedatives / hypnotics
Physical restraints
Management of violence
Acute and chronic renal failure
Complications of dialysis
Non-cardiogenic pulmonary edema
Primary pulmonary hypertension
Pulmonary embolism / infarct
Principles of drug interactions / adverse reactions
Pharmacokinetics
Antidotes
Gastric decontamination
Enhanced elimination
Principles of trauma care
Diagnosis of trauma
Treatment of trauma
Consultations in trauma
Mechanism of injury
Blunt trauma
Gunshot wounds / shotgun wounds
Stab wounds
Head trauma
Spinal cord and PNS trauma
Injuries of the spine
Anterior neck trauma
Chest trauma
Abdominal trauma
Upper extremity injuries
Dislocations / subluxations
Lower extremity fractures
Dislocations
Pelvic fractures
Injuries to joints
Trauma in pregnancy

The resident will learn the indications, contraindications, complications and techniques for the following procedures. When possible, these procedures will be performed on Emergency Department patients.
(Patient Care, Medical Knowledge)
- Airway techniques
- Cricothyrotomy
- Intubation using paralytic agents
- Percutaneous transtracheal ventilation
- Regional IV anesthesia
- Pericardiocentesis
- Peritoneal lavage
- Thoracentesis
- Hemodynamic techniques
- Arterial catheter insertion
- Central venous access – venous cutdown
- Peripheral venous cutdown
- Swan-Ganz catheter insertion
- Thoracic cardiac pacing
- Multiple patient management

Description of clinical experiences:
The resident will rotate for six months at the EM-3 level on the Emergency Medicine service. The resident will work with the senior Emergency Medicine resident under the supervision of the attending Emergency physician.

The Emergency Medicine Faculty will provide instruction in the proper method of critical care resuscitation and stabilization techniques.
The resident will examine and treat emergent and critically ill and injured patients in the Emergency Department under the supervision of the attending Emergency physician and senior Emergency Medicine resident. The resident will perform the above diagnostic and therapeutic procedures and skills under the direct supervision of the senior Emergency Medicine resident and the attending Emergency physician.

Description of didactic objectives:
The resident will attend daily and weekly conferences and meetings while on the Emergency Medicine service.

The resident will be responsible for the list of suggested readings for the Emergency Medicine rotation.

EM 3 Competency Objectives
The third year Emergency Medicine Resident concentrates on broadening exposure and developing efficiency. The resident begins to mentor junior EM and off-service residents, medical students, and physician assistant students rotating in the department. The resident is primarily responsible for the most critically ill patients in the Emergency Department and directs medical resuscitations. In addition to competencies expected from the previous two years, by the end of the resident’s third year of training the resident will:

1. Demonstrate increasing competence in advanced clinical procedures, including advanced airway management, trauma procedures
2. Manage multiple critically ill patients simultaneously
3. Provide on-line medical supervision to affiliated EMS systems
4. Show skill in mentoring and teaching junior residents and medical students rotating in the department
5. Research, prepare and deliver lectures in core topics relevant to emergency medicine
6. Retrieving and apply new and evidence-based knowledge to clinical practice
7. Maintain a program of study sufficient to acquire the knowledge and skills necessary for successful practice in emergency medicine

Evaluation Process:
Written quarterly evaluation of the resident by the attending Emergency physicians upon completion of the rotation.

Performance on the annual residents in-service examination

Feedback mechanisms:
Annual review of the rotation by the Core Faculty Advancement Committee

Ad hoc review of the rotation as deemed appropriate by the Program Director

Description of Didactic Educational Activities: (See Curriculum: didactic activities section of this manual)

Schedule:
Resident schedule is individualized and will be determined once the rotation is scheduled.
EM 3 – 17 shifts/month

Housing:
Not provided by hospital.

Meals:
Provided by hospital
Parking: Provided by hospital

Readings:

2. Core texts in Emergency Medicine:

4. Recommended References:
8. Medical Toxicology-Diagnosis and Treatment of Human Poisoning, M. Ellenhorn and D. Barceloux, Current Edition,
9. EKG, Marrino, H.
10. Paramedic Book - Caroline

5. Reference Journals:
4. Annals of Emergency Medicine,
5. The Journal of Trauma,
6. Emergency Medicine Clinics of North America,
Emergency Medical Services EM 3

Introduction / Description:

A (4) week course designed to offer the Emergency Medicine Resident experience in the development, implementation of Emergency Medical Systems. During this period of time the Resident will have direct contact with Paramedics and Emergency Medical Technicians (EMTs) in the field. The rotation will be divided between both Medic 1 and Southwest Michigan Community Ambulance Services. In addition, the Resident will be exposed to various aspects of the administrative leg of the EMS system and will participate in Medical Control meetings, Quality Assurance and Protocol meetings for Berrien County. The Resident will also become proficient at communication with incoming EMS personnel, and gain familiarity with standard operating procedures.

The Program will provide training to develop the skills necessary to organize and record data such as: history, physical exam, diagnostic techniques and procedures and laboratory tests in the initiation of appropriate therapy in the Emergency pre-hospital setting.

Training Year: EM 3

Length: 4 Weeks

Contact Information:

Attending Physician: Bryan Staffin, DO FACOEP
Berrien Co. EMS Medical Director

Location:
Lakeland Regional Healthcare
St Joseph and Niles

Contact Person: Bryan Staffin DO, FACOEP

Rotation Goals:

1. Learn common organizational structures of emergency medical services.
2. Learn the educational requirements and skill levels of various EMS providers.
3. Learn principles of EMS system operations.
4. Learn basic principles of disaster management.
5. Learn principals of pre-hospital triage and emergency medical care delivery.
6. Learn basic principals of EMS research.
7. Learn medicolegal principals relating to EMS.

Rotation Learning Objectives:

1. Actively participate in EMS system. (Patient Care / Medical Knowledge)
2. Describe local, state and national components of EMS. (Patient Care / Medical Knowledge)
3. Demonstrate ability to use all elements of the EMS communication system. (Patient Care / Medical Knowledge)
4. Demonstrate ability to provide initial and continuing education to all levels of EMS personnel (Patient Care / Medical Knowledge)
5. Demonstrate familiarity with research methodologies relating to EMS and disaster management. (Patient Care / Medical Knowledge)
6. Discuss medicolegal liability issues relating to EMS. (Patient Care / Medical Knowledge)
7. Participate in EMS continuous quality improvement. (Patient Care / Medical Knowledge)
8. Participate as an observer or team member in ground and air medical transport systems.  (Patient Care / Medical Knowledge)
9. Discuss development of EMS pre-hospital care protocols.  (Patient Care / Medical Knowledge)
10. Discuss basic concepts of mass casualties.  (Patient Care / Medical Knowledge)
11. Discuss basic concepts of disaster management.  (Patient Care / Medical Knowledge)
12. Demonstrate understanding of appropriate utilization practices for ground and air medical services.  (Patient Care / Medical Knowledge)
13. Discuss the process of disaster management notification, response, and medical care on a local, state and national level.  (Patient Care / Medical Knowledge)
14. Discuss the importance of and methods for medical control in EMS systems.  (Patient Care / Medical Knowledge)
15. Discuss the differences in education and skill level of various EMS providers.  (Patient Care / Medical Knowledge)
16. Describe common environmental, toxicologic, and biological hazards encountered in the pre-hospital care setting as well as injury prevention techniques.  (Patient Care / Medical Knowledge)
17. Demonstrate the ability to work effectively and collaboratively with other members of the health care team.  (Interpersonal and Communication Skills / Professionalism)
18. Demonstrate the ability to apply current principles of practice to the care of their patients.  (Practice Based Learning and Improvement)
19. Demonstrate a professional and caring attitude with patients and their families.  (Interpersonal and Communication Skills / Professionalism)
20. Demonstrate the ability to work in an efficient and timely manner.  (Interpersonal and Communication Skills / Professionalism)
21. Demonstrate the ability to use resources of the available system in a cost-effective manner.  (Systems Based Practice)
   (Core Competency)

Content Areas:

Medical control
   1. Off-line and on-line supervision
Disaster Medicine
   2. Definition of disaster
   3. Phases of disaster response
Triage
Hazardous materials
Mental health and behavioral consequences
   1. For disaster victims
   2. For professionals
   3. Critical incident stress debriefing

Instructional Methods:

<table>
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<tr>
<th>Method</th>
<th>Evaluation</th>
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<tbody>
<tr>
<td>Care of Pre-Hospital Patients</td>
<td>Evaluations by Providers</td>
</tr>
<tr>
<td>Education of Pre-hospital Providers</td>
<td>Evaluations by Providers</td>
</tr>
<tr>
<td>Participation in EMS Administrative Meetings</td>
<td>Input by EMS Administrator</td>
</tr>
</tbody>
</table>
Resident Responsibilities:

In addition to accomplishing the specific goals and objectives and instructional methods as defined above, the resident must complete the following general program requirements as outlined in the resident manual:

EMS
- Become familiar with and have a good working knowledge of Berrien County EMS System.
- Understand and appreciate the role of EMS, and pre-hospital care providers
- Become comfortable and knowledgeable in the use of EMS/hospital radio communication
- Build a base of EMS lectures and presentations

Requirements
Complete and participate in paramedic ride-alongs as outlined below. You will be required to participate in a total of ten ride-alongs.

2. Prepare and present one lecture for the current paramedic, or EMT class. Topics will be assigned and varies with the rotation time frame. Due to rotation constraints, lectures may be prepared, but not given until a later time in the year.

3. Attend all county related EMS meetings with Bryan Staffin, DO.
   Contact Dr. Staffin at the start of the rotation for dates and details of these meetings.

5. Review and QA 25 sheets from area EMS Departments.

6. Read Rosen textbook of Emergency Medicine chapter on EMS.


9. Complete the following online training at:
   www.training.fema.gov/emiweb/IS/crslist.asp
   IS100, IS200, IS700

A. Rotation Completion:
   Satisfactory completion of monthly rotations and logs. Completion of "Rotation Evaluation" form signed by Rotation Director.

B. Assigned Readings Completion:
   This includes satisfactory and punctual completion of assigned readings.

C. Attendance:
   Satisfactory attendance required at lectures, conferences and meetings.

D. Compliance:
   Maintaining criteria outlined in approval of residency training programs in emergency medicine under "Standards for Residents".

E. Quality Assurance Programs:
   Attend all required Quality Assurance Programs, audits, chart reviews and Morbidity and Mortality reviews as assigned.
Attending Responsibilities:

Provide didactic and individual instruction to the resident.
Provide timely feedback to the Program Director and faculty regarding resident performance and evaluation.

Evaluation:

Evaluation of the resident will be done by the designated attending physician based on the written and defined goals and objectives listed above. Written evaluation of the resident by the attending Emergency Medicine physicians at the completion of the rotation.

Schedule:
Variable will be given at the start of the rotation.

Meals:
Provided by the hospital.

Parking:
Provided by the hospital.

Recommended Readings:
Books:
1. "Advanced Cardiac Life Support"
2. "Advanced Trauma Life Support"
4. "Pediatric Advanced Life Support"
5. "Emergency Care and Transportation of the Sick and Injured by American
7. "Emergency Care in the Streets" by Caroline, Current Edition(Paramedics)
Medical Intensive Care Rotation EM 3

Introduction / Description

The purpose of this rotation is to give the Resident the opportunity to provide the resident with a foundation on which to appreciate the presentation, pathophysiology, exam techniques, testing procedures and treatment guidelines that are associated with a variety of critical disease conditions seen in the medical intensive care patient.

Training Year:  EM 3

Length:  1Month

Attending Physicians:

Dr. Steven Hempel

Location:

Lakeland Regional Healthcare
St Joseph, Mi

Rotation Goals:

This rotation is four weeks (one month) in the Critical Care Unit. The Goal is to develop the knowledge and understanding of the principles and practice of critical care medicine. The Resident will be able to recognize a critically ill patient through the integration of the history and physical, laboratory and diagnostic tests. The Resident will develop a basic management plan which will include stabilization and treatment of the critically ill patient.

Rotation Learning Objectives

1. To perform a complete but focused history and physical examination on critically ill patients. (Patient Care, Medical Knowledge)

2. To develop a differential diagnosis list integrating findings from the history and physical, and diagnostic tests. (Patient Care, Medical Knowledge)

3. To develop a treatment plan to stabilize and treat the critically ill patient based on the history and physical, laboratory and other diagnostic modalities available to the physician. (Patient Care, Medical Knowledge)

4. To understand the pathophysiology of critical illness and to develop strategies in treatment. (Patient Care, Medical Knowledge, Systems Based Practice)

4a. To understand the risks/complications associated with critical illness. (Patient Care, Medical Knowledge, Systems Based Practice)
5. To incorporate principles and practices of osteopathic medicine in the diagnosis and treatment of critically ill patients. (Patient Care, Medical Knowledge, Osteopathic Manipulative Medicine)

6. Use library and computer sources in the diagnosis and treatment of critical care patients. (Patient Care, Medical Knowledge, Systems Based Practice)

7. To be able to succinctly but completely present cases to appropriate medical personnel. (Patient Care, Medical Knowledge, Systems Based Practice)

8. To understand the ethical and sociological issues involved in critical care, and death and dying. (Patient Care, Medical Knowledge, Systems Based Practice, Professionalism, Interpersonal and Communication Skills)

9. To develop motor or manual skills consistent with the level of training including, ventilator management, ABG interpretation, venous and arterial line access, swan-gantz catheter placement and interpretation, thrombolytic therapy, BCLS and ACLS protocol, common critical care medications and dosing. (Patient Care, Medical Knowledge, Systems Based Practice)

10. Participate in Critical Care didactic sessions with other house staff and attending physicians. (Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism)

Description and Expected Duties

The Critical Care rotation is a four-week rotation working with the critical care intensivists.

The Resident will be completing admissions, daily program notes, transfer orders, lab/xray review, get past history from previous facility and other sources, obtain current literature relevant to patient care. Familiarize with indications, risks, and complications for any procedures on your patients. The Resident should participate in all procedures done in unit and respond to floor calls.

Daily Schedule:

First day contact in house intensivist who will determine schedule

Instructional Methods:

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<tr>
<th>Method</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office and in-house care of the critical patient</td>
<td>Direct observation by the preceptor</td>
</tr>
<tr>
<td>Patient care and teaching rounds</td>
<td></td>
</tr>
<tr>
<td>One-on-one precepting</td>
<td></td>
</tr>
<tr>
<td>Assigned readings</td>
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</tbody>
</table>
**Resident Responsibilities:**

In addition to accomplishing the specific goals and objectives and instructional methods as defined above, the resident must complete the following general program requirements as outlined in the resident manual:

A. **Rotation Completion:**
   Satisfactory completion of monthly rotations and logs. Completion of "Rotation Evaluation" form signed by Rotation Director.

B. **Assigned Readings Completion:**
   This includes satisfactory and punctual completion of assigned readings.

C. **Attendance:**
   Satisfactory attendance required at lectures, conferences and meetings.

D. **Compliance:**
   Maintaining criteria outlined in approval of residency training programs in emergency medicine under "Standards for Residents".

**Attending Responsibilities:**

Provide didactic and individual instruction to the resident.
Participate in teaching rounds with the resident
Provide timely feedback to the Program Director and faculty regarding resident performance and evaluation.

**Evaluation:**

Evaluation of the resident will be done by the designated attending physician based on the written and defined goals and objectives listed above.

   Weekly topic reviews with residents.
   Home reading assignments.

**Parking:**
Provided by the Hospital

**Meals:**
Provided by the hospital

**Reading Materials:**
Recommended Marino’s "ICU" book, articles will be distributed on service.

**Logs and Evaluations:**

Complete logs daily and receive signature of the attending the last day on service.

Evaluation will be discussed with attending and should be completed during the last 2-3 days of rotation. This is the Resident’s responsibility to set up a time to do this.
Trauma-2 Rotation EM 3

Introduction / Description:

The purpose of this rotation is to give residents the opportunity to learn advanced resuscitation procedures/techniques such as closed tube thoracostomy, thoracotomy, advanced airway techniques (cricothyroidotomy), central line placement while managing the trauma patient.

Training Year: EM 4

Length: 1 Month

Contact Information: Trauma Department, St Joseph Mercy Hospital, Ann Arbor, Mi

Attending Physician: TBD

TBD

Rotation Goals:

13. To learn principles trauma care.
14. To develop an organized approach to the assessment, resuscitation, stabilization and provision of definitive care for the trauma victim.
15. To learn use of the diagnostic imaging modalities available for evaluation of the trauma victim.
16. To develop procedural skills necessary in the evaluation and management of the trauma victim.
17. To learn to recognize and treat immediate life and limb threatening injuries in the trauma victim.
18. To learn special considerations in the evaluation and management of the pregnant trauma victim.
19. To learn special considerations in the evaluation and management of the pediatric trauma victim.
20. To learn special considerations in the evaluation and management of the geriatric trauma victim.
21. To learn the principles of disaster management.
22. To learn the principles of burn management.
23. To learn a systems approach to trauma management that includes statewide trauma systems and categorization of institutions and emergency department.
24. To learn the principles of pre-hospital trauma care including the role of BCS and ALS ambulance services and air transport services.

Rotation Learning Objectives:

46. Demonstrate ability to rapidly and thoroughly assess victims of major and minor trauma. (Patient Care / Medical Knowledge/Practice-Based Learning & Improvement)
47. Demonstrate ability to establish priorities in the initial management of victims of life-threatening trauma. (Patient Care / Medical Knowledge Practice-Based Learning & Improvement)
48. Demonstrate ability to manage fluid resuscitation of trauma victims. (Patient Care / Medical Knowledge/Practice-Based Learning & Improvement)
49. Demonstrate ability to manage the airway of trauma victims. (Patient Care / Medical Knowledge/Practice-Based Learning & Improvement)
50. Discuss the continuing care of the trauma victim, including operative, post-operative and rehabilitative phases of care. (Patient Care / Medical Knowledge/Practice-Based Learning & Improvement)
51. Demonstrate ability to perform/describe the following procedures: oral and nasogastric intubation, venous cutdowns, insertion of large bore peripheral and central venous lines, insertion of arterial lines, tube thoracostomy, local wound exploration, peritoneal lavage, vessel ligation, repair of simple and complex lacerations, splinting of extremity fractures, and reduction and immobilization of joint dislocations, cricothyroidotomy, resuscitative thoracotomy, pericardiotomy, aortic cross-clamping, and extensor tendon repair. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

52. Demonstrate ability to interpret radiographs on trauma patients, including chest, cervical, thoracic and lumbar spine, pelvis and extremity films. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

53. Discuss the importance of mechanism of injury in the evaluation and treatment of the trauma victim. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

54. Demonstrate ability to calculate the Glasgow Coma Score and discuss its role in the evaluation and treatment of head injured patients. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

55. Demonstrate ability to use spine immobilization techniques in trauma victims. (Patient Care / Medical Knowledge Practice-Based Learning & Improvement)

56. Demonstrate ability to diagnose and manage trauma victims with extremity fractures, dislocations and subluxations. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

57. Demonstrate ability to manage soft tissue injuries including lacerations, avulsions and high-pressure injection injuries. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

58. Discuss the diagnosis and management of compartment syndromes. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

59. Discuss the diagnosis and management of urogenital injuries. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

60. Demonstrate appropriate use of analgesics and sedatives in trauma patients. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

61. Demonstrate appropriate use of antibiotics in trauma patients. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

62. Demonstrate ability to direct a trauma team during complex resuscitations. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

63. Demonstrate ability to coordinate consultants involved in the care of multiple trauma patients. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

64. Demonstrate ability to use and interpret imaging modalities in the evaluation of trauma patients. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

65. Demonstrate ability to arrange appropriate consultation and disposition of trauma patients. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

66. Demonstrate ability to direct the care of trauma victims in the pre-hospital setting. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

67. Discuss principle of disaster management and participate in disaster drills. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

68. Discuss the role of pre-hospital systems in the management of trauma patients. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

69. Discuss factors unique to the evaluation and management of pediatric trauma. (Patient Care / Medical Knowledge Practice-Based Learning & Improvement)

70. Demonstrate ability to direct pediatric trauma resuscitations. (Patient Care / Medical Knowledge Practice-Based Learning & Improvement)

71. Discuss factors unique to the evaluation and management of geriatric trauma. (Patient Care / Medical Knowledge Practice-Based Learning & Improvement)

72. Demonstrate ability to direct geriatric trauma resuscitations. (Patient Care / Medical Knowledge Practice-Based Learning & Improvement)

73. Discuss factors unique to the evaluation and management of trauma in pregnancy. (Patient Care / Medical Knowledge Practice-Based Learning & Improvement)

74. Discuss the evaluation and management of spinal cord injuries. (Patient Care / Medical Knowledge Practice-Based Learning & Improvement)
75. Demonstrate ability to diagnose and manage tendon injuries. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

76. Demonstrate ability to manage amputation injuries and discuss the potential for reimplantation. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

77. Demonstrate the ability to manage the acutely burned patient, including minor and major injuries. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

78. Demonstrate the ability to diagnose and treat smoke inhalation. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

79. Discuss indications and procedures for transfer of an injured patient to a center. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

80. Demonstrate the ability to assess and manage facial trauma. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

81. Demonstrate the ability to evaluate and manage anterior neck injuries. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

82. Demonstrate the ability to assess and manage penetrating and blunt chest trauma. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

83. Demonstrate the ability to evaluate and manage blunt and penetrating abdominal trauma. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

84. Demonstrate the ability to diagnose and treat pelvic fractures. (Patient Care / Medical Knowledge/ Practice-Based Learning & Improvement)

85. Demonstrate the ability to work effectively and collaboratively with other members of the health care team. (Interpersonal and Communication Skills / Professionalism/ Practice-Based Learning & Improvement/ Patient Care / Medical Knowledge)

86. Demonstrate the ability to apply current principles of practice to the care of their patients. (Practice Based Learning and Improvement/ Patient Care / Medical Knowledge)

87. Demonstrate a professional and caring attitude with patients and their families. (Interpersonal and Communication Skills / Professionalism/ Practice-Based Learning & Improvement)

88. Demonstrate the ability to work in an efficient and timely manner. (Interpersonal and Communication Skills / Professionalism/ Practice-Based Learning & Improvement)

89. Demonstrate the ability to coordinate patient care with specialist physicians. (Professionalism/ Practice-Based Learning & Improvement)

90. Demonstrate the ability to use resources of the available system in a cost-effective manner. (Systems Based Practice)

**Content Areas:**

Principles of Care

4. Pre-hospital trauma care

5. Triage

6. Resuscitation and stabilization

Domestic Violence

Radiologic evaluation

6. Plain radiographs

7. Contrast radiography

8. Computed tomography scan

9. Angiography

10. Ultrasonography

Head / Brain trauma

Spinal cord and peripheral nervous system trauma

Injuries of the spine and skull

Neck trauma

Chest trauma
Abdominal trauma
Upper extremity injuries
Lower extremity injuries
Pelvic fractures (open and closed)
Compartment syndromes
Amputations / reimplantation
Tendon injuries
Injuries to joints
Other soft tissue injuries
Crush injuries and crush syndrome
Cutaneous injuries
Principles of wound management
Burns
4. Thermal
5. Electrical
6. Chemical

Injuries to the genitalia

Trauma in pregnancy

ATLS

**Instructional Methods:**

<table>
<thead>
<tr>
<th>Method</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care of Level I, II, III trauma cases upon initial presentation to the ED. One-on-one precepting as member of trauma team</td>
<td>Direct observation by rotation preceptor</td>
</tr>
<tr>
<td>Required lectures / presentations</td>
<td></td>
</tr>
<tr>
<td>EM/ Trauma grand rounds</td>
<td></td>
</tr>
</tbody>
</table>

**Resident Responsibilities:**

In addition to accomplishing the specific goals and objectives and instructional methods as defined above, the resident must complete the following general program requirements as outlined in the resident manual:

**A. Rotation Completion:**

Satisfactory completion of monthly rotations and logs. Completion of "Rotation Evaluation" form signed by Rotation Director.
B. Assigned Readings Completion:
   This includes satisfactory and punctual completion of assigned readings. This is demonstrated by the
   maintenance of weekly quiz scores.

C. Attendance:
   Satisfactory attendance required at lectures, conferences and meetings.

D. Compliance:
   Maintaining criteria outlined in approval of residency training programs in emergency medicine under
   “Standards for Residents”.

E. Quality Assurance Programs:
   Attend all required Quality Assurance Programs, audits, chart reviews and Morbidity and Mortality
   reviews as assigned.

Attending Responsibilities:
   Provide didactic and individual instruction to the resident.
   Participate in teaching rounds with the resident
   Provide timely feedback to the Program Director and faculty regarding resident performance and
   evaluation.

Evaluation:
   Evaluation of the resident will be done by the designated attending physician based on the written and
   defined goals and objectives listed above.

Schedule:
   Resident schedule is individualized and will be determined once the rotation is scheduled. All scheduling
   will be compliant with current “Work Hour Guidelines”

Housing:
   Provided by hospital.

Meals:
   Provided by hospital.

Parking:
   Provided by hospital.

Readings:
   "Textbook of Emergency Medicine", Rosen
EM 4 Clinical Rotation Summaries

Emergency Department Core Rotation – EM 4

Introduction / Description:

The LRMC Emergency Department is staffed with EM Residency Faculty. Residents are assigned to all shifts to provide exposure to a broad range of clinical pathology and major trauma.

Over the course of the residency, and with increasing experience and responsibility, the resident will develop the skills, knowledge and attitudes necessary to handle a wide variety and number of cases in an efficient and professional manner.

In addition to the clinical experience, the ED Core rotation includes a series of didactic sessions intended to supplement and provide the broad based education, theory and practical aspects, of up-to-date Emergency Medicine.

Training Year: EM 4

Contact Information:

Attending Physicians: Bryan Staffen, DO, FACOEP
LRMC Faculty

Location:

Lakeland Regional Medical Centers

Educational Objectives:

General Goals:
To become competent in overall clinical management of multiple patients in a busy Emergency Department

To become competent in the direction of cardiac and trauma codes in the Emergency Department (Patient Care, Medical Knowledge, Systems Based Practice)

To become skilled in the teaching and supervision of medical students and junior residents in the Emergency Department (Patient Care, Systems Based Practice)

Specific Goals:
The resident will continue to hone their diagnostic and clinical skills while caring for Emergency Department patients. (Patient Care, Medical Knowledge, Systems Based Practice)

The resident will develop the skills needed to properly manage and supervise a busy Emergency Department including patient flow management, communication with consultants, teaching and supervision of medical students and junior residents and the mediation of intradepartmental and interdepartmental disputes. The resident will develop understanding of medical-legal aspects of Emergency medical care and Quality Assurance procedures ongoing in the Emergency Department (PC, MK, PBL, ICS, SBP, P):

- Medical Records / Documentation
- Personnel Management
- Public Relations
- Quality Assurance / Control
Description of clinical experiences:
The resident will rotate for seven months at the EM 4 level on the Emergency Medicine service. The resident will gain progressive responsibility for the overall clinical and operational management of the Emergency Department under the direct supervision of the Emergency Medicine Faculty. Under direct supervision of the Emergency Medicine Faculty, the resident will participate in daily administrative activities in the Emergency Department including regular chart audits, Quality Assurance reviews and interaction with other department attending physicians and residents concerning clinical and non-clinical activities in the Emergency Department. The resident will direct cardiac and trauma resuscitations with participation by junior residents and other members of the Emergency Department treatment team.

In consultation with the attending Emergency physician, the resident will be directly involved in the teaching and supervision of medical students and junior residents in the Emergency Department.

Description of didactic objectives:
The resident will attend and actively participate in all daily and weekly conferences and meetings while on service in the Emergency Department.

The resident will be responsible for the list of Suggested Readings for the Emergency Medicine Rotation.

EM 4 Competency Objectives

The fourth year Emergency Medicine resident concentrates on developing the managerial skills needed to run an Emergency Department. Overseeing the operation of the Emergency Department and ensuring that all patients receive appropriate care are of paramount importance. He or she shares precepts, teaches, and supervises the junior EM residents, medical students, and physician assistant students rotating in the department. In addition to competencies expected from the previous three years, by the end of the resident’s fourth year of training the resident will:

1. Demonstrate mastery and teaching of advanced clinical procedures, including advanced airway management, medical and trauma resuscitations and associated procedures
2. Simultaneously manage multiple critically ill medical or trauma patients and provide effective supervision of these kinds cases primarily seen by junior residents
3. Effectively supervise and teach of multiple junior residents and students rotating in the department
4. Show mastery in researching, preparing, and delivering didactic lectures in advanced topics relevant to emergency medicine
5. Continue to apply new and evidence-based knowledge to clinical practice
6. Maintain a program of study sufficient to acquire the knowledge and skills necessary for successful practice in emergency medicine
Evaluation Process:
Written evaluation of the resident by the attending Emergency Department physicians at the end of the rotation.

Performance on the annual residents in-service examination

Feedback mechanisms:
Annual review of the rotation by the Core Faculty Advancement Committee

Ad hoc review of the rotation as deemed appropriate by the Program Director

Description of Didactic Educational Activities (See Curriculum: didactic activities section of this manual)

Schedule:
Resident schedule is individualized and will be determined once the rotation is scheduled.
EM 4 – 17 shifts/month

Housing:
Not provided by hospital.

Meals:
Provided by hospital

Parking:
Provided by hospital

Readings:
3. Core texts in Emergency Medicine:

6. Recommended References:
13. Medical Toxicology-Diagnosis and Treatment of Human Poisoning, M. Ellenhorn and D. Barceloux,
   Current Edition,
14. EKG, Marrino, H.
15. Paramedic Book - Caroline

7. Reference Journals:
7. Annals of Emergency Medicine,
8. The Journal of Trauma,
9. Emergency Medicine Clinics of North America,
Administration / Medical / Legal Rotation EM 4

Introduction / Description:

The purpose of this rotation is for the Resident to become familiar with various administrative aspects of Emergency Medicine, EMS activities and obtain exposure to medical/legal issues of Emergency Medicine.

The Resident will meet with the Director of the Emergency Department to obtain a schedule of meetings, clinical ED shifts, and on call duties that he/she must attend during the month. Meetings the Resident will attend during this rotation: House Staff Education Committee, County EMS Medical Control Board, Utilization Committee, Quality Assurance Committee, Disaster Committee, and other Administrative meetings as assigned to the Director of Emergency Services. The Resident is expected to accompany any Emergency Department Attending Physician testifying in court regarding Emergency Medicine matters.

Training Year: EM 4

Length: 4 weeks

Contact Information:

Attending Physician: Bryan Staffin DO, FACOEP

Location: Lakeland Regional Healthcare

Rotation Goals:

1. To help the resident understand the administrative and regulatory components of a functioning emergency room.
2. To develop skills and knowledge necessary to understand the medical-legal climate for practicing emergency medicine.
3. To understand the service and budgetary constraints of a functioning emergency room.
4. To understand the QA process as it applies to emergency medicine.

Rotation Learning Objectives:

Administration:

1. To understand the Hospital Administrative and ED Administrative hierarchy and reporting mechanism at this institution, and other institutional formats. (Systems Based Practice)
2. To obtain a broad understanding of the administrative functions of management of an ED. (Systems Based Practice)
3. To learn the development process of hospital bylaws, physician credentialing, and Emergency Services policies and protocols. (Systems Based Practice)

Medical/Legal:

1. To obtain a detailed understanding of medical/legal risks, and protections in the operation of Emergency Services including care plans, discharge instructions, patient and physician communication, order writing and patient education. (Interpersonal and Communication Skills / Professionalism)
2. To understand the medical/legal process of malpractice cases including terminology, chronology, testifying, expert witness, depositions, trial and data bank reporting. (Interpersonal and Communication Skills / Professionalism)

3. To understand medical malpractice insurance policy coverage. (Professionalism)

Federal/State Regulations:
1. To understand EMTALA, reportable diagnosis and other Federal and State legislation effecting Emergency Department operations. (Systems Based Practice)

EM Residency:
1. To obtain a general understanding of the Administration of an EM Residency Program. (Interpersonal and Communication Skills / Professionalism / Systems Based Practice)

Ancillary Services:
1. To understand the analysis process of creating an efficient, quality Emergency Department through efficiency studies of ancillary services, ED physicians, nursing and clerical staffing, etc. (Interpersonal and Communication Skills / Professionalism / Systems Based Practice / Patient Care)

Service Lines:
1. To understand the functioning of service line in Emergency Medicine such as Fast Track Care, Trauma Services, Chest Pain Units, Observation Units, and Occupational Health. (Systems Based Practice)

EMS:
1. To participate and learn the Emergency Medical Services Pre-hospital care system, including State and County Medical Control activities, protocol development, Quality Assurance, training programs, and lecturing. (Systems Based Practice)

Budget:
1. To obtain a general understanding of Emergency Department financial budgeting, capital equipment requests, staffing costs, supply costs, and tier charging. (Systems Based Practice)

Quality Assurance:
1. To understand the development of and detail of processing a Quality Improvement (QI) Program for Emergency Departments and Emergency Medicine physicians. (Systems Based Practice)
2. To understand the Emergency Medicine physician business exposure to recruitment contracting, employee vs. independent contractor, corporation, hospital contracting, and job type opportunities. (Systems Based Practice / Professionalism)
3. To understand and participate in complaint/concern investigations from patients, physicians, ancillary personnel and ED staff. (Systems Based Practice / Professionalism / Patient Care)
4. To develop an appreciation for the optimal characteristics of the professional Emergency Medicine physician as a physician, and team member of the Department, Corporation, hospital, and associations in Emergency Medicine. (Systems Based Practice / Professionalism)
5. To have a general understanding of the Emergency Services billing process, tier pricing, collections, inter-operation/contracting with HMOs'. And the selection process for choosing a billing and collections agency (Systems Based Practice)
6. To understand the differences of employee vs. corporation relationships in Emergency Medicine and the functions involved in physician Emergency Medicine corporations including hiring, firing, budgeting, payroll, pension and profit plans, bonuses, incentives, etc. (Systems Based Practice)
7. To obtain a general understanding of personal lifestyle decisions that optimize Emergency physician longevity in the work force including, shift work, circadian rhythm scheduling, total work hours, disability, life insurance policies, investing, health care plans, CME, etc. (Systems Based Practice)
8. To understand the inspection process by hospital and Emergency Department accrediting agencies such as JCAHO, AOA, ACS, MDCH. etc. (Systems Based Practice)
9. 
Content Areas:

Medical records / documentation
Quality assurance / control
Ethics
1. Physician - physician relationships
   • Impairment
2. Bio-Ethics
3. Medical - legal aspects
Consent
1. Expressed, implied
2. Informed
3. Uninformed
   • Incompetent patients
   • Minors
Laws
1. Patient transfer regulations
2. Transfusion restrictions
Liability
1. Duty to treat
2. Duty to third party
3. Intentional torts
   • Battery
   • False imprisonment
4. Malpractice
Patient related liability
1. Privileged communications
2. Research
3. Termination of patient care

Instructional Methods:

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<th>Method</th>
<th>Evaluation</th>
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<tr>
<td>One-on-one precepting</td>
<td>Rotation evaluation by attending physician</td>
</tr>
<tr>
<td>Committee meetings attendance</td>
<td></td>
</tr>
<tr>
<td>Assigned readings and tasks</td>
<td></td>
</tr>
</tbody>
</table>

Resident Responsibilities:

The resident is required to attend meetings as noted in the Description of the rotation.

In addition to accomplishing the specific goals and objectives and instructional methods as defined above, the resident must complete the following general program requirements as outlined in the resident manual:

A. Rotation Completion:
   Complete monthly rotations and logs. Completion of "Rotation Evaluation" form signed by Rotation Director.

B. Assigned Readings Completion:
   This includes satisfactory and punctual completion of assigned readings. This is demonstrated by the maintenance of weekly quiz scores.
C. Attendance:
Satisfactory attendance required at lectures, conferences and meetings.

D. Compliance:
Maintaining criteria outlined in approval of residency training programs in emergency medicine under “Standards for Residents”.

E. Quality Assurance Programs:
Attend all required Quality Assurance Programs, audits, chart reviews and Morbidity and Mortality reviews as assigned.

**Attending Responsibilities:**

Provide didactic and individual instruction to the resident.
Participate in teaching rounds with the resident
Provide timely feedback to the Program Director and faculty regarding resident performance and evaluation.

**Evaluation:**

Evaluation of the resident will be done by the designated attending physician based on the written and defined goals and objectives listed above.

**Schedule:**

The resident will work clinical shifts with the Director of Emergency Services, attend all administrative meetings and be on call simultaneously with the Director of Emergency Services.

**Parking:**
Provided by hospital

**Meals:**
Provided by hospital

**Recommended Reading:**

**Texts:**
Managing the Emergency Department by Hellstern, ACEP
Emergency Medicine Risk Management by G. Henry, ACEP

**Journals:**
American Journal of Law and Medicine
Law and Medicine and Health Care

**ACEP Publications:**
Comprehensive Guide to Effective Practice Management
Independent Emergency Physician Billing
Risk Management in Emergency Medicine
Effective Patient Relations
Personal Finance Planning
Marketing Emergency Services
Guidelines for Cost Containment in Emergency Medicine
Marketing and Diversification Opportunities in Emergency Medicine
Optimizing Revenues through Effective Reimbursement System
Working Effectively with Managed Care Plans: Strategies for Success
Quality Assurance Manual for Emergency Medicine
Survey of Ambulatory Care Centers: Physician Characteristics, Compensation and Recruitment
Independent Contractor vs. Employee Status: Tax Implications
Diagnostic Coding for Emergency Medicine
Procedure Coding for Emergency Medicine
Emergency Department Violence: Prevention and Management
Principles for EMS System
PEER IV Physicians Evaluations and Educational Review
Suggestions for Various Elective Rotations

Ophthalmology Rotation EM 1

Introduction/Description

The purpose of this rotation is to give the Resident the opportunity to provide the resident with a foundation on which to appreciate the presentation, pathophysiology, exam techniques, testing procedures and treatment guidelines that are associated with the cardiac disease.

Training Year: Elective

Length: 2-4 Weeks

Contact Information:

TBD

Location:

Great Lakes Eye Institute

Rotation Goals:

1. Demonstrate the ability to stabilize patients who present with an ophthalmologic emergency. (Patient Care, Medical Knowledge, Systems Based Practice)
2. Develop skills in the evaluation of patients who present with an eye complaint. (Patient Care, Medical Knowledge)
3. Demonstrate the ability to evaluate, stabilize, treat, and arrange for appropriate disposition of patients with an ophthalmologic disease processes. (Patient Care, Medical Knowledge, Systems Based Practice)
4. Demonstrate the ability to develop a differential diagnosis for patients presenting with ophthalmologic symptomatology (eye pain, pain, visual disturbance, ocular injury), etc. (Patient Care, Medical Knowledge)
5. Demonstrate skill in the interpretation of diagnostic modalities (ocular ultrasound, visual acuity, slit lamp examination, tonometry). (Patient Care, Medical Knowledge, Systems Based Practice)
6. Develop a familiarity with ophthalmologic pharmacologic agents. (Patient Care, Medical Knowledge)
7. Demonstrate skill at ophthalmologic related procedures: foreign body removal, slit lamp exam and ocular pressure monitoring. (Patient Care, Medical Knowledge)
8. Demonstrate the ability to diagnose, stabilize, and thrombolytic therapy to patients presenting with an ophthalmologic. (Patient Care, Medical Knowledge)

Rotation Objectives:

1. Demonstrate the ability to perform an appropriate history and physical examination on the patient presenting with ophthalmologic symptomatology.
2. List items elicited from the history of patient with ophthalmologic complaints to suggest a risk for ocular etiology.
3. Describe the pathophysiology of ocular trauma, ocular infection, glaucoma, retinal detachment, chemical exposure, and penetrating globe injury.
4. Describe the typical slit lamp findings of a patient with infection or injury requiring intervention.
5. Discuss differential diagnosis of ocular pain.
6. Discuss procedure of ocular foreign body removal.
7. Discuss the sensitivity and specificity of ancillary studies for the patient presenting with an ocular complaint.
8. Discuss the differential of eye pain including non-ophthalmologic causes.
10. Discuss the significance of bacterial vs. viral ocular infections.
11. Demonstrate knowledge of and recommendations for the evaluation and treatment of acute angle closure glaucoma.
12. Describe the clinical findings of acute traumatic hyphema and outline an therapy for this based on degree at presentation.
13. Differentiate the various presentations of sudden visual loss and their etiologies.
14. Describe the clinical presentation and differential for various ocular presentations of systemic disease.
15. Describe the ocular presentations for diabetes, atherosclerosis and hypertension as it relates to ocular disease.
16. Describe the clinical presentation, etiologies for pathophysiology of, and current therapy for herpetic keratitis.
17. Describe the anatomy of the eye.
18. Describe the clinical findings of a ocular disease as it relates to various immunosuppressive disorders.
19. List complications of ocular prosthetic devices and appropriate emergency department management.
20. List the possible complications seen with post-operative patients who present to the emergency department.
21. Define keratitis and describe the slit lamp findings and acute management of keratitis.
22. Discuss the pathophysiology of acute subconjunctival hemorrhage.
23. Discuss the pathophysiology and treatment as it relates to acid exposure to the eye.
24. Discuss the pathophysiology and treatment as it relates to alkali exposure to the eye.
25. Discuss the pathophysiology and treatment of acute vitreous hemorrhage.

### Instructional Methods

<table>
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<tr>
<th>Method</th>
<th>Evaluation</th>
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</thead>
<tbody>
<tr>
<td>Office and in-house care of the Ophthalmologic patient</td>
<td>Direct observation by the preceptor</td>
</tr>
<tr>
<td>Patient care and teaching rounds</td>
<td></td>
</tr>
<tr>
<td>One-on-one precepting</td>
<td></td>
</tr>
<tr>
<td>Assigned readings</td>
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</tbody>
</table>

### Resident Responsibilities

In addition to accomplishing the specific goals and objectives and instructional methods as defined above, the resident must complete the following general program requirements as outlined in the resident manual:

A. **Rotation Completion:**
   Satisfactory completion of monthly rotations and logs. Completion of "Rotation Evaluation" form signed by Rotation Director.

B. **Assigned Readings Completion:**
   This includes satisfactory and punctual completion of assigned readings. Readings will be made available at the start of the rotation.

C. **Attendance:**
   Satisfactory attendance required at lectures, conferences and meetings.
D. Compliance:
Maintaining criteria outlined in approval of residency training programs in emergency medicine under “Standards for Residents”.

Attending Responsibilities:
Provide didactic and individual instruction to the resident.
Participate in teaching rounds with the resident
Provide timely feedback to the Program Director and faculty regarding resident performance and evaluation.

Evaluation:
Evaluation of the resident will be done by the designated attending physician based on the written and defined goals and objectives listed above.

Parking:
Provided by the Hospital

Meals:
Provided by the hospital
Operational Emergency Medicine – Elective

Introduction / Description

The Casualty Care Research Center (CCRC) is a part of the Department of Military and Emergency Medicine at the Uniformed Services University. Its mission is to serve as a unique national resource in the delivery of “good medicine in bad places”. The CCRC provides a one-month rotation for medical providers, primarily military medical providers: medical students, emergency medicine residents, attending physicians, as well as, active duty reserve and National Guard medics, interested in tactical medicine. This rotation incorporates the CCRC Medical Director’s Course then builds on the principles taught in the course to include actual Deployments For Training (DFTs), medical control of tactical teams and the provision of training programs for tactical medics and operators.

The CCRC has accrued a proven worldwide track record in tactical medicine because of its integrated curriculum in training, operational support, research and specialized expertise. Much of the educational curriculum is derived from operational experience that generated research questions which then lead to field testing and finally incorporation into the educational program.

The program is focused on the broad range of topics related to medical support of special operations, and the student learns to adopt an approach to total medical mission management. The whole continuum of medical support is emphasized during the training:

Medical Threat Assessment Planning

Medical Surveillance of Team Members

Crisis Management Medical Response

Operation Medical Support

Liaison with Medical Resources

Post-operational Debrief and Support

Epidemiology

Length: 1 month

Prerequisites:

EMT-Tactical Course (58-hours). This course is a prerequisite for participation in this elective rotation. The Critical Care Research Center (CCRC) pays all course fees. The resident is responsible for transportation, lodging and meals.

Rotators must be in very good physical condition to meet the rigorous physical requirements of this elective.
Contact Information:
Leslie Sawyers
Administrative Officer
CCRC
301-295-6263

Location:
Uniformed Services University of Health Sciences (USUHS)
Critical Care Research Center
4301 Jones Bridge Road
Bethesda, MD 20814-4799
301-295-6262

Content Areas:

- Planning of out-of-hospital care systems
- Evaluation of operational medical equipment and logistics
- Development and exercise of medical control mechanisms
- Determining appropriate treatment regimens for applications under operational conditions
- Participating in pre-hospital and operational quality review
- Developing and executing training programs for operational pre-hospital providers

Rotation Goals:

The resident will gain experience in applying the above concepts to actual situations by participating in law enforcement operational medical support missions.

Rotation Learning Objectives:

Basic Orientation
1. To become familiar with the CCRC facility and personnel
2. To understand your role in operational medical support and OPSEC/COMSEC as they apply to you
3. To perform an evaluation of tactical equipment, logistics, and procedures
4. To obtain mission-essential uniforms and equipment
5. To describe and demonstrate the application of the Posse Comitatus Act to selected homeland security support activities

Medical Directors Course
1. To understand the basic definition and tenets of Tactical Emergency Medical Support (TEMS)
2. To learn the history of tactical EMS and its relevance to modern applications
3. To define the basic differences between TEMS and conventional EMS
4. To understand medical control of care provided in a tactical environment
5. To understand planning of out-of-hospital care systems
6. To understand the role of quality assurance for a tactical medicine program
7. To become familiar with the unique issues that impact the delivery of medical care in the tactical environment

Medical Threat Assessment
1. To collect, analyze, apply, format and present medical intelligence
2. To understand the role of medical intelligence to mission success
TEMS Operator Skills
1. To demonstrate basic tactical emergency medical support skills
2. To learn how to provide medical advise in operational settings
3. To understand the differences between traditional pre-hospital care and tactical emergency care
4. To demonstrate tactical medicine rescue and extraction techniques

Operational Medical Support
1. To determine appropriate treatment regimens for application under operational conditions
2. To collect and analyze medical intelligence then present the tactical commander with timely, relevant information
3. To provide supervised field medical support of law enforcement special operations
4. To practice the full spectrum of TEMS mission support

Educational Programs
1. To design and conduct training for tactical medical providers
2. To become thoroughly familiar with the material being taught

Quality Assurance Process
1. To describe the tactical EMS QA process
2. To demonstrate the conduct of QA for a tactical EMS service

Weapons of Mass Destruction (WMD)
1. To become familiar with WMD agents
2. To understand the nature of tactical operations in response to suspected WMD agents
3. To understand the approach to rapid decontamination
4. To become familiar with Personal Protection Equipment (PPE)
5. To understand field therapies for WMD agent exposure

Maritime Medicine
1. To understand the special concerns involved in maritime operations
2. To understand the fundamental syndromes associated with maritime medicine
3. To understand the fundamental approach to maritime medicine support of tactical operations

TEMS Rotator Project
1. To make a contribution to the advancement of tactical emergency medicine by;
   a. Preparation and presentation of case studies on medical issues in tactical operations, or
   b. Preparation and presentation of an operational medicine training module
   c. Completion of all or part of an operational medical system research or development project, resulting in a short white paper.

Instructional Methods:

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<tr>
<th>Method</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deployment for Training (DFT’s)</td>
<td>Evaluation based on daily observation of individuals medical knowledge, technical skills, professional conduct, educational involvement, and role in operational medical support</td>
</tr>
<tr>
<td>Lectures</td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td></td>
</tr>
<tr>
<td>Independent Reading</td>
<td></td>
</tr>
</tbody>
</table>

Resident Responsibilities:
A. The resident is expected after an initial period of orientation and training to perform as full members of the team with operational and educational responsibilities.
B. In addition to accomplishing the specific goals and objectives and instructional methods as defined above, the resident must complete the following general program requirements as outlined in the resident manual:

1. Rotation Completion:
   Satisfactory completion of monthly rotations and logs.

2. Rotation Evaluation:
   Completion of Casualty Care Research Center Rotator Evaluation Form by signed by rotation director.

3. Attendance:
   All rotators are expected to arrive promptly each day and be present in the Center for the duration of the workday unless otherwise excused by the Medical Director.

4. Compliance:
   Maintaining criteria outlined in approval of residency training programs in emergency medicine under “Standards for Residents”.

**Attending Responsibilities:**

1. Provide didactic and individual instruction to the resident
2. Provide timely feedback to the Program Director and faculty regarding resident performance and evaluation

**Evaluation:**

Evaluation of the resident will be done by the designated chief medical officer based on the written and defined goals and objectives listed above, as clearly stated in the course handbook. Written evaluation of the resident by the attending Emergency Medicine physicians at the completion of the rotation. (See sample evaluation form under evaluation section of this manual).

**Schedule:**

Schedule is variable and will be determined at the start of the rotation by the Preceptor.

**Costs:**

There is no cost associated with the rotation training itself. All necessary supplies and equipment are provided, excluding uniform of the day (see CCRC manual)

**Accommodations/Transportation:**

Residents are responsible for transportation to and from Bethesda as well as to and from the base, lodging and meals while on rotation. The CCRC is responsible for travel costs of the resident related to mission deployment.

**Parking:**

Provided by USUHS

**Meals:**

Meals are not covered, but are significantly discounted when on base by showing the provided ID card

**Recommended Reading: (provided during the rotation)**

- Tactical Casualty Care Guidelines
- CONTOMS Medical Director’s Manual
- CCRC Rotator Handbook
- CCRC Pre-Hospital Protocols
Casualty Care Research Center
Rotator Evaluation Form

Name _________________________________________

Block _________________________________________

I. Basic Training

A: General Medical Knowledge

1. ____ is unable to discuss disease or pathologic processes with any confidence or accuracy
2. ____ knowledge of disease is fair but has many obvious gaps in fundamental facts
3. ____ consistently demonstrates adequate knowledge of disease processes
4. ____ has considerable knowledge of disease and pathologic processes and is able to accurately discuss most areas of medicine
5. ____ has extensive knowledge of medicine, is aware of controversial and unsolved areas and has intelligently considered various aspects of the problems

B: Technical Skills

1. ____ lacks necessary psychomotor skills
2. ____ requires additional work to acquire necessary skills
3. ____ technical skills commensurate with level of training
4. ____ unusual technician capability compared to peer
5. ____ technical skills indicate an outstanding trainee with unique potential in the field

II. Professional Conduct

A: Attitude and Appearance

1. ____ slovenly, immature and often inappropriate in behavior
2. ____ occasionally boisterous or sullen; has little insight into problems of coworkers
3. ____ is aware of professional position and responsibilities; behavior and appearance are consistently appropriate
4. ____ is unusually mature in judgement and interpersonal relationships; is always courteous and well-groomed
5. ____ maturity, behavior integrity and grooming are consistent with the highest ideals of the profession
B: Self-Evaluation

1. ____ has no concept of inadequacies and has ignored counseling
2. ____ limitations in both knowledge and experience have frequently led to misuse of supervisory input
3. ____ recognizes limitations and assumes responsibilities proportionate to knowledge; seeks advice and feedback in an appropriate manner
4. ____ excellent insight into own limitations and uses the proper consultation to aid in completing tasks as well as to benefit personally
5. ____ consistently demonstrates excellent judgement in initiative, inquisitiveness, assumption of responsibility and solicitation of advice/feedback

C: Working with Others

1. ____ is the source of many complaints from others
2. ____ has little understanding of coworker problems; makes excessive demands and is not thoughtful of ways to make work groups function without friction
3. ____ thoughtful and considerate; respects the rights and problems of coworkers
4. ____ unusually cognizant of personnel and personality problems; insight is helpful in establishing and maintaining a harmonious milieu
5. ____ perception and understanding of interpersonal relationships allows anticipation and correction of potential problem areas, thereby establishing excellent working situation

III. Educational Role

A: Teaching in Educational Programs

1. ____ a totally ineffective teacher
2. ____ demonstrates a limited capacity to educate others
3. ____ does an effective job of teaching
4. ____ is an effective teacher of clinical material and seeks additional teaching responsibilities
5. ____ recognized as an effective teacher by those receiving supervision as well as by all members of the teaching staff

B: Interest in Continuing Medical Education

1. ____ no evidence of outside reading; frequently misses required conferences
2. ____ little evidence of even textbook knowledge of patient problems
3. ____ reads standard literature pertinent to current topic; attends required conferences
4. ____ consistently contributes to current knowledge in discussion
5. ____ an omnivorous reader; actively participates in conferences; supports statements with accurate references

C: TEMS Rotator Project

1. ____ did not complete project as assigned
2. ____ completed project of very poor quality and effort
3. ____ completed project of acceptable quality and effort
4. ____ completed project of above average quality and effort
5. ____ completed project that contributed to the TEMS base of knowledge in a manner that reflects significant effort and insight
IV. Operational Medical Support Role

A: Leadership and Responsibility

1. ____ totally passive; no initiative; refuses to accept responsibility
2. ____ assumes responsibility only when stimulated to do so
3. ____ readily assumes responsibility and initiative; is respected by team
4. ____ consistently demonstrates skill, initiative and capability as physician and team member; enjoys responsibility in all spheres
5. ____ aggressively assumes medical responsibilities; devotes time and energy selflessly to all duties; respected by team

B: Support of Operational Missions

1. ____ shows no interest and provides no assistance in mission planning, preparation, execution or patient management issues in the field
2. ____ minimally assists in mission planning, preparation, execution and patient management issues in the field; provides assistance only when prompted extensively
3. ____ adequately assists in mission planning, preparation, execution and patient management issues in the field
4. ____ shows interest and initiative in assisting mission planning, preparation, execution and patient management issues in the field; provides competent assistance as needed
5. ____ goes above and beyond in showing interest and initiative with regard to mission planning, preparation, execution and patient management issues in the field; assertively and effectively provides support well above level of training

C: Patient Management

1. ____ completely unable to perform preventive medicine, injury control, performance decrement reduction and patient care in the tactical environment
2. ____ has occasional gaps in preventive medicine, injury control, performance decrement reduction and patient care in the tactical environment
3. ____ performs adequate preventive medicine, injury control, performance decrement reduction and patient care in the tactical environment
4. ____ intelligently relates tactical emergency medicine principles to preventive medicine, injury control, performance decrement reduction and patient care in the tactical environment
5. ____ demonstrates superior patient management in the tactical environment that reflects a seamless integration of tactical emergency medicine principles

V. Overall Rater Evaluation

____ Unsatisfactory – performance fails to meet standards; rehabilitation is doubtful
____ Marginal – lacks motivation, interest and capability; performance is limited; may not continue without substantial improvement
____ Below Average – may continue in program, but performance is below standards
____ Effective and Competent – satisfactorily meets the stated objectives
____ High Performer – a continuing level of high performance in most aspects of stated objectives
____ Outstanding – performs outstandingly in most aspects of job; initiative, leadership and personality are worthy of special notice
____ Exceptional – extremely rare; excellence in everything; performs far beyond level of training
COMMENTS

Rater __________________________
Program Director _______________________
Director of Health Education _______________________
Trainee __________________________
MEDICAL EXAMINER - Elective Rotation

Length: 2 weeks

Attending Physician:
Robert Clark, M.D.

Location:
Lakeland Regional Healthcare

Procedures/Practices:
Theory and practical aspects of forensic and criminal medicine.

Objectives:
The Resident will develop a greater understanding of Forensic Pathology. In addition the Resident may be involved with crime scene investigation.

Description:
Work closely with Berrien County Medical Examiner and investigators in assisting with autopsies and criminal investigations.

Parking:
Provided

Meals:
Not provided.

Evaluation Form: Use Standard LRMC Resident Elective Evaluation Form

Recommended Reading:
"Forensic Pathology", by Dimaio
"Medical-Legal Investigations of Death", by Spitz
Evaluations

Evaluation Process
In an effort to provide a mechanism to identify our collective strengths and weaknesses, various aspects of the program will be evaluated frequently. The rotations, rotation directors, faculty and residents will be evaluated on a regular basis using standardized formats. The purpose of these evaluations is to identify the strengths and weaknesses of our program and to measure the impact of changes, improvements and additions. The residents and the faculty share in this responsibility; we must all strive to improve our program.

The Faculty and Core Faculty will be responsible for assisting the Program Director in the implementation of the Evaluation Process for Residents. Their structure and function is detailed below:

Emergency Medicine Program Curriculum/Evaluation Process Core Curriculum:
Specific Goals, objectives, resident performance evaluations and rotation evaluations have been created for each core rotation. Process for Evaluation of Residents and of Rotation:
1. Prior to the start of a rotation, Emergency Medicine residents will access their EM Program manual via the New Innovations Residency Management Suite www.new-innov.com, EM CD-ROM, or via the Lakeland Intranet for rotation specific curriculum and evaluation tools.
2. Residents will be evaluated by their supervising attending via www.new-innov.com on all in house rotations. On out of house rotations residents should print out the evaluation listed with the pertinent curriculum for the out rotation and provide it to their attending. The completed forms should be returned to the Department of Medical Education at Lakeland.
3. Emergency Medicine Residents will evaluate the rotation via www.new-innov.com at the end of each rotation. Note: Evaluation of the rotation in the Emergency Department will be conducted twice each academic year (December and June) at the same scheduled time as evaluation of emergency medicine faculty members. This will also be completed via www.new-innov.com.

Core Faculty Evaluation of the Emergency Medicine Residents: EM faculty will assess each emergency medicine resident’s competence in the performance of the seven (7) core competencies (Medical knowledge, Osteopathic Principles/Practice and Manipulative Treatment, Patient Care, Practice Based Learning and Improvement, Interpersonal and communication skills, professionalism, and systems based practice) utilizing an electronic system. This will be completed on a quarterly basis. A summary report for each resident will be presented at the Quarterly Faculty Meeting for review, final comments, and approval. Meetings are held in September, December, March, and June.

Emergency Medicine Resident Chart Reviews: The Emergency Medicine Residents are formally evaluated for charting quality on a quarterly basis. Guidelines as outlined by HCFA for an appropriate Emergency Department record are used as a template for the chart review. A percentage scoring system is used as a method by which deficiencies can be monitored and progress reported. Consistent deficiencies (<80% rating) prompt monthly reviews until sufficiently corrected.

Performance Feedback to Emergency Medicine Residents: Following the Quarterly Faculty Meeting, the program director and/or associate program director will meet with each resident to provide feedback of their performance. This includes the summary evaluation from the Quarterly Faculty Meeting, rotation evaluations, procedure skills/documentation and other
administrative responsibilities of the resident. All evaluations are maintained in the resident’s academic file located in the Medical Education Department.

**Evaluation of the Program Director:** The EM residents will complete an evaluation of the program director. Core EM Faculty will also evaluate the Program Director. This will be conducted in June of each year via [www.new-innov.com](http://www.new-innov.com). The anonymity of the resident and core faculty member will be protected. A summary report will be given to the Director of Medical Education who will meet with the program director to provide feedback annually.

**Biannual Review of EM Faculty:** EM Residents will evaluate the Core Faculty twice each academic year (December and June) via [www.new-innov.com](http://www.new-innov.com). Results are compiled, again maintaining resident anonymity, and a summary report will be given to the program director for review with each faculty member.

**Evaluation of the Program:** All Emergency Medicine Residents must complete a rotation evaluation form for each rotation and an annual program evaluation. Evaluations of rotations in the Emergency Department will be conducted in December and June of each academic year. It is policy to maintain the EM Resident’s anonymity in reporting feedback to supervising physicians. EM Core Faculty and EM Residents will review a summary report of rotation evaluations annually.
<table>
<thead>
<tr>
<th>EMERGENCY MEDICINE RESIDENCY EVALUATIONS</th>
<th>NEW INNOVATIONS UNLESS OTHERWISE STATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVALUATION</td>
<td>INTERVAL</td>
</tr>
<tr>
<td>1. ATTENDING EVALUATION OF RESIDENTS / NOT IN ED</td>
<td>MONTHLY</td>
</tr>
<tr>
<td>2. RESIDENT EVALUATION OF ATTENDINGS / NOT IN ED</td>
<td>MONTHLY</td>
</tr>
<tr>
<td>3. RESIDENT EVALUATION OF ROTATION / NOT ED</td>
<td>MONTHLY</td>
</tr>
<tr>
<td>4. ATTENDING EVALUATION OF RESIDENTS IN ED</td>
<td>QUARTERLY</td>
</tr>
<tr>
<td>5. RESIDENT EVALUATION OF ED ROTATION</td>
<td>SEMI ANNUALLY - Dec. &amp; June</td>
</tr>
<tr>
<td>6. RESIDENT EVALUATION OF ED ATTENDINGS</td>
<td>SEMI ANNUALLY - Dec. &amp; June</td>
</tr>
<tr>
<td>7. RESIDENT PEER EVALUATIONS PGY3s &amp; 4s eval. 1s &amp; 2s ot</td>
<td>PAPER ANNUALLY -3rd Quarter</td>
</tr>
<tr>
<td>8. RESIDENT SELF ASSESMENT</td>
<td>ANNUALLY -3rd Quarter</td>
</tr>
<tr>
<td>9. CORE FACULTY EVALUATION OF PROGRAM DIRECTOR</td>
<td>PAPER ANNUALLY - June</td>
</tr>
<tr>
<td>10. RESIDENT EVALUATION OF PROGRAM DIRECTOR</td>
<td>ANNUALLY - June</td>
</tr>
<tr>
<td>11. CHAIR EVALUATION OF PROGRAM DIRECTOR</td>
<td>PAPER ANNUALLY - June</td>
</tr>
<tr>
<td>12. CHAIR &amp; PROGRAM DIRECTOR EVALUATION OF CORE FACULTY</td>
<td>PAPER ANNUALLY - June</td>
</tr>
<tr>
<td>13. RESIDENT ADVANCEMENT DOCUMENTS</td>
<td>PAPER ANNUALLY - June</td>
</tr>
<tr>
<td>14. RESIDENT EVALUATION OF EM TRAINING PROGRAM</td>
<td>ANNUALLY - June</td>
</tr>
<tr>
<td>15. DUTY HOUR REPORTS</td>
<td>QUARTERLY</td>
</tr>
<tr>
<td>16. PRAISE NOTE</td>
<td>VARIABLE</td>
</tr>
<tr>
<td>17. EARLY WARNING TO RESIDENT</td>
<td>VARIABLE</td>
</tr>
<tr>
<td>18. CRITICAL INCIDENT ENCOUNTER</td>
<td>VARIABLE</td>
</tr>
<tr>
<td>19. MEDICAL SIMULATION PROCEDURE EVALUATION</td>
<td>VARIABLE</td>
</tr>
</tbody>
</table>

These evaluations are presented in the second section of the manual.
**Advancement to the Next Training Year/Graduation from the Program**

At the end of the academic year, each resident will be considered for advancement to the next training level or for graduation if at the conclusion of the EM-4 year. The following conditions must be met to successfully move to the next training level or to graduate:

- Satisfactory completion of all monthly rotations, including appropriate degrees of progress.

- Satisfactory completion of the resident paper requirement that conforms to the scheduled guidelines published in the Resident Manual.

- Satisfactory compliance with the policies, procedures and values of the Department of Emergency Medicine, the Emergency Medicine Residency at the Lakeland Regional Medical Center.

- Additional criteria as per institutional policy for approval and credentialing of residents and fellows. See the Medical Education Policies and Procedure Manual.

Upon review satisfactory completion of all criteria the Core Faculty Advancement Committee will complete the Annual Advancement Document (see evaluation section of this manual) to designate appropriate advancement.
Adverse Actions, Disciplinary Procedures, and Due Process

Residents may be subject to disciplinary action or remediation for a variety of reasons. Poor resident performance as measured by the evaluation tools employed by the residency may result in adverse action against the resident. Generally, issues of poor academic or clinical performance are coupled with a program of remediation in an effort to achieve sufficient improvement to a satisfactory level. Failure to meet other obligations, infractions of the Department’s Institutional or other policies and procedures or violations of the Honor Code may result in disciplinary action. Adverse actions for these activities are best described as punitive and are not remediated. Repeated infractions may result in escalating disciplinary action.

Adverse actions taken against a resident may have serious professional consequences. The resident’s activities while a resident are subject to repeated review and inquiry by Medical Staff Credentialing Committees, Certification Boards, Licensing Agencies and others. The Residency Program may report these adverse actions when proper inquiry is made.

A range of adverse actions is available to the Program Director. Each circumstance is unique and will be handled with professionalism and discretion. The definitions listed below are not meant to imply that one must be employed before another. Some types of actions may be coupled with another; reprimand and suspension, for instance. Severe circumstances may mandate severe action. The exact sequencing of each action is outlined and may be reviewed in the Lakeland Medical Education Policies Handbook. The following actions may be employed:

**Counseling**  A resident may be subject to counseling regarding an academic, clinical or minor disciplinary activity. Generally, the Program Director will conduct the counseling session although any faculty member may counsel a resident. The counsel will be recorded and maintained in the resident file. Counseling is not reported after residency training. In some situations, counseling may be provided by outside groups based on the specific circumstance and what is the most appropriate for resident support and well being.

**Informal reprimand**  For more serious activities or after repeated counseling on a particular issue, a resident may be subject to an informal reprimand. Generally, reprimands are employed for disciplinary infractions rather than poor academic or clinical performance. The informal reprimand will be recorded and maintained in the resident file. The Program Director will issue all informal reprimands. Informal reprimands are not reported after residency training.

**Formal reprimand**  Serious disciplinary issues may be handled with a formal reprimand. Formal reprimands will be issued by the Program Director in writing to the resident. The resident will meet with the Program Director and Department Chair or medical education representative while the formal reprimand is read to the resident. The resident will acknowledge the formal reprimand in writing. Formal reprimands are reported after residency training.

**Probation**  Poor clinical or academic performance may include a probationary period. Probation is designed to provide official recognition of poor performance and to implement a remediation program for improvement. Probation is not generally used for disciplinary actions. Generally, the probationary period is defined, specific objectives for improvement are described and specific degrees of improvement are required to successfully complete the probationary period. Periodic meetings with the Program Director are required during the probationary period. All of these elements are described in writing and are maintained in the resident file. One of three actions can occur after the probationary period; probation successfully completed, probation continued, dismissal from the training program. Probationary periods are reported after residency training.

Probation is not used for disciplinary action because disciplinary infractions are either repeated or they are not. Residents subject to disciplinary action will not be expected to “remediate” their behavior, they will be expected to not repeat it. Repeated disciplinary infractions may be met with escalating adverse actions.
**Suspension**  Severe violations of department, institutional or other policies may mandate suspension as a disciplinary action. When a resident cannot safely provide patient care for whatever reason, they may be suspended for a period of time. Suspension may be made with or without pay, at the discretion of the Program Director. A resident will be notified of the suspension, in writing, by the Program Director. Suspensions will be reported after residency training.

**Dismissal**  Severe disciplinary issues, criminal activity, violations of training contracts and other activities may result in dismissal from the training program. Depending on the severity of the infraction, dismissal may be the first action taken. Written record of the dismissal will be maintained in the resident’s file and will be reported after resident training.

**Other discipline, restrictions**  The Program and Medical Center may employ other types of adverse actions as deemed appropriate or define in other policies. Poor compliance with the Medical Records Policy, Internet Use Policy, Conference Attendance Policy and others may result in actions described above or other sanctions.

A resident may appeal a disciplinary decision to the Department Chairman and Residency Director in accordance with the Departmental Policy for appeals described above.

The hospital policy defines due process for residents who seek appeal of disciplinary action taken by their Department of the medical center when that action (suspension, dismissal, etc.) might adversely impact upon the resident’s career.
Remediation of clinical deficiencies:

Remediation is used in situations where a resident fails to meet the academic requirements established by the residency training program. Residents who fall below expected levels of competence may undergo remediation. Remediation may include, but is not limited to, repeating a rotation, extension of training, one-on-one guided-instruction by an additional faculty member assigned to that resident during his or her clinical shifts, use of specific feedback tools or denial of certificate of program completion.

In addition, neuro-psychometric testing may be offered to a resident in an effort to help identify learning disabilities or behaviors that may interfere with a resident's progress. A written educational plan with goals and objectives of remediation (including timelines) are discussed and provided to each resident undergoing this process. We recognize that this is not a punitive process, and will therefore develop a "Problem Solving Partnership" with the resident. This essentially identifies whether the situation(s) is based on a cognitive, skills or behavioral deficiency. This partnership allows for clear identification of the issues as well as the plan for correction associated with specific time frames. At the conclusion of the remediation period, the Program Director and Core Faculty will evaluate the resident's progress and make recommendations for continued remediation, or other actions where appropriate. Some residents may need mental health evaluations and/or treatment. This kind of counseling will be provided in accordance with institutional policy.
Resident Responsibilities

These responsibilities are an important part of the training program.

Rotation Patient Logs/Compliance

All residents are required to submit a log that summarizes all patients seen, procedures performed, and activity for every rotation. This log is vital to the accreditation and documentation of the residency program and is required of each resident for yearly advancement. Logs must be submitted to the Residency Coordinator within two weeks of the end of the previous rotation. Standardized log sheets are available from the secretary. Non-clinical rotations require a brief, typewritten description of the resident’s activities for the month. Each resident is generally expected to log an appropriate number of patients based on the appropriate PGY year. Based on ACEP/SAEM guidelines: PGY1 residents should see 1-1.5 emergency medicine patients per hour, PGY 2 residents: 1.5-2 patients per hour; PGY 3 2-2.5 patients per hour; PGY 4 residents at least 2.5 patients per hour. Each resident’s log will be compared with the other in the resident’s peer group, residents falling below their peer group may be subject to remediation or sanction.

Lakeland residency programs require all residents to maintain procedure and diagnosis logs for each of their month or block rotations. Content and format of each log will be based on program requirements, and based on current policy.

Resident responsibility - At the end of each rotation residents will submit their logs to the Program Director for review. The Emergency Medicine Resident Log should document:

a. Lists of Patients seen (HIPPA Compliant)
b. Lectures attended (May attach lecture schedules)
c. List of Staff, Department Meetings attended
d. List of Readings
e. Log all procedures

Program Director/Faculty will meet with residents at least quarterly to review logs for completeness and appropriate numbers.

Logs are due to the Program Director by the 15th of each month for the month prior. Delinquent logs will result in suspension of work duty, and the loss of schedule requests for the following month. In addition, no vacation time or schedule requests will be approved if logs or administrative paper work is outstanding. Blank forms are available in Medical Education or from the Program Director.

No Lakeland resident will be promoted, given a new contract, or a certificate without a completed procedure and diagnosis log approved by the Program Director and the Core Faculty Advancement Committee.

Procedure Logs

The Emergency Medicine Resident will maintain monthly logs of his/her activities. The following is a list of minimum procedures that the Emergency Medicine Resident is expected to have accomplished prior to the completion of the Emergency Medicine Residency. Although this list represents a minimum number it is expected that all procedures performed will be logged. It is understood that numerous critical procedures in Emergency Medicine are infrequent/rare. It is felt that in consideration of this; that some procedures may be completed after demonstrating proficiency in an animal lab setting, or simulation lab.
Such procedure requirements will be allowed with the approval and at the discretion of the Program Director. All procedures should be logged. Procedure logs will be reviewed on a quarterly basis at the time of the resident's routine evaluation, and annually by the Core Faculty Annual Advancement Committee. Additionally, residents are required to become credentialed in certain procedures as outlined by the LRMC Medical Education procedure.

**Minimum Procedure Requirements**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Required Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardioversion/Defibrillation</td>
<td>10</td>
</tr>
<tr>
<td>Central Venous Access</td>
<td>20</td>
</tr>
<tr>
<td>Chest Tube Insertion</td>
<td>10</td>
</tr>
<tr>
<td>Closed fracture Reduction</td>
<td>20</td>
</tr>
<tr>
<td>Dislocation Reduction</td>
<td>10</td>
</tr>
<tr>
<td>Splinting</td>
<td>20</td>
</tr>
<tr>
<td>Procedural Sedation</td>
<td>15</td>
</tr>
<tr>
<td>Cricothyroidotomy</td>
<td>3</td>
</tr>
<tr>
<td>Intraosseous Line</td>
<td>3</td>
</tr>
<tr>
<td>Intubation</td>
<td>35</td>
</tr>
<tr>
<td>Laceration Repair</td>
<td>50</td>
</tr>
<tr>
<td>Lumbar Puncture</td>
<td>15</td>
</tr>
<tr>
<td>Osteopathic Manipulative Therapy</td>
<td>30</td>
</tr>
<tr>
<td>Pediatric Medical Resuscitations</td>
<td>15</td>
</tr>
<tr>
<td>Pediatric Trauma Resuscitations</td>
<td>10</td>
</tr>
<tr>
<td>Thoracotomy</td>
<td>1</td>
</tr>
<tr>
<td>Pericardiocentesis</td>
<td>3</td>
</tr>
<tr>
<td>Ultrasound - Bedside</td>
<td>40</td>
</tr>
<tr>
<td>Vaginal Deliveries</td>
<td>10</td>
</tr>
</tbody>
</table>

**Major resuscitations (Adult and Pediatric)**

Each resident must have sufficient opportunities to perform invasive procedures, monitor unstable patients, and direct major resuscitations of all types on all age groups. A major resuscitation is patient care for which prolonged physician attention is needed and interventions such as defibrillation, cardiac pacing, treatment of shock, intravenous use of drugs (e.g., thrombolytics, vasopressors, neuromuscular blocking agents), or invasive procedures (e.g., central line insertion, chest tubes, endotracheal intubation) are necessary for stabilization and treatment. The resident must have the opportunity to make admission recommendations and direct resuscitations.

**Patient Follow-up Activities**

*Follow-up Logs*

Each resident is required to maintain a record of patients for which the resident obtains follow-up information. The purpose of this activity is to encourage the resident to appreciate the continuity of the disease process and to understand the complex interaction between the Emergency Department and the patient's outcome. Each resident is required to report at least five admitted and five discharged patients per month and submitted with the resident's log for the Emergency Medicine rotation. Examples of follow-up activity might include discussing the case with another physician, visiting the patient in the hospital, calling the patient at home, reviewing the patient's medical record.
or discussing the case with the Medical Examiner. The name, medical record number, age, chief complaint and nature of the follow-up are required.

**Scholarly Activity**
To promote scholarship and to develop life long habits of academic excellence, residents will participate in various scholarly activities throughout their training.

**Resident Research**
Each resident will be assigned to a Research mentor at Lakeland. It is encouraged that the resident and mentor meet on a regular basis and review formulation of a research questions, study design, IRB approval process, study implementation, data collection, data analysis and manuscript preparation and presentation over a two year period. Activities are assigned and monitored by the faculty research mentors. Each resident/mentor team will work to accomplish the pertinent questions related to the development of research as well as the ongoing project that the resident will choose to pursue.

**Resident Paper**
All residents in the EM 2 year or higher will prepare a paper, suitable for publication, during the academic program. The paper's topic is of the resident's choosing and can be a unique case presentation approved by the Program Director, collective review or a presentation of the resident's research project. All projects will be developed and proceed in accordance with the following schedule outline:

<table>
<thead>
<tr>
<th>Time Line</th>
<th>Project Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>July EM 1- December EM 2</td>
<td>Develop Research Idea/Hypothesis with Faculty Mentor</td>
</tr>
<tr>
<td></td>
<td>Complete Literature review for validity</td>
</tr>
<tr>
<td></td>
<td>Present Research Hypothesis with Materials and Methods to EM Core Faculty Committee at Monthly Meeting</td>
</tr>
<tr>
<td></td>
<td>Present to LRMC Committee for IRB Approval</td>
</tr>
<tr>
<td>December EM 2 – May EM 3</td>
<td>Data Collection</td>
</tr>
<tr>
<td></td>
<td>Rough Draft</td>
</tr>
<tr>
<td>December EM 4</td>
<td>Completed Project for Core Faculty Review</td>
</tr>
</tbody>
</table>

The final manuscript must be typewritten and **conform to the guidelines for authors published monthly in the Annals of Emergency Medicine.** Although publication of the paper is not required, all residents are expected to submit their work to be published. **A completed draft of the paper must be submitted to the residency director by May 15th of the EM 3 year.** Each paper will be reviewed by the Core Faculty for its content, appropriateness, and style. Unsatisfactory papers will be returned for revision.

**Resident Presentations**
All residents will be scheduled to present a variety of lectures, journal clubs, case presentations and conferences throughout the year. These assignments are made at the start of the academic year. These presentations should be of the highest quality possible and reflect the Program's commitment to excellence in academic Emergency Medicine. Significant presentations will be evaluated as part of the resident's oral evaluation.
Professional Demeanor/Attire

In many cases the Emergency Department is the hospital's first exposure to the public. You are an integral part of the image projected by our institution. Therefore, please comply with the following:

Knock before entering any patient room with a closed door.

Address all adult patient’s by “Mr, Mrs. Ms.” Etc.

Introduce yourself to patient and all others in the room with solid eye contact and a handshake when appropriate to patient’s condition.

As a general rule, you should be seated during the patient interview.

Laboratory coats are to be worn while on-duty in the Emergency Department. Scrubs are permitted, but civilian dress clothes are encouraged and recommended. If scrubs are worn they must be Lakeland issue and may not be combined with sweat shirts, jeans, printed T-shirts or other non-medical clothing.

Shoes are to be clean. No sandals are to be worn while on duty.

Men: Casual, clean, buttoned shirts (with tie) is proper; casual slacks, no jeans or shorts are allowed. Women: Casual slacks or skirt and blouse, no shorts are allowed.

Smoking is not allowed in any area.

Eating is allowed in the lounge if it is not feasible to eat in the cafeteria. Please be sure to clean up after yourself.

Attending Emergency Physicians and Residents are not allowed to bring food into patient care or work areas.

Lakeland hospital identification badges are to be worn at all times, and must be clearly visible.

COMPLETION OF MEDICAL RECORDS

Incomplete medical records from the medical record department: It is the expectation of the program that all residents comply with Lakeland’s Medical Record policy. Non compliance will result in a suspension of work duty until such time that records are completed. Each day that the resident is on suspension will result in the loss of a PTO day. If a resident has no usable PTO days, then an additional work shift will be assigned.

Completion of patient emergency medical charts within the emergency department: It is our expectation that all emergency medicine charts (T-System) will be completed prior to the resident going off duty of their shift.

Communication

Effective communication between the Residency Program, the resident, faculty and other staff is critical. Residents are expected to respond promptly to electronic mail, pages, voicemail messages, memorandums or letters. Our primary method of communication is by electronic mail; please check your e-mail daily. This is extremely important when residents are on an “away” rotation.
Quality Assurance Programs:
Satisfactory attendance at assigned Quality Assurance Programs and Meetings.

Chart Audits: In order to maintain quality assurance, a chart audit will periodically be conducted on Emergency Department charts. The program director or designee for the following will review the charts:

- Physician assigned appropriately
- Appropriate diagnosis
- Physicians signature
- Discharge time and date
- All appropriate components for an emergency medical record as outlined by HCFA
- Lab/radiographic result documentation
- Complete medical decision making

A selected chart audit will be conducted by the Program Director Faculty and Residents.

Mortality Reviews:
In the interest of quality patient care, and in cooperation with regulations of the American Osteopathic Association and ACOEP, a Mortality Review report is completed for deaths that occur in the Emergency Department on a monthly basis. These are reviewed at the monthly department meeting.

Data regarding deaths which occur in the Emergency Department, are collated on a monthly basis. A formal report is presented and reviewed by the Department of Emergency Medicine on a monthly basis at the monthly Department Meeting.

Emergency Medicine Residency Bedside Ultrasound Certification

This program recognizes the skills and techniques of bedside ultrasound to be a critical skill for the Emergency Physician to master. As such, we expect that each resident will have met the criteria for certification by the end of the four year Emergency Medicine Residency.

The requirements for certification are:

- Ultrasound program—MSU course or other approved course
- Review course of all sections done through the core lecture series
- 150 total examinations approved by a credentialed emergency ultrasonographer of which at least 10% must be abnormal
- Included in the 150 must be the performance of 25 approved FAST examinations including 3 abnormals

An examination may be approved if:
1) Directly supervised by a credentialed emergency ultrasonographer and approved. (The form will be initialed to indicate the approval.)
2) The hard-copy images are over read and found to be acceptable.
3) Confirmation of a correct examination by a corroborating study, i.e. CT, MRI, etc.
4) Confirmation by clinical outcome, i.e. placement of a central line by ultrasound that is successful.
Residency Policies and Procedures

Preamble

Admission to Lakeland’s emergency medicine residency program is not influenced by race, gender, religion, creed, national origin, age, sexual orientation, marital status, veteran status, disability or other legally protected status

The following policies and procedures described here are important. They clearly define expected behaviors and responsibilities of the resident in Emergency Medicine. Each resident is expected to be familiar with these policies and procedures and is encouraged to refer to this manual when a question arises. Adherence and compliance with these policies and procedures is mandatory, failure to follow them is unprofessional and inappropriate. That having been said, each resident may occasionally be in non-compliance for good reason. If it becomes impossible to conform to these policies and procedures, please discuss this with the Program Director or Assistant Director as soon as possible. The description of these policies is not all-inclusive and may be revised or added to periodically. Each resident is to be aware of these changes or additions.

Admission Requirements

Graduation from a college of osteopathic medicine approved by the American Osteopathic Association.

The candidate shall provide evidence of interest in the field of emergency medicine and of fulfilling continuing medical education requirements in that field.

The candidate shall be licensed to practice medicine in the State of Michigan and be registered with the Federal and State Controlled Substances Bureau.

The candidate must be a member of the American College of Osteopathic Emergency Physicians or provide sufficient documentation that such membership has been applied for and the candidate must maintain that membership throughout their training.

The candidate shall fulfill all such other requirements as may be determined by the Board of Directors of Lakeland Regional Health Systems.

Attendance – General

Clinical Shifts
The clinical schedule is provided well in advance to allow the resident adequate time to plan their activities. The schedule is designed to allow for adequate physician coverage in each Emergency Department. Attendance is, therefore, compulsory. Residents are expected to arrive at least 10 minutes prior to the beginning of the shift to prepare for patient sign out. Residents who will be late must call the Emergency Department to inform the attending physician on duty. Tardiness will not be tolerated and must be accompanied by a reasonable excuse. Residents who have no replacement at shift sign out may be required by the faculty to stay until the next scheduled resident arrives if the clinical circumstances warrant.

Off-service Rotations
Each resident is expected to conform to the rules and regulations of the service on which they are rotating. Any unexpected changes in a rotation’s schedule, particularly when a clinical preceptor becomes unavailable should be reported to the Program Director. Although each rotation can grant
permission for periodic excused absences, each of these absences must be reported to the Program Director or Assistant/Associate Program Director.

**Other Academic Assignments**
Other academic assignments are made throughout the year that assist the Program in meeting its various accreditation requirements. Examples of these activities include: ACLS, PALS, CPR instruction, paramedic instruction and medical student Emergency Medicine course activities. Residents are expected to be on time and well prepared to participate in these activities.

**Conference**
The didactic conference serves as an integral part of the resident’s Emergency Medicine training: regular attendance is mandatory. Attendance will be monitored using sign in sheets and longitudinal tracking. It is required by our accreditation organizations that adequate attendance be demonstrated. Each resident is expected to attend as many conferences as feasible or have an excused absence. It may be difficult to attend every conference because of the predetermined outside clinical rotations, or other educational activities. In such situations residents are not expected to attend 100% of the scheduled conferences. However, a minimum cumulative attendance of 70% is required for the program. Residents are not expected at conference during vacation or approved CME conferences. The ED schedule is designed to facilitate maximal attendance.

**Attendance- Specific**

**Lecture Attendance Requirement**
Each Resident is responsible for attendance to Emergency Medicine Residency required lectures while on Emergency Department rotation and all other “in house” rotations. Emergency Medicine Residents on-duty the night prior will be excused from lectures at 10:00 am. Conferences are mandatory while on all rotations with the exception of the following: out of house elective rotations (must be excused), PICU rotation, and Trauma rotations. Attendance at select meetings while on specific out rotations (i.e. Administration, County EMS meetings etc) may be excused on an individual basis as determined by the Program Director. It is the resident’s responsibility to investigate these exceptions.

**Emergency Department Physician Meetings**
Emergency Department meetings are considered mandatory for all residents rotating in the Department of Emergency Medicine, and on select in-house rotations.

**Recourse for residents unexcused from Lectures or Meetings**
It is the expectation of the Emergency Medicine Residency that all Residency Educational Days be considered mandatory attendance for residents in the department, and for select out rotations as outlined in the residency manual. The program director has the ability to include additional meetings or educational sessions as “mandatory” when opportunities arise. Excused absences are possible when PTO days are requested via the appropriate process. The following will be used as a guideline for individuals who have unexcused absences, or excessive tardiness to mandatory requirements.

1) Absence for a mandatory educational session or meeting: 1 PTO day.

2) Tardy for Mandatory Session:
   1st offense - Warning
   2nd offense - 1 additional lecture or significant educational activity

A resident who no longer has usable PTO days that would normally be required to forfeit one; will instead be assigned an additional shift by the Chief Resident or Program Director.
Work Duty Hours

The ACGME, the AOA and the RRC for Emergency Medicine have strict resident work rules that the program and residents must adhere to. The requirements are averaged over a month period. Note that the requirements for Emergency Medicine are stricter than the requirements common to all programs. While on an Emergency Medicine rotation, the Emergency Medicine work rules apply. While rotating on another service, the duty hours particular to that specialty apply. Because of the importance of resident duty hours, suspected violations of these rules must be brought to the attention of the Program Director immediately.

From the special requirements for Emergency Medicine from the RRC:

Duty hours
a. Emergency medicine rotations
   1) As a minimum, residents shall be allowed 1 full day in 7 days away from the institution and free of any clinical or academic responsibilities, including planned educational experiences.
   2) While on duty in the emergency department, residents may not work longer than 12 continuous scheduled hours. There must be at least an equivalent period of continuous time off between scheduled work periods.
   3) A resident should not work more than 60 scheduled hours per week seeing patients in the emergency department and no more than 72 duty hours per week. Duty hours comprise all clinical duty time and conferences, whether spent within or outside the educational program, including all on-call hours.

b. Other rotations
   The program director must ensure that all residents have appropriate duty hours when rotating on other clinical services, in accordance with the ACGME-approved program requirements of that specialty.

c. Extracurricular activities
   Activities that fall outside the educational program may not be mandated, nor may they interfere with the resident's performance in the educational process as defined in the agreement between the institution and the resident.

From the ACGME “Common Program Requirements”:

Duty Hours
a. Duty hours are defined as all clinical and academic activities related to the residency program, ie, patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

b. Duty hours must be limited to 72 hours per week, averaged over a four week period, inclusive of all in-house call activities.

c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities
   The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
c. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.
d. At-home call (pager call) is defined as call taken from outside the assigned institution.
   1.) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
   2.) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
   3.) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting
   a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
   b. The program director must comply with the sponsoring institution’s written policies and procedures regarding moonlighting, in compliance with the AOA.
   c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor’s primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

RESIDENT SCHEDULING

Resident shifts are 8 and 12 hours in length. Shifts currently required vary for each academic year and are outlined as follows:

EM 1  18/month
EM 2  18/month
EM 3  17/month
EM 4  17/month
EM 4 Chief Residents 16/month

Shifts start and end times are subject to change. See current policy for this information

Monthly requests for days off will be accepted by the Program Coordinator. Requests are accepted via email by the 15th day of the month. All attempts will be made to have the schedule complete a minimum of two months prior to the anticipated schedule. A maximum of five non-PTO days may be requested. Although every effort will be made to meet individual requests these are not guaranteed. Residents needing specific days off are encouraged to request these as PTO days. No requests will be accepted if educational logs, administrative paper work, or medical records are delinquent at the time of request. No PTO time may be requested once the deadline for submitting schedule requests has passed.
All scheduling is at the discretion of the Program Director, and may be modified at any time to best suit the needs of the Emergency Medicine Program.

As a result of the nature of Emergency Medicine it is at times necessary to work longer than a scheduled shift. Although rare, it may occur on occasion, and therefore should be an expected resident responsibility. In all cases ACGME/AOA work duty hour guidelines will be maintained.

Shift adjustments may occasionally be necessary. Excluding an “overnight” shift, any resident scheduled to work later than 2 am the night prior to an academic obligation will be excused at midnight.

Any scheduling changes may be done only with the prior approval of the Chief Resident/Program Director.

**Scheduling and time off requests**

Paid time off (PTO) for PGY 1, consists of 17 days which includes: Holiday vacation (5 days) Christmas or New Years week, two (2) days off for board exams and ten (10) days to be used at the Trainee’s discretion upon receipt of prior approval of the Program Director. Paid time off (PTO) for each following contract year will consist of 20 days. This will include requests for vacation, sick days, and conference time. Paid time off is non-cumulative for each contract year. PTO time may only be requested while rotating in the emergency department. All vacation/conference time must be requested, and processed with Medical Education a minimum of 60 days prior to desired request date, and prior to the deadline for schedule requests as submitted by the Chief Resident. Requests not complying with these stipulations will be denied. All requests must be approved by Chief Residents/Program Director, and are approved on a first come, first served basis. In the event that a number of requests have been submitted for a particular time frame, consideration will be given toward seniority, and number of prior requests that have been made for that contract year. This program makes the distinction of PTO time, and schedule requests. PTO time may be requested and if approved will reduce the total monthly shift obligation by the amount requested. “Schedule requests” do not reduce the total monthly shifts, but will be accommodated when possible. It should be noted, however, that these requests are not guaranteed and therefore should not be expected. The maximum number of schedule requests for any one month will be five, unless PTO time was also requested for the month. If any PTO time is also requested; then only 2 days of schedule requests will be accepted. Schedule requests do not excuse a resident from participation in lectures or other mandatory educational sessions of meetings.

**Vacation Time**:
Maximum of 10 consecutive days of PTO time will be allowed in any one month. Vacation request for (10) days in a month must be separated by thirty (30) days prior to requesting any further PTO time. No requests will be approved during the last 14 days of June or from December 15 - January 7.

**Conference Time**:
Conference time is included in the total number of paid time off days. These must be requested within the time frame consistent with all requests as noted above.

**Sick Days**
In the event of illness, a resident may use PTO time to account for multiple sequenced days of absence. Any sick days used will be deducted from total PTO time. A resident who is ill and unable to attend scheduled work duty, or a mandatory educational session/meeting, must notify the Program Director. In the event that the Program Director is not readily available, the resident must call the Program Directors office and leave a message regarding the expected absence prior to the absence. Included with the message must be a phone number, or method of contacting the resident. If the resident is scheduled to work he/she must also call the Emergency Department, and speak directly with the attending on duty to inform them of the absence. Appropriate PTO paperwork for absences is required to be completed and turned in within 24 hours of return to work duty. Lack of compliance with this procedure may result in an unexcused absence and requirement for extra work duty equivalent to the number of days of absence.
In all cases of illness it is preferred the resident attempt to find coverage for their shift. The resident should notify the Chief Resident for assistance in coverage. For any single days of illness a PTO day may not be used, and the shift will be made up at a later time. For multiple sequential days of illness, PTO days may be used. The resident will be required to bring in documentation that they were evaluated by an attending physician for their illness prior to returning to work duty.

**Maternity Leave:**
Please reference the Maternity Leave policy outlined in the House Staff Manual.

**Conference Obligation:**
Procedure for requested conference time will be the same as any PTO time. Listed below are the conference obligations expected during the three-year residency program. All scheduling is dependent on resident’s individual academic schedule:

- PGYII - AOA/ACOEP conference, ACOEP Board Review Course
- PGY III - ACOEP conference (ACOEP Board Review course if not attended as a PGYII)
- PGY IV - Any major emergency medicine conference approved by the Program Director is acceptable.

At times the Program Director may modify this schedule for individual residents to accommodate for variances noted in specific resident rotation schedules. Additional conferences related to emergency medicine are encouraged.

**Moonlighting Specific**
The Emergency Medicine Residency at Lakeland Regional Medical Center does not allow EM1 or EM2 residents in the first 6 months of the residency to moonlight. As Residents progress in their program, they are capable of obtaining the privilege of moonlighting under the following circumstances:

- All appropriate Medical Education “Request for moonlighting” forms must be completed, and approved by the Program Director, Emergency Medicine Core Faculty, and Medical Education prior to the start of any moonlighting activity.

- Moonlighting will be allowed as long as academic requirements within the program are maintained. These standards shall be determined by the Program Director. If at anytime there is question in performance (academic or otherwise); this privilege may be temporarily suspended or revoked. Residents will not be allowed to moonlight if any score a “2” (scale 1-5) or less on a quarterly evaluation.

- Residents must complete and maintain certification in ACLS, PALS, and ATLS. In addition, the resident must have documentation, and have been credentialed in endotracheal intubation as recognized by Lakeland Regional Medical Center Department of Medical Education prior to any moonlighting activity.

- Residents must be knowledgeable, with current AOA standards for work duty hours. It is the resident’s responsibility to monitor and comply with these regulations in regard to hours worked inclusive of: Residency Duty Hours, Educational Duties, and Moonlighting activity.

- No more than thirty-six hours of moonlighting will be allowed during a calendar month. No shift should be scheduled longer than 12 hours in duration. Any shift must be separated by an equivalent length of time off prior to resuming any work activity.
Residents must complete a signed statement attesting to their understanding and compliance of this policy, and the AOA standards for Moonlighting activity.

Moonlighting is a privilege. All moonlighting must be approved by the Program Director. Moonlighting schedules will be monitored by the Program Director and Core Faculty committee. Anyone violating the Moonlighting Policy will be subject to the following:

1st Offense: Loss of Moonlighting Privilege for 3 months.
2nd Offense: Loss of Moonlighting Privilege for a 12 month period of time.
3rd Offense: Removal from the residency program.

Moonlighting may not interfere with the resident’s responsibilities to the Residency Program. The program director has the ability to suspend this privilege if abused.

Moonlighting activity may only occur when no other academic or work responsibilities are occurring.

Acceptance of Transfer Residents

It is the policy of the Lakeland Regional Medical Center (LRMC) Emergency Residency Program to accept the highest quality residents possible. The Emergency Medicine Residency discourages the acceptance of “transfer residents” who have initiated residency in another program, and are requesting transfer into the LRMC Emergency Medicine Residency. We do recognize that there are times when extenuating circumstances necessitate such a transfer. Applicants requesting transfer will be considered only after the following criteria have been met:

1) The applicant has requested in writing consideration for program transfer to the LRMC Emergency Medicine Residency Program.

2) The applicant completes, in full, an application to the program through the Department of Medical Education.

3) The applicant gives written permission for the LRMC Emergency Medicine Program Director to contact the Resident’s current program director regarding the requested transfer.

4) Prior to consideration the applicant provides a written letter from his/her current Program Director acknowledging the fact that the resident is pursuing an alternate site of training.

5) Any resident that is accepted may be eligible to obtain advanced standing in keeping with the policies of the AOA. Advanced standing is submitted to the appropriate agency by the Program Director. The Program Director will submit such requests based on the academic progress of the resident. Academic level is based on academic progress regardless on OGME year of training. Therefore advanced standing requests will not be made for residents until such time that the resident is perceived to have attained the appropriate accomplishments of the specific academic year.
Outside Rotations:

All outside rotations require that advance paperwork be completed a minimum of 60 days prior to the start of the rotation. Some rotations request even more time prior to the rotation. It is the Resident’s responsibility to see that all appropriate paperwork is complete. Any elective rotations that are noted to have incomplete paperwork, will result in an elective rotation chosen at the discretion of the Program Director. Any rotations that are delayed due to a deficiency in completing paperwork will result in an extension at the end of the Residents’ program for that rotation.

Specific Additional Forms

The following are additional forms that are utilized within the program. Many have been referenced in this manual. They are provided here as examples for your review. These forms are also available on New Innovations Residency Management Suite.
<table>
<thead>
<tr>
<th>Request for Time Off</th>
<th>EMERGENCY MEDICINE for 12-13</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of Request (include year):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Exact Dates Requested PTO (include year):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Exact Dates of Schedule Request (include year):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Logs Complete:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Evaluations Complete:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Records Up-to-Date:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Duty Hours Logged:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>APPROVED:</strong></td>
<td><strong>NOT APPROVED:</strong></td>
</tr>
<tr>
<td><strong>REASON:</strong></td>
<td></td>
</tr>
</tbody>
</table>
July 2011

Re: Emergency Medicine Program and Medical Education Administrative/Clinical Policies and Procedures 2012-2013

I acknowledge receipt of the above listed manuals provided to me for Academic Year 2011-2012

I agree to read and adhere to the educational content and policies contained in these manuals.

________________________________________
Print Name

________________________________________
Signature of Intern/Resident                  Date

________________________________________
Signature of Program Director                Date

Return to Department of Medical Education

Thank you.
Graduate Medical Education
Moonlighting Request Form

Lakeland Regional Medical Center
1234 Napier Ave
St Joseph Mi 49085

Resident Name: __________________________________________

Citizenship or Permanent
PGY Level: ______ Visa Status: ________________ License: ______________

Please answer the following questions based on the facility at which you will be Moonlighting:

Name of Institution: ____________________________________________________

Address: _____________________________________________________________

Telephone: (              ) ____________________________________________

Name of employer/Contact Person: _______________________________________

 Desired dates of employment and estimated hours: __________________________

Will you be using Paid Time Off (PTO) days for these dates: YES NO (circle one)

Nature of employment: __________________________________________________

Liability/Malpractice Insurance Coverage: (Include contractors, policy number and expiration date)

NOTE: You must provide written proof of insurance coverage.

This request is within the guidelines of the LRMC/Medical Education Policy/Procedure, “Outside Professional Activities (Moonlighting) for Residents and Interns” as outlined in the LRMC Medical Education Administrative Manual. I am aware that any violation of the “Outside Professional Activities (Moonlighting) for Residents and Interns” policy/procedure will result in disciplinary action up to and including discharge from Lakeland Regional Medical Center.

Disclaimer:
I hereby authorize LRMC Medical Education Office to contact the moonlighting services as indicated above and any others who may have information regarding my employment, hours, duties and supervision and release from
liability all representatives of the Medical Education Program Directors, the Medical Education Office and Lakeland Regional Medical Center (LRMC) for their acts performed in good faith and without malice in connection with evaluating my request for moonlighting privileges. In addition, I release from any liability all individuals and organizations that provide information pertaining to my outside professional activities (moonlighting) in good faith and without malice concerning my request for moonlighting privileges.

I have read and understand the Lakeland Regional Medical Center, Medical Education Administrative Manual Policy/Procedure for “Outside Professional Activities (Moonlighting) for Residents and Interns”. I agree to comply with this policy/procedure.

___________________________________________ _______________________
Resident/Intern Signature     Date

___________________________________________ _______________________
Program Director Approval     Date

___________________________________________ _______________________
Medical Education Office Approval    Date

THIS FORM MUST INDICATE APPROVAL BY SIGNATURES OF ALL PARTIES PRIOR TO ANY MOONLIGHTING ACTIVITIES.
Graduate Medical Education
Elective or Out-Rotation Application

Lakeland Regional Medical Center
1234 Napier Ave
St Joseph, Mi
49085

☐ Core Curriculum  ☐ Elective

Name: ____________________________________________________________

Current Program: ____________________________  PGY Year ____________

ROTATION REQUESTED:  ☐ Office Rotation  ☐ Hospital Rotation  ☐ Both Hosp./Office

Type of Rotation: ____________________________  Exact Dates of Rotation: ____________

Site of Rotation: ______________________________________________________

Address:  _____________________________________________________________

Contact Person At Requested Rotation ______________________ Phone ____________

Will you be responsible for clinic coverage and continuity of care at Lakeland during the rotation?
□ Yes     If yes, estimated number of hours per week ________.
□ No

Resident Verification Agreement:

I hereby verify that the information and documents contained in this application are accurate. I agree to:

• Perform the duties satisfactorily and to the best of my ability under the authority of the Director of Medical Education/Supervising Physician of the host institution.
• Conform to all host institution’s policies, procedures, and guidelines.
• Arrange for housing and all other financial obligations through my base institution.
• Complete all Medical Records prior to leaving Host Institution.
• Arrange for completion of required evaluation of rotation.
• Complete goals and objectives as requested by the program director at my institution.

Intern/Resident Signature: ____________________________________________ Date

PROGRAM DIRECTOR MUST SIGN IF AN ELECTIVE (See Other Side)

This form is to be completed for all electives inside or outside of Lakeland and core rotations outside of Lakeland Regional Medical Center. Per Medical Education Policy, paperwork must be submitted no later than 60 days prior to beginning the rotation.

OVER  ⇝
ELECTIVE GOALS and OBJECTIVES:

Goal of the Rotation:  (What is it you want to learn by completing this rotation?)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Objectives:  (How will you accomplish the above goals?)

1. ______________________________________________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________
4. ______________________________________________________________________
5. ______________________________________________________________________
6. ______________________________________________________________________
7. ______________________________________________________________________

APPROVAL FOR ELECTIVE ROTATION AND GOALS & OBJECTIVES:

________________________________________________________________________

Program Director Signature  Date

TO BE COMPLETED BY LAKE LAND  MEDICAL EDUCATION:
Intern Resident Service Information:

ACLS/BLS Checked: ____________

Standing Agreement: Yes ☐  No ☐

Office Agreement Sent: ________________  Hospital Agreement Sent: ________________
Date  Date
Core Content for Emergency Medicine
The educational content of this program is based on core content of emergency medicine that has been outlined by both the AOA. The specific curriculum can be reviewed by referencing either of the corresponding websites at www.acoep.org
Tutorial Series for COM Students, Residents and Other Affiliates at Hospitals

The tutorials described below were designed and created by MSU-COM’s Statewide Campus System and the MSU Libraries to provide assistance to COM students, residents and other affiliates located in hospitals across the state. They can be accessed at http://www2.lib.msu.edu/health/COM-tutorials.jsp. If you have questions or comments about these tutorials, please contact Heidi Schroeder (hschroed@msu.edu) at the MSU Libraries or Dr. Mark Cummings (cummin67@msu.edu) at the Statewide Campus System.

Accessing MSU Libraries’ Electronic Resources (6 min 50 seconds) Learn how to access electronic journals, databases, and books available through the MSU Libraries. -Created by Heidi Schroeder, MLIS (hschroed@msu.edu) Health Sciences Librarian, MSU Libraries

Database Descriptions (6 min 47 seconds) This tutorial briefly describes five medical databases: PubMed, the Cochrane Library, MDConsult, PsycINFO, and Web of Science. -Created by Heidi Schroeder, MLIS (hschroed@msu.edu) Health Sciences Librarian, MSU Libraries

Basic Search Strategies (6 min 0 seconds) This tutorial demonstrates basic search strategies, which will help you search medical databases. -Created by Heidi Schroeder, MLIS (hschroed@msu.edu) Health Sciences Librarian, MSU Libraries

SCS Resources
Links to SCS Multimedia Tutorials

Accessing the MSU Libraries’ Electronic Resources:

www.lib.msu.edu/hschroed/Tutorials/SCSTutorial1/SCSTutorial1.html (5 minutes)

Strategies for Searching the Medical Literature:

www.lib.msu.edu/hschroed/Tutorials/SCSTutorial2/SCSTutorial2.html (13 minutes)
Searching Specific Medical Databases (10 min 56 seconds) This tutorial demonstrates search examples in PubMed/Medline, the Cochrane Library, and MD Consult. -Created by Heidi Schroeder, MLIS (hschroed@msu.edu) Health Sciences Librarian, MSU Libraries

Evaluating Medical Research Literature (16 min 07 seconds) This tutorial describes the various stages involved when evaluating medical research articles or studies. -Created by Dr. Eric Zemper (zemper@msu.edu) Medical Education Specialist, MSU-COM Statewide Campus System

How to Do a Case Presentation (6 min 58 seconds) This tutorial describes the various steps involved in creating a case presentation. -Created by Dr. Donald Sefcik, DO, MBA (sefcik@msu.edu) Senior Associate Dean & Professor of Family Medicine, MSU-COM

Bibliographic Management Software (4 min 27 seconds) This tutorial provides a very brief description of bibliographic management software packages. -Created by Heidi Schroeder, MLIS (hschroed@msu.edu) Health Sciences Librarian, MSU Libraries

*Flash may be required to view these tutorials.*