**Welcome to the ER!**

Hi PL1s, 2s and 3s!! I’m so excited for you to have a great experience in our ER this \*\*\*\*\*. Prior to the start of your rotation, please view the [NEW orientation module](http://www.childrensmedicaleducation.org/nonscorm/ED_Education/TraineeOrientation_2019/story.html) (press Ctrl+Click to follow this link).This should be completed even if you have rotated in the ED before and will take about an hour to complete.

**\*\*NEW Orientation INFO \*\*\***

Residency can be busy and our ED can be a bit chaotic at times.  There are tons of residents rotating through with different levels of experience in the department so sometimes orientation on the first day within the department by a senior resident or faculty member can be difficult. Attached is a quick reference sheet for residents (made by one of your co-residents) with some handy information about the logistics of being a resident in our ED- it’s titled “Things I wish I knew at the start of the ER block.” Please take a look (even if it happens to be the first 5 minutes of your first shift). If there is anything you would like to see added for the next block, please let me know.

**TEACHING:**

There is a weekly resident-only ED conference on Tuesdays from 11am – 1pm in the ED conference room (entrance located near D side but can be hard to find so just ask those around you for help!).  This is **mandatory** for all residents (except those working overnight shifts on Monday and Tuesday), including those who have the day “off” (as long as you still have 4 other days off throughout the month).  Those who have clinic that afternoon off-site can WebEx if necessary – visit [cnmc.webex.com](https://cnmc.webex.com/mw0401l/mywebex/default.do?siteurl=cnmc) and click on EMTC Resident Education Lectures.  These are also listed in (and WebEx linked from) the calendar of ResidentBook.

The meeting code for WebEx Tuesday Teaching is 732 977 936

**Here are the residents who should be present  (ie, not on a required day off, not pre/post call from 10p-8a shift) at each teaching session during block \*\*\*:**

**GOALS & OBJECTIVES:**

1.       Identify, evaluate, and manage common urgent and emergent medical conditions in children.

2.       Identify, evaluate, and stabilize critically ill or injured children.

3.       Differentiate unintentional injuries from intentional injuries and manage the medical and social issues appropriately.

4.       Perform the following procedures: lumbar puncture, splinting, simple interrupted suturing, burn care, foreign body removal, and simple abscess drainage.

5.       Demonstrate the ability to effectively work with nurses, ancillary services, and consulting physician groups in a fast-paced environment.

Additionally, you are required to come up with your own learning and skills goals for the rotation as a whole.

**You are strongly encouraged to come up with** **goals for each SHIFT**, and to share those with your attendings.  *For example:*

         “On today’s shift, I want to improve my initial assessments and dispositions for patients with bronchiolitis – therefore, I’m going to preferentially pick up patients with bronchiolitis that I see on the board, and try to discuss with my attendings after each one”

**SCHEDULING**

Your shift schedule for your rotation is posted on Amion.  If you need to make any changes, please find someone who is willing to switch with you first then talk with one of the chiefs.  Do not change shifts without getting approval from the chiefs first! There are 5 shifts you may see on your schedule:

A shift: 7am-5pm

B shift: 11am-9pm

C shift: 12pm-2am

D shift: 10pm-8am

P (Procedure) shift: usually 5pm-10pm

**Note: All your shifts (besides your procedure shift) should be on the A and B sides of the ER. If your schedule says “C 2p-12a,” that ONLY means you’re working the C shift (which runs from 2pm to 12am). You should still be working on A and B sides of the ER!**

PL2/3s: You will be assigned 2 shifts per 2 week block where you’re the ***Med Alert resident***. Information about that role is attached. This is meant to broaden the acuity of patients you’re seeing and augment your learning. **They will be added into Amion later and posted in the ER.**

**PATIENTS AND TIMING:**

You will be given feedback on the # of patients you see on average per shift, based on Cerner queries; this will be part of your evaluation!

A reminder that – if you still have patient care or charting left – you should not pick up new patients in the last half hour of your shift.  However, if you are caught up, please DO help your colleagues and pick up patients to keep the workflow moving!

Remember that you should have 10 hours off between shifts (an absolute minimum of 8); this is non-negotiable!  Please help your other residents leave the ED on time at the end of their shift by taking their sign-out in a timely manner.

**CONSULTS AND HANDOFFS:**

Much of communication in the ED can be both effectively and expeditiously delivered using the SBAR format (Situation, Background, Assessment, Recommendations).  This works when escalating a problem to an attending/fellow or calling a consult.  Handoffs (lateral transfers of care) can be effectively structured in the IPASS format.

**You may hear something about an “ED Watcher Plan.” This might happen in the future, but is NOT being rolled out yet. We will send you more information if this plan goes into effect during your rotation!**

**PROCEDURES –**

The ER is also a great place to get many of your required procedures, especially suturing, splinting, and IVs/blood draws. Each of you will be scheduled for one procedure shift during your time in the ER this year (one shift per 4 weeks of ER).  ***YOU SHOULD NOT BE ASKED TO DO ANY PATIENT CARE OTHER THAN PROCEDURES AND DOCUMENTATION RELATED TO YOUR PROCEDURAL PATIENTS DURING THIS PROCEDURE SHIFT.***

Please grab a procedure log form (on ResidentBook, and printed in the ED), and *don’t forget to:*

*(1) load all your procedures individually to MedHub (in the Procedures tab)*

*(2) upload this form into your Portfolio (so we have the supervisor signatures!)*

*(3) get a pink Laceration/Procedure feedback card completed on your procedure shift*

         At the start of your shift, introduce yourself to the PA/NP and attending on the D side when you arrive. Let them know you are there for your elective procedure shift and the hours you intend on working that day.

         There are several procedures (besides lacerations) that are available in the ED. Keep your eye out on the ED tracking board for LPs, Urine catheterizations, IV placement/blood draws, foreign body removals, abscess I&Ds etc. If the patient needing the procedure is being seen by another resident rotating in the ED, usually that procedure should be saved for that resident. Make sure to ask that resident if they are willing to give up their procedure before assuming you can do it.

         The PAs/NPs have requested that you practice basic suturing techniques before attempting to perform a repair on a live patient. Depending on your comfort level and prior experience, probably best to watch 1-2 lacerations performed by the PA and maybe practice holding the instruments properly while practicing the ‘instrument tie’ before jumping in and doing some with their supervision. The following is a YouTube Video explaining how to do an instrument tie: <https://www.youtube.com/watch?v=wbpQhiNDxvo> The NP/PA your working with can get you some practice suture materials and instruments to practice on in between patients. (practicing on banana peels is an easy way to sharpen your skills).

         The NPs/PAs will give you great tips along the way. Don’t be afraid to ask questions of them but be mindful that they are also tasked with moving patients quickly through the ED on the D side.

         Remember that the NP/PA you’re working with has the final say on whether or not you can perform the procedure on a given patient. If they feel the complexity of the procedure or the patient situation is such that it is better performed by themselves rather than you, please respect their decision on this matter.

         For every patient you perform a procedure on, you are expected to obtain and write up a complete H&P as well as a procedure note. Also remember that when there are no procedures waiting to be performed, the NPs/PAs, D side attending and nursing staff always appreciate if you offer a hand to help. They will be a lot more willing to look out for any procedures for you if you help them with simple things such as setting up for procedures, getting patients, changing the bed or even typing discharge papers on patients etc. A kind gesture like this will go a long way.

         Remember to clean up after you have completed the procedure. Dispose of all instruments and sharps in the appropriate containers. Dirty linens placed in the appropriate bins etc

**FEEDBACK**:

The ER uses a “yellow card” feedback system.  At the end of each shift you should give the attending or fellow you worked the most with a yellow feedback card.  You should also elicit verbal feedback on your performance at this time as well.  The attending or fellow will complete the card and put it in the evaluation box. These yellow cards will be used to complete your evaluations at the end of the rotation.  There are also cards available for you to evaluate each attending, fellow or associate, so please fill one out in return.

**New to the ER, there will be Laceration Evaluation Cards!** After a procedure shift, or after completing a laceration repair during one of your scheduled shifts, please have the person precepting you complete the pink Laceration Evaluation card that will be available in the ER!

**FOREIGN LANGUAGE INTERPRETATION**

The Emergency Department is fortunate to have a number of in-person foreign language interpreters who are available nearly 24/7.  Due to the large number of patients and families who do not speak English natively, the interpreters can be easily overwhelmed and do you best to plan your workflow accordingly.  There are also blue interpreter phones in each pod which you can use should the interpreters not be readily available.

It is NOT acceptable to rely on your own skills in a foreign language unless you are certified as a medical translator.

**PATIENT FOLLOW-UP:**

Patient follow-up in the ER is part of an ACGME requirement.  Note that for a 2 week block the minimum is 3 patients, and for a 4 week block the minimum is 6 patients.  You will be automatically sent a patient follow-up “evaluation” in MedHub upon completion of your rotation in which you can document your patient follow-up.

***Have a great rotation! Learn lots! Let me know what you need. Contact me with questions/concerns.***