Progression of Training and Skills
Emergency Medicine

Preamble
Emergency Medicine, like Family Medicine, is a specialty of breadth and includes other specialties, but while continuity of care is central to Family Medicine, it is incidental in the emergency setting. Consequently, the goal is not to re-learn that which is common to both, but to learn from contrasting practice styles, observe the difference between diagnosing and "ruling out", and draw conclusions about cost-effectiveness, and where care may be most effectively rendered. Effective triage, stabilization and resuscitation, with prerequisite technical skills, are invaluable and cannot be learned outside the ER. As the resident considers practice in smaller communities, these skills assume vital importance.

Minimal rotation requirements are fourteen 12 hour shifts in the first year and twelve 12 hour shifts in the second year with a combination of days, evenings, nights and weekends, preferably, from the hours of 2 PM to 2 AM including two weekends. Residents should schedule times in the ER when emergency room staff physicians who are more likely to teach are working. Four or five shifts in each ER rotation should be scheduled in the Urgent Care. Time schedules should be arranged with Dr. Odegard via google calendar (log in altruedrotation, password AltruED123) who is the ER Coordinator.

Residents must record meaningful encounters for all patients they have seen during the ER rotation. Resident must see, at minimum, 250 adults and 75 pediatric patients during the two rotations.

Goals
• A capacity to effectively and efficiently assess according to the urgency of the problem
• An awareness of the importance of cost containment and appropriate utilization of medical resources
• An awareness of the appropriate use of the laboratory and imaging department in the emergency setting
• An awareness of those conditions that may deteriorate suddenly and critically and the supportive/resuscitative measures needed
• Practical experience of those procedures needed in the support/resuscitation of patients with unstable presentations
• An awareness of the emergency department role in community disaster planning

Objectives
• Demonstrate an ability to rapidly assess and gather information pertinent to the care of patients in urgent and emergent situations and develop treatment plans appropriate to the stabilization and disposition of these patients
• Be able to identify the indication and perform procedures appropriately for the stabilization of the patient in an urgent and emergent care setting
• Acquire the requisite skills in appropriate utilization of the resources available in the urgent and emergent care setting, including laboratory, radiology, ancillary and consultative services
• Educate and elicit patient and family participation in medical decision-making
• Effective and compassionate communication with patients and families in difficult and/or emotionally charged circumstances
Suggested Reading:


Other Suggested References
2. 5 Minute ER Consult
3. 5 Minute Toxicology Consult
4. ATLS Manual
5. ACLS Manual
6. PALS Manual

The above is achieved through a combination of structured experience and didactic instruction
[Revised and approved at the Faculty Meeting April 3, 2012]
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