

SAINT VINCENT HEALTH SYSTEM

OSTEOPATHIC EMERGENCY MEDICINE RESIDENCY

RESIDENT MANUAL

2010-2011

SAINT VINCENT HEALTH CENTER
OSTEOPATHIC EMERGENCY MEDICINE RESIDENCY PROGRAM

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INTRODUCTION

This manual has been developed to aid the resident in fulfilling expectations during his/her residency. The manual will be updated yearly with resident input, eventually as a responsibility of the chief resident in conjunction with the program director as the program grows. All policies listed are intended to be in compliance with the Graduate Medical Education Policies (GME) and serve as a companion to the Associates Guide to Personnel Policies issued by the Saint Vincent Health System Human Resources department.

ABSENCE DUE TO ILLNESS

Residents who are ill and unable to fulfill their duties should follow the procedure outlined below:

1. The resident shall contact Ms. Diane Whitney, 452-5109, during normal working hours, who will notify the appropriate individuals of the resident's absence that day. If the notification takes place after hours, the appropriate attending for the service the resident is participating on should be notified by the resident.

2. For Emergency Medicine Rotations, the resident should contact the Chief Resident, who will follow the Resident Sick Call Policy to obtain necessary coverage and will then notify Ms. Diane Whitney of the incident, in order to track missed days.

ABSENCE OTHER THAN ILLNESS

Residents are granted the following time away paid hours:

- A. Vacation – 3 weeks per year, defined as 12 missed ER shifts
- B. Personal Holiday - 24 hours per year – 3 eight hour days – 2 twelve hour shifts
- C. Approved Selective Time - PGY 2, two weeks, PGY 3 , three weeks, PGY 4, three weeks
- D. Mandatory Education Activities
- E. Funerals - Time as needed
- F. Sick Time - Time as needed

Time exceeding vacation, holiday, and sick time must be made up to complete Residency requirements. No more than a total of 20 days off per calendar year are allowed without extending training time, per AOA requirements.

Residents requesting time away must complete a Request for Time Away Form available from the Chief Resident, Medical Education department or Program Director. The form must be submitted forty (40) days in advance. Emergency requests will be handled on an individual basis.

LEAVE OF ABSENCE (GME Policy #11)

Residents may request a leave of absence by requesting a Leave of Absence Form from the Program Director. Residents receiving medical attention may continue their training if their physician certify that the training does not endanger their health. The procedure to request a leave of absence is as follows:

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1. The Resident will notify the Program Director of request for leave and discuss options if continuation of training is desirable.
2. If Resident will be attempting to return to his/her training, a Leave of Absence Form will be filled out by the Resident and the Program Director and then a copy will be submitted to the Human Resources Department at Saint Vincent with the original placed in the Resident's file.
3. The Resident may be on approved leave for 3 months without forfeiting his/her position in the program. Upon return, the Program Director will determine how to best achieve the educational objectives of the program. The Resident must compensate for lost time as stipulated by the American College of Osteopathic Emergency Physicians and the American Osteopathic Association. The Resident who has requested leave for medical reasons must submit a medical certificate prior to return to active training.
4. The Resident who does not return from leave within 3 months may be eliminated from the program. The Resident may reapply into the program and will repeat the full year.

DISCIPLINE (GME Policy #7)

Consistent with the policy of Saint Vincent Health Center to provide a positive educational environment, it is necessary to have a formal procedure for administering discipline to all residents in a fair manner. This policy is intended to provide an appropriate mechanism to address unsatisfactory performance and will utilize dismissal only after serious deliberation by the Program Director, Director of Medical Education, and the Senior Vice President of Medical Affairs.

If a performance deficiency is noted by faculty or supervisory staff, a written notice will be given to the Resident. Two or more notices are grounds for disciplinary or remedial probation. Failure to resolve the stated deficiency may result in dismissal. Grounds for a written notice can be for any lack of professional behavior or performance such as the following reasons:

1. Chronic absenteeism, unauthorized absence from duty, or failure to report for duty as required without leave or proper notification.
2. Leaving the Health Center premises during working and/or on-call hours without prior approval and/or coverage.
3. Reporting for duty in a physically and/or emotionally impaired condition.
4. Non-professional attitude or behavior, or performance.
5. Negligent use of Saint Vincent Health Center property.
6. Failure to properly report critical incidents.
7. Unauthorized possession of weapons.
8. Violating the Health Center's solicitation, distribution and posting policies.
9. Violation of published Health Center and Program rules as contained in the *Associate Guide to Personnel Policies*.
10. Smoking in/on any Saint Vincent properties.

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DISCIPLINE (Continued)

A written notice of deficiency will be issued by the Program Director to the involved Resident. This notice will become part of the Resident's permanent file and be kept in the Graduate Medical Education Department. Following two or more written deficiencies, the Resident will be placed on Disciplinary Probation and will be notified in written form by the Program Director.

During Disciplinary Probation, the Resident will meet weekly with the Program Director to discuss performance improvements or deficiencies. The length of Disciplinary Probation will range from one to three months and will be determined by the Program Director. Upon completion of the Disciplinary Probation Period, the Resident will undergo a performance evaluation to indicate continued areas of weaknesses, and to show areas of improvement.

For lack of improvement of deficiencies, continued deficiencies or deficiencies of a grievous nature, the Program Director, in conjunction with the Director of Osteopathic Medical Education and/or the Senior Vice President of Medical Affairs and with prior notification of the GME Committee, can suspend a Resident.

DUTY HOURS (EMR Policy #718)

In keeping with the Saint Vincent Health Center Policy to ensure a positive educational environment, it is recognized that excessive work hours or sleep deprivation can lead to errors in judgment and impact on clinical skills. The following work hour policy has been adopted by Saint Vincent Health Center and will be followed by this program:

A. Work Hours

1. The Resident's on-duty time will not exceed an average of 80 hours per week and will include in-house night call. This time will be averaged over the length of rotation, (ex. 31 day rotation will not exceed total of 354 hours).
2. The Resident will not work/be on duty in excess of 24 consecutive hours. This time will include required educational programs such as didactic lectures. The Resident will not be permitted to assume clinical responsibility for a patient when this limit is met.
3. Moonlighting hours will be counted towards the above listed policies and will not be approved if they violate these limits.
4. The Resident will have at least one 24-hour period off each week or have off a 48-hour period on the alternate week.
5. The Resident will have adequate time for rest and personal activity between shifts, with a minimum of 12 hours off after any 24-hour shift.

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DUTY HOURS (Cont'd.)

6. Patient Care is the primary concern of the Resident and Saint Vincent Health Center. If a situation occurs in which a Resident is engaged in patient care that cannot be interrupted, additional clinical coverage will be provided to relieve the Resident as soon as possible. This policy will not supersede the Resident's responsibility to patient care.

B. Housing

Saint Vincent Health Center will provide an on-call room for the Resident which is conducive to allow rest during call. Services such as telephone and facilities will be present and convenient to the on-call room. Nourishment will be available during on-call hours.

C. Implementation of the Work Hour Policy

1. The Program Director will be responsible for the daily scheduling of the Resident and will follow the above guidelines.
2. A quarterly compliance report will be provided to the GME committee.
3. Reporting of inconsistencies should occur through the following levels:
 - A. Chief Emergency Medicine Resident
 - B. Program Director
 - C. Director of Medical Education (Institution Compliance Officer)
 - D. LECOMT, Executive Director
 - E. AOA, Chairman of the ECOPT Committee

Reports may also be made anonymously to the AOA by e-mail to postdoc@osteopathic.org.

COUNSELING (GME Policy # 10 and SVHS Interdepartmental Policy # 220)

The Program Director, Core Faculty Advisors and the Emergency Department Faculty and Staff are to be aware of the need for timely psychological and counseling support for a Resident in need. Once a need is identified, the faculty can facilitate assistance to the Resident through various procedures.

1. Contact the Program Director directly.
2. Contact the Core Faculty Advisor
3. Contact the Director of Medical Education
4. Referring the Resident directly to the Employee Assistance Program with notification of the Program Director.

Information on the Employee Assistance Program is included in the orientation program for the Residents. All Residents seeking support services will have confidentiality and a discrimination free environment.

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RESIDENT APPLICATION (EMR Policy #700)

Senior Osteopathic Medical Students may make application to the Saint Vincent Emergency Medicine Residency Program through ERAS. The application process is as follows:

- A. Application to the Osteopathic Emergency Medicine Residency at Saint Vincent Health Center is made through ERAS only.
- B. Applicants are required to participate in the National Matching Services Program
- C. Applications to Saint Vincent Health Center must meet the following criteria:
 - 1. Be a pending graduate of an AOA-accredited college of osteopathic medicine.
 - 2. Be a member of the AOA and maintain membership in the AOA throughout their term of training.
 - 3. Present official transcripts from the college of osteopathic medicine of graduation.
 - 4. Two letters of recommendation with one preferably from a practicing ER physician.
 - 5. Documentation of COMLEX scores.
 - 6. Provide a personal statement and CV

- E. Following receipt of the completed application, the Program Director will offer an interview opportunity for qualified candidates.

RESIDENT SELECTION (ER Policy #700)

In the event of an upper level opening in the residency program, a qualified resident may apply with the approval of the residency director. The selection of qualified applicants to the Saint Vincent Osteopathic Emergency Medicine Residency Program will be made by the DME, Program Director, Core Faculty Physicians, Emergency Medicine Faculty and current residents without regard to sex, race, creed, religion or national origin, disability, age, color or marital status.

The Selection Process is as follows:

- 1. Following each interview, an *Applicant Interview* form (next page) is completed and forwarded to the Graduate Medical Education office.
- 2. The GME office compiles the rating scores for each applicant.
- 3. Following completion of all interviews, a listing of all applicants based on numerical ranking is composed and presented to the faculty and residents for discussion and revision.
- 4. A revised rank ordered list is presented to the faculty and residents for final approval or continued revision. If continued revisions are necessary, one additional presentation will be added for final approval.
- 5. The final rank ordered listing is presented to the GME Committee for approval, before being submitted to the National Match Services.

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DRESS CODE (Interdepartmental Policy #A667)

Residents should present a professional appearance at all times. Guidelines below are suggestions to aid the resident in achieving this goal but are not comprehensive. The Program Director will address any controversial issues with the appearance of the resident.

1. Hair must be clean and well groomed and suitably styled.
2. Jewelry should be of good taste and non-objectionable.
3. Males should be neatly shaven or have well-trimmed facial hair.
4. Clothing should be professional (shirt with tie or crew neck, slacks for men, pantsuit, skirt and blouse, or dress for women).
5. Scrubs are acceptable for appropriate rotations, (emergency medicine).
6. Lab coats and ID badges will be provided and must be worn at all times
7. Socks/stockings must be worn with all shoes and sandals.

GRIEVANCE POLICY (GME Policy # 8, SVHS Interdepartmental Policy # 233, EMR Policy #706)

The Osteopathic Emergency Medicine Residency Program has a formal and orderly grievance policy to handle resident issues. The procedure is as follows:

1. A grievance or complaint should be presented to the chief resident, supervising attending on duty, or the resident's physician advisor, (core physician assigned to each resident). This complaint can be oral or written. If the issue can be resolved at this level, no further action is necessary. If the issue is not satisfied to the resident=s satisfaction then it will progress to the next level.
2. If there is no resolution, the grievance shall be formulated into a written form and directed to the Program Director. If the grievance can be resolved to the resident's satisfaction, the process will end at this level. If the resident is unsatisfied with the Program Director's decision, the grievance will progress to the next level.
3. At the third level, the grievance shall progress to an arbitration committee which shall meet to resolve the issue. The Arbitration Committee shall consist of:
 1. Program Director
 2. Resident's Core Physician Advisor
 3. Chief Resident
 4. Two residents from the program named by the resident with the grievance
 5. One additional resident from the program named by the Program Director
 6. Director of Medical Education

The above committee will make their recommendation, which will be taken to the Graduate Medical Education Committee by the Program Director for approval.

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PROGRAM CLOSURE or REDUCTION (GME Policy # 18)

In the event of closure of the program, or a reduction in the number of positions that would impact interns prior to completion of their residency, sufficient notice will be provided to interns, as well as assistance in either completing their internship or in securing placement in another program, and financial assistance if required, as stipulated by the AOA.

SEXUAL HARASSMENT (GME Policy # 9 and SVHS Interdepartmental Policy # 235)

Residents are protected from any kind of offensive conduct which may interfere with job performance or violate interns' rights.

The following guidelines are for the reporting of such incidents:

1. When a resident feels that (s)he is being or has been sexually harassed, (s)he should immediately report the abusive conduct to the DME or to the Saint Vincent Human Resources department.
2. The Program Director/DME and/or the Human Resources representative will hear the complaint and will determine investigative and/or corrective action in conjunction with the DME and in accordance with Health System disciplinary (protocol) policies.
3. If the associate(s)/intern(s) being accused of inappropriate conduct wish to convey their version of events under investigation, the opportunity to do so will be provided by the Human Resources department.
4. If the investigation reveals that the associates' behavior does constitute sexual harassment, appropriate action will be taken in order to remedy the problem. A warning notice will be issued by the appropriate authority and may be grounds for further disciplinary action, up to and including termination or dismissal.

VACATION

Residents have 3 weeks of vacation (defined as 12 ER shifts) per year which will be taken during scheduled emergency department time. Requests must be made by filing out the appropriate vacation request form and be approved by the Program Director. Vacation time will be tracked as per the resident vacation policy.

CHARTING

Residents will complete their emergency department charts using the *Express Chart* system as follows:

- | | |
|------------|---|
| PGY-I | SOAP note format |
| PGY II | dictated notes |
| PGY III&IV | residents choice of SOAP, dictation, or Express check sheet |

All charts will be completed prior to the resident signing off for their shift that day.

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MOONLIGHTING (EMR Policy # 723)

Moonlighting is generally NOT PERMITTED except under special circumstances during the PGY-1 or PGY-2 years. If a resident desires to pursue moonlighting and believes they have a special circumstance, they must discuss this with the program director and apply under the PGY 3 or 4 standard procedure for approval.

PGY 3 and PGY 4 residents may pursue moonlighting opportunities with the prior written approval of the Program Director. Residents must be in good standing with the residency program and moonlighting must not interfere with any residency requirements, including the work hours policy of Saint Vincent Health Center.

The procedure to apply for moonlighting approval is as follows:

1. Resident must be current with residency requirements and have ACLS, ATLS and PALS certifications.
2. Resident shall submit in writing his/her request for moonlighting to include:
 - a. place of proposed work
 - b. type of work and responsibilities
 - c. malpractice coverage
 - d. hours proposed

DOCUMENTATION OF PROCEDURES/LOGS

Residents must document competency in procedural skills and case involvement to assist in gaining hospital privileges upon completion of training program.

1. Osteopathic logs will be distributed to each resident at the beginning of the PGY-1 year. They are to be completed as per the guidelines on page one (1) of the logbook.
2. Complete all monthly logs in a timely manner. Your file should be up to date with logs and rotation evaluations by September 1, December 1, March 1, and June 1 of the academic year.
3. For inpatients, SVHC medical records will document diagnoses and procedures that you record on the face sheet, provided you also print your name in the space provided for residents. Procedures should be placed in the procedure section with your name, supervising resident name, attending name and date. All residents can assist each other in documentation by placing their own name and other residents who have been involved with the patient. In addition, if you are called to go and see a patient, place your name on the face sheet.
5. Case participation: Maintain an accurate, up to date list of all cases that you participate in for both inpatients and outpatients for all rotations.
6. For deliveries: intern should fill in the names of patients delivered in the resident binder located in the nurses station on the OB floor, in addition to the face sheet, in order to give more detailed information on the delivery (ie forceps, vacuum, meconium, neonatal resuscitation).
7. EVERY PROCEDURE, even those documented on the face sheets or written in encounter forms, should be recorded in the AOA-required log.
8. Feedback to the interns on their procedural skills and log books is provided at quarterly Individual Education Plan (IEP) sessions with the resident advisor.
9. Maintain a list of all patients in which OMT is utilized. Structural and palpatory diagnosis and treatment shall be documented on patient charts.

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CHIEF RESIDENT (EMR Policy #701)

The Chief Resident is an elected PGY 4 resident, defined as any resident progressing to the PGY-4 level during that academic calendar, (July 1 – June 30th). Consenting candidates will be voted on by both his/her fellow residents in the program producing one selection and by the core faculty producing one selection. In the event of two different candidates being produced by the above, the deciding vote shall come from the program director. A yearly stipend will be provided.

Duties will include the following:

1. Review the resident manual yearly and assist the Program Director in yearly revisions.
2. Handle residents' grievances in accordance with the Grievance Policy.
3. Actively participate in recruitment.
4. Participate as a member of the Graduate Medical Education Committee.
5. Set up and chair the monthly resident meeting.
6. Act as liaison for all complaints/suggestions/problems/issues or any other concern submitted by the residents.
7. Responsible for the monthly emergency medicine schedule for the residents, interns, medical students, and physician assistant students.
8. Set up the student lecture schedule.
9. Administer the Resident Sick Call Coverage Policy

CONFERENCES

There are multiple educational conferences available to the resident on a weekly basis. In addition to the weekly didactic lecture series, the residents are expected to maintain a 75% attendance at the below listed conferences:

1. Medicine Grand Rounds: Friday 8 - 9 AM, McGarvey Learning Center
2. Emergency Medicine Departmental Meeting (Chief resident only), M&M, CME, Resident's Meeting, Research meeting: 1st Tuesday of every month, 7:30 AM - 12:00 PM, Physician Conference Room
3. Didactic Lecture Series: Every Wednesday, 1:00 PM - 5:00 PM, Emergency Department Residents' Lounge, (2nd floor, Education Building)
4. Resident Journal Club: Bimonthly; scheduled at area restaurants.
5. Emergency Medicine Annual Conference – first Friday in April
6. OMM Lecture Series – 1st Thursday of every month, 2:30 – 4:30 PM, FMC Conference Room, 2nd floor of Highpoint Towers

In addition for PGY-1's, conferences available are:

1. Pediatric Morning Report: 2nd & 4th Tuesdays each month, 8 AM, FMCR
2. OB Morning Report: 1st and 3rd Tuesdays of each month, 8 AM in FMCR
3. Medicine Morning Report: Wed. 8:00 AM, FMCR
4. Internal Medicine Conferences: Tues and Thurs 2 PM (PGY-1's on IM)
5. FM Lecture Series: Mon-Thurs at Noon, FMCR
6. Infectious Disease Conference: 2nd and 4th Thurs. 8:00 AM, McGarvey Learning Center
7. Chest Conference: Mondays 8:00am, 1st floor conference room
8. Tumor Board: Wednesday 12:00, 1st floor conference room

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MEETINGS

Emergency Medicine Departmental Meeting: 7:30 am 1st Tuesday of the month in the ER Residents' Lounge. Chief Resident **Mandatory attendance**.

M&M, Case Presentation: 8:30am, immediately following the emergency medicine departmental meeting. **Mandatory attendance**.

Research Meeting: First Tuesday of the month, 10:00am. **Mandatory attendance**.

Resident's Meeting: First Tuesday of the month, 9:30am-10:00am, held by the chief resident **Mandatory attendance**.

COMMITTEES

Saint Vincent Health Systems has multiple committees and each resident is asked to serve on at least one. Open positions will be coordinated through the Chief Resident with the supervision of the Program Director. The following are the current functioning committees:

Medical Group Clinical Affairs Council	Institutional Review Board
Information Services/Physician Advisory	Infection Control
Medical Group Quality Committee	Ethics Committee
Joint Pharmacy and Therapeutics	Curriculum Committee
GME Committee	CME Committee
Recruitment Committee	Medical Student Liaison
Curriculum Committee	

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AOA CORE COMPETENCY PLAN AND CRITERIA FOR ADVANCEMENT

At the conclusion of each year of residency training determination of advancement must be made. The decision to advance an Emergency Medicine resident is made by the Program Director with the advice of the faculty of the Residency, the DME, and with approval from the Graduate Medical Education Committee (GMEC).

The decision is based upon a number of factors including direct observation of the resident performance in the Emergency Department. Indirect observation through rotation progress appraisals from Saint Vincent and away rotations, correspondence between departments, and written examinations (weekly quizzes and In-Training Assessment Exam) are also used.

The criteria for advancement are based on the Core Competencies. The following areas are addressed:

- 1. Osteopathic Philosophy and Manipulative Medicine**
- 2. Medical Knowledge**
- 3. Patient Care**
- 4. Interpersonal and Communication Skills**
- 5. Professionalism**
- 6. Practice-based learning and improvement**
- 7. Systems-based practice**

A resident must demonstrate satisfactory progress in these competencies in order to advance to each successive year. Graduation from the residency is based on successful completion of all rotations and achieving competence in all 7 core areas listed above. The AOA defines the competencies as follows:

1. OSTEOPATHIC PHILOSOPHY AND OSTEOPATHIC MANIPULATIVE MEDICINE

Definition: Residents are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT). The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.

A. Elements:

1. Demonstrate competency in the understanding and application of OMT when appropriate.
2. Integrate Osteopathic Concepts and OMT into the medical care provided to patients as appropriate and applicable.
3. Understand and integrate Osteopathic Principles and Philosophy into all clinical and patient care activities.

B. Evaluation

Requirements:

- a. Monthly Rotation Evaluations – average monthly score ≥ 2.0
(scale 0 – 3.0) for each rotation on the osteopathic section)

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- b. 360° Evaluation – total average ≥ 2.0 for each group evaluation on the osteopathic section
- c. Review of Logs – appropriate application and utilization of OMT during rotations as evidenced by documentation in medical records and logs – completed by the DME or Program Director
- d. DME/Program Director – End of Year Evaluation
 - Review of Elements
 - Review of Evaluations
 - OMT Conference Attendance $\geq 75\%$
 - Case participation/demonstration ≥ 1 year
 - Medical Literature appraisal ≥ 1 year
- e. Signed acceptance of a copy of the AOA Code of Ethics

2. MEDICAL KNOWLEDGE

Definition: Residents are expected to demonstrate and apply knowledge of accepted standards of clinical medicine, remain current with new developments in medicine, and participate in life-long learning activities, including research on an annual basis.

A. Elements:

1. Demonstrate competency in the understanding and application of clinical medicine to patient care.
2. Know and apply the foundations of clinical and behavioral medicine as appropriate.

B. Evaluation:

Requirements

- a. Monthly Rotation Evaluations – average monthly score ≥ 2.0 (scale 0 – 3.0) for each rotation on the osteopathic section
- b. 360° Evaluation – total average ≥ 2.0 for each group evaluation on the osteopathic section
- c. Review of Logs – appropriate application and utilization of OMT during rotations as evidenced by documentation in medical records and logs – completed by the DME or Program Director
- d. COMLEX Part 3 Examination
 - PGY-1 – must take and pass COMLEX Part 3 by the end of the intern year. If a score is not available or a failing grade is received, the intern must pass an appropriate in-service examination by achieving the 10th percentile or greater for the PGY-1 level. Successful completion of COMLEX Level 3 is required to reach the PGY-3 level.
- e. In-Service examination PGY-1 must score $\geq 10^{\text{th}}$ percentile if a COMLEX Level 3 is not available or below passing. PGY-2 or above must show improvement as years progress and achieve the 10th or greater for the appropriate level of training.
- f. Periodic examinations or quizzes. Residents in emergency medicine are required to take regular quizzes measuring proficiency in topics discussed during didactics. A passing score of 75% or above is expected.

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Remediation consists of repeat testing until the passing score is achieved.

g. DME/Program Director – End of Year Evaluation

- Review of Elements
- Review of Evaluations
- Review of Exam Performance
- Conference Attendance $\geq 75\%$
- Review of Research Activities, if appropriate
- Review of Participation in Medical Presentation, if appropriate

3. PATIENT CARE

Definition: Residents must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.

A. Elements:

1. Gather accurate, essential information for all sources, including medical interviews, physical examinations, medical records, and diagnostic/therapeutic plans and treatments.
2. Validate competency in the performance of diagnosis, treatment and procedures as appropriate.
3. Provide health care services consistent with osteopathic philosophy, including preventative medicine and health promotion that are based on current scientific evidence.

B. Evaluation:

Requirements

- a. Monthly Rotation Evaluations – average monthly score ≥ 2.0
(scale 0 – 3.0) for each rotation on the osteopathic section)
- b. 360° Evaluation – total average ≥ 2.0 for each group evaluation on the osteopathic section
- c. Review of Procedure Logs/Portfolio – assessment of procedure logs for accuracy of information and timeliness, selection of appropriate procedure, evidence of supervision and successful completion.
- d. DME/Program Director – End of Year Evaluation
 - Review of Elements
 - Review of Evaluations
 - Review of Logs/Portfolio

4. INTERPERSONAL AND COMMUNICATION SKILLS

Definition: Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

A. Elements:

1. Demonstrate effectiveness in developing appropriate doctor-patient relationships.
2. Exhibit effective listening, written and oral communication skills in professional interactions with patients, families and other health professionals.

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B. Evaluation:

Requirements

- a. Monthly Rotation Evaluations – average monthly score ≥ 2.0 (scale 0 – 3.0) for each rotation on the osteopathic section)
- b. 360° Evaluation – total average ≥ 2.0 for each group evaluation on the osteopathic section
- c. Patient Survey – average score ≥ 3 (scale 1.0 – 5.0) on a minimum of 10 patient surveys during the year
- d. Review of Logs – assessment of completion of patient records for comprehension, timeliness and legibility
- e. DME/Program Director – End of Year Evaluation
 - Review of Elements
 - Review of Evaluations
 - Review of Logs
 - Review of Patient Surveys

5. PROFESSIONALISM

Definition: Residents are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to effectively care for patients.

A. Elements:

1. Demonstrate respect for patients and families and advocate for the primacy of patient's welfare and autonomy.
2. Adhere to ethical principles in the practice of medicine.
3. Demonstrate awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.

B. Evaluation:

Requirements

- a. Monthly Rotation Evaluations – average monthly score ≥ 2.0 (scale 0 – 3.0) for each rotation on the osteopathic section)
- b. 360° Evaluation – total average ≥ 2.0 for each group evaluation on the osteopathic section
- c. Conference Attendance – verify documentation of attendance at conferences/lectures that cover the promotion of patient welfare/safety, health care ethics and patient diversity
- d. Review of Logs – assessment of completion of patient records for comprehension, timeliness and legibility
- e. DME/Program Director – End of Year Evaluation
 - Review of Elements
 - Review of Evaluations
 - Review of Conference Attendance

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6. PRACTICE-BASED LEARNING AND IMPROVEMENT

Definition: Residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

A. Elements:

1. Treat patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness.
2. Perform self-evaluations of clinical practice patterns and practice-based improvement activities using a systematic methodology.
3. Understand research methods, medical informatics, and the application of technology as applied to medicine.

B. Evaluation:

Requirements

- a. Monthly Rotation Evaluations – average monthly score ≥ 2.0
(scale 0 – 3.0) for each rotation on the osteopathic section)
- b. 360° Evaluation – total average ≥ 2.0 for each group evaluation on the osteopathic section
- c. Conference Attendance – verify documentation of attendance at conferences/lectures that cover the promotion of patient welfare/safety, health care ethics and patient diversity
- d. Research activity – participation in required research activities as delineated in the resident manual
- e. DME/Program Director – End of Year Evaluation
 - Review of Elements
 - Review of Evaluations
 - Review of Conference Attendance
 - Review of Research Activity

7. SYSTEMS-BASED PRACTICE

Definition: Residents are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

A. Elements:

1. Understand national and local health care delivery systems and how they impact on patient care and professional practice.
2. Advocate for quality health care on behalf of patients and assist them in their interactions with the complexities of the medical system.

B. Evaluation:

Requirements

- a. Monthly Rotation Evaluations – average monthly score ≥ 2.0
(scale 0 – 3.0) for each rotation on the osteopathic section)

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- b. 360° Evaluation – total average ≥ 2.0 for each group evaluation on the osteopathic section
- c. Conference Attendance – verify documentation of attendance at conferences/lectures that cover the promotion of patient welfare/safety, health care ethics and patient diversity
- d. System-Based Practice Exam – participate in the annual exam measuring aptitude in health care policy and delivery systems
- e. Committee Participation – participate actively in at least one institutional committee that enhances the quality of care provided to patients
- e. DME/Program Director – End of Year Evaluation
 - Review of Elements
 - Review of Evaluations
 - Review of Committee Participation
 - Review of Conference Attendance

The specific requirements measuring competence in each of the above areas are detailed in the Saint Vincent AOA Core Competency Plan and are available upon immediate request in the Medical Education Office. A summary of compliance to the Saint Vincent AOA Core Competency Plan is completed in the Resident Annual Report which is presented to the GMEC for graduation approval.

DIAGRAM OF CRITERIA FOR OSTEOPATHIC EMERGENCY MEDICINE RESIDENT ADVANCEMENT

PGY - II →→ PGY - III →→ PGY- IV → → GRADUATION

ADVANCEMENT SPECIFICS

PGY – I TO PGY-II	PGY - II TO PGY – III	PGY - III TO PGY - IV	PGY - IV TO GRADUATION
1. Acceptable Progress In Core Competencies 2. Able To Supervise/Teach	1. Acceptable Progress In Core Competencies 2. Able To Supervise/Teach 3. Pass COMLEX III	1. Acceptable Progress In Core Competencies 2. Able To Supervise/Teach	1. Competence In Areas 2. Must Be Judged Competent To Act Independently

Procedure for Academic Advancement for Residents

1. The Advancement Criteria as outlined above will be reviewed with the Resident yearly during the first 2 weeks of July.
2. An Individual Education Plan (IEP) will be maintained for each Resident by the Program Director and will be accessible to the Resident. This plan will include all Evaluations, exam scores and progress reports with the Resident’s Core Faculty and Research Progress reports.
3. The IEP will be implemented each July with each new Resident and assigned Core Faculty Physician.
4. The Core Faculty Advisor and Resident will meet 3 times during the year to review the IEP with a year-end meeting in June to include the Resident, Core Faculty Advisor and the Program Director.
5. There will be a semi-annual review of each Resident’s progress in meeting the Advancement Criteria by all faculty and selected staff. The Core Faculty Advisor assigned to the Resident will review the IEP and present the Resident’s progress to the faculty for discussion. The Core Faculty advisor will discuss the results of this review with the Resident, including any corrective plans to assist the Resident in meeting the Advancement Criteria.
6. The year-end final evaluation in June is completed and delivered to the Resident by the Program Director.

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PGY-1 ROTATION RESPONSIBILITIES

ON-CALL RESPONSIBILITIES

EM PGY-1 residents are eligible for call during all rotations except Emergency Medicine and Night Float. Resident call utilizes a short call with a night float system. Short call runs from 5:00 PM-8:00 PM on Tuesday, Wednesday and Thursday and 5:00 PM-10:00 PM on Monday. Weekend call runs from 5:00 PM on Friday to 8:00 AM on Saturday, 8:00 AM on Saturday to 8:00 AM on Sunday, and 8:00 AM-8:00 PM on Sunday. Note that Friday and Saturday call is overnight. The last admission is 30 minutes prior to end of call time.

Night Float runs 8:00 PM-7:00 AM on Sunday, Tuesday, Wednesday, Thursday, and 10:00 PM-7:00 AM on Monday. The last possible admission will be at 7:00 AM.

During working hours, 7:00 AM-5:00 PM, the medicine and pediatric teams will respond to all codes. It is the responsibility of the medicine and pediatric teams to ensure there is coverage while residents are in the clinic.

There are SEVEN responsibilities that must be divided among the interns and residents on call. The FM senior resident on call is expected to supervise the other interns and residents as needed. **ALL INTERNS AND RESIDENTS** are expected to help each other out if one intern or resident starts getting overloaded.

1. **Floor Calls** - Phone calls from any adult nursing floor, including ALL emergencies. This also includes pronouncing patients who have died and blood transfusion consents between 5:00 PM and 8:00 AM. The attending physician should have been notified by the nurses prior to resident involvement and should contact the intern personally if they are requesting our assistance.
2. **Adult Admissions/Consults** – To be performed by the residents for all Saint Vincent Family Medicine, Elk Valley Medical Center, Saint Vincent Sports Medicine patients (Family Medicine Teaching Service-FMTS) and Lake Erie Internal Medicine (LEIM) (Drs. Betz, Lang and Zeto) patients 24 hours/day -7 days/week.
3. **Units** - ICU, CCU or CVICU will call with a problem or to pronounce a patient. This responsibility is usually a second or third year resident responsibility, but may be taken by an intern during their medicine month or during the 2nd half of the internship. They should be closely supervised the entire year on unit calls. Interns covering the ICU may assist with or complete consults in the ICU/CCU/CVICU.
4. **Pediatrics** - This includes pediatric admissions, consults and phone calls from the pediatric floor or nursery. It also includes handling Family Medicine Teaching Service patient phone calls age 16 or younger, which may require the intern evaluating the patient in the Emergency Room. These calls should be properly documented on Allscripts and if evaluated in the ER/FT, the ER chart should be completed and appropriate details placed in the Allscripts chart.
5. **Obstetrics** - This includes calls to Labor and Delivery or the postpartum floor. Residents will evaluate, perform H&Ps, and be actively involved in deliveries of all patients of Dr. Tseng, Dr. Schaefer, Dr. Picardo, SV OB Clinic, and other Family Medicine attendings (Drs. Caitlin Clark, Patton, Reynolds, Snyder). Note that the list of attendings that residents participate with can change frequently. Check with the senior resident if

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clarification is needed. The resident should also contact the primary resident if a resident continuity patient is expected to deliver. The resident should respond to a Labor and Delivery call within 15 minutes for a patient evaluation and within 5 minutes for a standby delivery. OB calls should take precedence over pediatric patients unless the pediatric patient is in critical condition. The resident should contact the senior resident if help is needed. The senior resident will decide which patient they will assist with. If at any time the resident feels that a patient is in critical condition, they should attempt to contact the covering attending or senior resident. If the resident is unable to make contact with the covering attending or senior resident, (s)he should utilize any OB/GYN attending available.

6. **Family Medicine** - This includes handling phone calls from the Family Medicine Center, EVMC, and SVSM patients and evaluating them in the Emergency Room or admitting them as necessary (except for patients age 14 or younger). As with pediatrics, if evaluated in the ER/FT, the ED chart is completed and appropriate details placed in Allscripts.
7. **Death Pronouncements**- It is the policy of the Family Medicine Residency Program and Osteopathic Internship Program that residents and interns may be contacted to pronounce death on patients admitted to a faculty attending according to the following procedures:
Once the attending physician has been notified of the death, the intern on first call is to be notified to pronounce the patient dead. If this person is not available, then the senior resident on the medicine service or on-call is to be notified.
8. **Psychiatric Evaluations**- Daily at midnight and usually twice on the weekends, interns or residents may be called to complete a one on one assessment on a psychiatric patient in seclusion on 3R (psychiatry). The encounters are required and if there is any delay in completing them, please call your senior resident.

ROTATION RESPONSIBILITIES

INTERNAL MEDICINE ROTATION

1. **H&P**-This is the responsibility of the resident. It should include:
 - A. A clear history of the present illness
 - B. Past Medical History/ Past surgical History
 - C. Allergies with documentation of the reaction
 - D. Current Medications
 - E. Obstetric history (if applicable)
 - F. Family History
 - G. Social History
 - H. Relevant immunization history and routine health maintenance
 - I. Review of systems
 - J. Complete physical exam
 - K. Osteopathic structural exam
 - L. A problem-oriented assessment and plan including application of osteopathic principles and therapeutics, if appropriate.

There should be evidence that available old records have been reviewed. The history and physical should be dictated at the time of admission and **MUST** be dictated within 24 hours of admission. Due to delays in dictation, a clearly written H&P with relevant information should be placed on

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- the chart at the time of the evaluation. Always record the physician who precepted the case.
2. **Inpatient Services-** Residents will be assigned to one of two services during the day: Family Medicine Teaching Service (FMTS) or Lake Erie Internal Medicine (LEIM).
 3. **Progress Notes-** Daily notes are required in a SOAP format. Progress notes should be dated and timed and should identify intern status.
 4. **Problem List-** A problem list should be on the chart. This can be included in the progress notes.
 5. **Discharge Summary-** Discharge summaries should include the discharge diagnoses, procedures performed, complications, disposition of the patient including medications and follow-up, a short history and relevant exam findings, summary of the hospital course, and relevant laboratory results. This should be dictated/typed in Allscripts on the day of discharge but must be completed within 48 hours. A brief discharge should be entered in Allscripts on the discharge date if the discharge summary was dictated.
 6. **Rounding -** Residents are expected to round and write progress notes on their patients before attending rounds at 9:00 AM daily, unless other arrangements are made. On the FMTS, the senior resident will conduct pre-attending rounds with the medicine team prior to attending rounds at 9:00 AM. Weekend rounding should be arranged at the beginning of the block with the senior resident and will depend on the individual attending's requirements for coverage and the number of patients on the service. Time for the start of attending rounds varies on the weekends and should be confirmed prior to that weekend. Sign-out rounds are usually done around 4:30PM depending on the attending. On the LEIM service, rounding is in the am and at the discretion of the attending. The intern will be contacted each day when rounding will begin.
 7. **Patient Distribution -** The intern is expected to manage multiple patients at the same time. Within the first week of being on service, the resident should be able to manage at least eight patients. Attendings or senior residents will be expected to assist residents if the patient load becomes unmanageable.
 7. **Work Hours –** The resident will be required to be on campus by 7:00 AM to provide code coverage. Obviously, the resident may have to start the day earlier in order to have all their notes completed in time for 8:00 AM conferences.
 8. **Conferences and Morning Reports-** Residents are expected to attend and sign in at every conference and morning report, as outlined in the conference section. Conferences that are particularly important on this rotation include: Grand Rounds, Medicine Morning Report, IM Case Conferences, and Chest Conference. Morning Report is held each Wednesday in the Family Medicine Center conference room. Cases are presented by one of the residents on the staff medicine service. The FM Chief Resident will help facilitate morning report along with the teaching service attendings. There are two additional case conferences with Drs. Betz, Lang or Zeto for all residents on internal medicine.
 9. **Sign-Out-** Residents on the staff medicine services are expected to provide adequate sign-out for all of their floor and ICU/CCU patients to the resident(s) covering call for these services. This sign-out should be typed and also a verbal communication should occur for any patient whose clinical condition warrants awareness. A detailed sign-out is helpful, especially in the initial months. Senior residents on the medicine service are responsible to make sure the sign out is appropriate and supervise the interns in completing sign out on their patients. Upon completion of a service rotation, the resident is required to document in the medical record a complete summary note of their patient's course of care. An appropriate faculty member will review this note.
 10. **Attending Communication-** If a patient has a primary care physician, that physician should be contacted at the time of admission and discharge of the patient, particularly if significant changes in the work-up/treatment have taken place or if the patient requires follow-up. A copy of the H&P, labs, studies, and Discharge summary should be sent to the PCP's office at the time of discharge.

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11. Required Reading- The interns are expected to read Medicine by V. Fishman, et al., or a comparable medicine text, during their first year. They should also be reading articles and textbooks chapters that deal specifically with the diagnoses that their individual patients carry. The senior resident and/or attending physician should be helpful in providing some of these references. Additional reading material may be assigned.

HELPFUL HINTS

- 1. Labs/Test Results-** Most lab results are available on the MIS computers shortly after the tests are completed. BMPs (chem7), and CBCs are relatively quick but other tests such as CMPs (multichem) and Lipids take much longer. It is best to check MIS first but if need be the lab can be contacted at 5366 (our lab) or 461-2400 (ACL Lab). Culture results are also available on MIS and updated fairly quickly. If need be, you can contact ACL (461-2400) and ask for micro. Chemstrip results are available on MIS under unit tests. Intake and Output breakdowns are also on MIS, but a more visually appealing version is located in the vital sign section of the chart. It is updated at night and includes the previous 24 hours. Xrays and reports are available on the PACS system. Stress test results can be difficult depending on the type of test. Exercise stress tests are located on the progress note when the patient returns. Thallium stress tests/echos/etc. usually are available in dictated form by 5-6PM, but can be obtained sooner by visiting the stress lab between 4-4:30PM. ICU-Labs and I/O's are available on emtek and can be graphed to show trends.
- 2. Admissions -** Review the ER notes and other available data prior to seeing the patient if they are stable, but don't be biased by their diagnosis. (You will miss the big picture and sometimes the real problem).
Ask that old records be obtained prior to doing your H&P, if not already printed, so they will be available when you are done. You can view or print them yourself on WebView. When you have finished your assessment (or sooner if the patient is unstable), page the senior resident, when available, to review the case prior to calling the attending. As soon as you know the type of bed the patient needs (ICU/CCU, monitored, flex or regular), ask the secretary to admit or RTS (observation) the patient to the appropriate attending (the attending rounding on that service). She will want to know the admitting diagnosis as well. This needs to be done to limit the amount of time the patient spends in the ER. Then begin writing your orders followed by a brief admit note (or H&P if someone else will be taking over before the dictation is available). If you have admissions waiting, admit notes should be brief and the dictation can wait until you have caught up (but, must be done within 24 hours). If you have several admissions waiting, ask for help. Cutoff time for taking adult admissions is usually 30 minutes prior to the end of your shift, but this is at the discretion of the attending when on service. If you are paged after the 30-minute cutoff, and the patient is stable, let the ED know that it is change of shift and that someone will be coming down within the next 30 min. Provided this is acceptable, then the admission should be taken by the in-coming shift. Do NOT abuse this "understanding" and remember that at some point you will be asked to take one of these admissions from an earlier shift. If too many problems incur, then this privilege will vanish.
- 3. Consults-** When doing pre-op clearance evaluations, refer to "Black Book" Resident Guide for the guidelines. This makes clearance evaluations much easier.
- 4. Discharges-** If you believe a patient is ready for discharge, it saves time if you have the orders and scripts written and in your pocket to review during attending rounds. Never put them in the chart unless specified NOT to discharge until after seen by attending (safer to keep them in your pocket). Most attendings prefer that discharge orders include: D/C locks/monitor/etc, Diet, Activity, Medications, Follow-up, and "Return if..." Also, you should order that copies of H&P, D/C summary, labs, tests and other pertinent information be faxed to the patient's primary physician. It is helpful for after hours discharges (after 5PM or on weekends) to have orders written and given to covering resident.

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PEDIATRICS ROTATION

Description

- a. The Service-** The resident will be responsible for admission H&P, daily progress notes and orders, as well as the discharge summary. Admissions should be channeled through the senior FM resident. The residents are expected to follow all inpatients of attending pediatricians and family physicians with a few exceptions. As this list will change when new physicians arrive, please see your senior resident for a current list or with questions. Each month/week/day a new physician or group of physicians will cover all staff admissions that month/week/day and interns will see those patients provided the staff attending is one that we typically round with.
- b. Rounding-** The resident should obtain nursing sign-out at 6 AM each morning from the night shift nurses. This may need to be significantly earlier depending on the attendings who are scheduled to round each week. Nursing sign-out is most helpful, as they will share any concerns or events as well as the updated vitals, input/output and even pertinent Exam/Lab/Test findings. It is essential when the service is busy and saves valuable time. The attendings begin rounds at various times during the morning (check with your senior for individual rounding times prior to each week). Some are very early and some very late. The resident is expected to communicate with the patient's attending physician, to have daily contact and to write daily progress notes. At times it is difficult to round with all of the attendings due to simultaneous rounding but the senior should help out during these occasions.
- c. Conferences and Morning Report -** All residents and medical students in pediatrics are to attend Pediatric Teaching Rounds and Conferences as scheduled by Kathleen Dudenhoefer, MD. The residents present cases with a lecture by Dr. Dudenhoefer on Thursday and Friday afternoons. Also, residents on this service will present cases during Pediatric Morning Report held on the 2nd and 4th Tuesdays of the block at 8:00AM. The resident should attend all conferences as listed in the conference section of this manual with particular attention to the above conferences.
- d. Sign-out-** Residents on the Pediatrics service are expected to provide adequate sign-out for all of their floor and ICU patients to the intern or resident covering call for these services. This sign-out should be typed and also a verbal communication should occur for any patient whose clinical condition warrants awareness. A detailed sign-out is helpful, especially in the initial months; and copies of sign-out templates are available in the call room if desired.
See Helpful Hints above (Internal Medicine section) for addition information.
- e. Nursery-** The pediatric resident is under the direction of the senior resident and the responsible attending physician for the normal nursery. There are routine newborn nursery admission orders that are used except in special circumstances and can be signed by the resident. There is also a physical exam form that is to be filled out after both the admission and discharge physicals are completed. A standard newborn note should be written on admission. Depending on the attending, there may be routine discharge order sets as well. There are written discharge instruction sheets that can be given to the Mothers prior to discharge. Copies of these are found in the nursery.

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NIGHT FLOAT ROTATION

The night float rotation system was originally implemented in 1990. It has worked quite well and is designed to make internship and residency more humane. The night rotation system operates in all 12 blocks. Interns and residents on this rotation work on Sunday through Thursday nights, as listed under On-Call Responsibilities.

PGY-1's do one block of the night rotation, usually in the second half of the year.

Responsibilities include medicine admissions/consults on FMTS and LEIM patients, floor calls, unit coverage and outside calls on adult patients (FMTS). Upper level FM residents will be available for supervision and assistance if necessary.

Expectations:

The night rotation interns should use their time to do additional reading when not busy. Residents should contact the daytime resident or the appropriate attending prior to leaving for the day to discuss their admissions and sign out. Admissions and consults are completed for patients on the Family Medicine Teaching Service and Lake Erie Internal Medicine (Drs. Betz, Lang, and Zeto). If there are two PGY-1's scheduled for Night Float, then each resident will be responsible for each of the two services.

SURGERY ROTATION

Greater Erie Niagara Surgery (Drs. Bedwell, Haupt, Cocco, and Takara), **Saint Vincent Surgical Oncology** (Dr. Hank Hill) and **Laparoscopic & General Surgery, Inc.** (Dr. Prylinski)

General: This rotation includes one week of anesthesia. The resident will participate in the operating room, in-patient management both pre- and postoperatively, and in the office of the surgeon for diagnosis and postoperative follow-up. This rotation is not intended to make you a surgeon. The resident should expect to gain experience in suturing, evaluation of different surgical diseases, in particular, the acute abdomen, and postoperative management of patients.

1. In the hospital residents are expected to round on patients with the attending initially and as they are involved with surgery, pre-round, write notes and orders on the patients they are involved with. Residents will often be called on to write pre-admission H&Ps, brief operative notes and postoperative orders.
2. In the office, residents will initially see patients with the attending and will later be responsible for new patient histories and physicals and will be involved with minor office procedures.
3. Residents should let the surgeon know what their interests and desires are for the rotation. You should try to be aggressive and interested. The more the surgeons see your interest, the more they will teach you and allow you to participate with procedures.
4. In general, residents are not required to round on patients on the weekend. This should be discussed with the surgeon you are working with.
5. This group also does surgery at the Surgery Center and may ask to assist at these. Again the more interested and aggressive one is the more you can do.

Schedules for surgery are posted in the front office of the OR. Stop by the afternoon prior and

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obtain a copy of the schedule for the following day. In addition, a separate schedule for the ambulatory surgery center should be available to you on request or by phoning the surgery center.

Goals:

- ◆ Learn the anatomy, physiology and underlying pathology of a surgical patient
- ◆ Evaluate, diagnose and understand the basic treatment of surgical patients
- ◆ Learn how to assist the surgeon in the Operating Room
- ◆ Acquire basic suture techniques

Responsibilities: Good surgical care depends on fundamental knowledge of anatomy, physiology, pathology, available diagnostic technology and therapeutic technology.

Clinical Assessment:

1. Obtain complete history. Perform physical exam, review laboratory values and any radiologic studies performed
2. Identify a problem. Are there any symptoms? Are there any abnormalities on the physical exam?
3. Localize the problem. Does it involve a single organ? Multiple organs? Is it a systemic problem?
4. Determine the pathological process. Is it congenital, degenerative, traumatic, inflammatory, toxic, metabolic or neoplastic?
5. Determine the urgency of intervention required

Expectations

Being in the operating room is a privilege. You should be prepared for each case. A log of general surgery is elective. You need to know what cases are going to be performed for each day and review at least the night before. You will be questioned in the operating room on anatomy associated with the case. You should understand the disease process and its management. You are not expected to know how to perform the procedure.

You are expected to meet the patient in pre-op holding and follow each patient that remains in the hospital post-operatively. You are expected to see those patients prior to your attending evaluation. A SOAP note should be written prior to meeting with your attending each day. These notes will be reviewed by your attending.

You may be asked to present cases and topics at weekly Tumor Boards as delineated by your attendings.

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FEMALE REPRODUCTIVE MEDICINE ROTATION

General: Residents participate in general obstetric care and some inpatient and office gynecology.

Responsibilities and Expectations

1. The OB resident is responsible for rounding on all patients of Drs. Tseng, Picardo, and Schaefer, or any patients they are involved with, including OB/GYN Associates' clinic patients, daily. The resident should arrive no later than 7:00 AM and have notes written for rounds at 8:00 a.m. In addition, residents are expected to do any requested circumcisions on male babies of these deliveries. Attending physicians will assist with these after rounds each morning. Residents should also check the labor floor when they arrive to assure that no one is in active labor.
2. Any patient who presents to the labor floor should be evaluated by the resident and precepted with the attending covering. This includes OB/GYN Associates if the attending requests an evaluation by the resident. Residents are expected to follow the labor of clinic patients and be present for all deliveries.
3. Residents are expected to write a delivery note, fill out the face sheet, write postpartum orders, and record all deliveries in the resident delivery booklet (see procedure section). Any patients who presents without an ACOG H&P form should have these forms filled out for vaginal deliveries.
4. Residents are expected to be available for any C-sections. They may be expected to dictate the H&P and discharge summaries, if the attending physician wants this done. The attending will dictate the operative note and do postpartum orders. In addition, the resident should be available for all stat C-sections and any other C-sections that are requested by all of the attendings, provided they do not conflict with the above.
5. Monday and Friday mornings are spent in the Saint Vincent OB Clinic.
6. Circumcisions are to be performed under the supervision of your attending.
7. Residents are encouraged to be involved with private attending's deliveries if they will allow this and it is acceptable to the patient.
8. Residents may be asked to evaluate patients in the ER at times as well.
9. At anytime necessary, the resident may contact the senior resident on pediatrics for emergencies and questions. It is the policy of the OB floor that an attending doctor be present at all deliveries.
10. On weekends, residents are responsible to round on the service. It is the resident's responsibility to find a resident to round for them if they are taking a weekend off and notify the attendings of the coverage.
11. Residents are encouraged to work closely with the OB nurses. They can be very helpful in learning to do vaginal exams and in much of the care of OB laboring patients.
12. OB Morning Report is the 1st and 3rd Tuesday mornings of the month at 8:00 AM in the Family Medicine Center Conference Room. The OB resident is responsible for case presentations. Dr. Caitlin Clark will usually be present as facilitator. The resident should attend all conferences as listed in the conference section of this manual, with particular attention to the above conference.
13. Residents should become familiar with the articles in the Family Centered Care notebooks in the FMC library, as well as prenatal care from a systems' perspective.

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ENT

A. Description

The resident will rotate with ENT Specialists of NWPA and will learn the basic skills in initial evaluation and treatment of common ear, nose, and throat emergencies.

B. Expectations

PGY 1

Residents will rotate for 4 weeks in an office setting to learn the treatment of common ENT emergencies. At the discretion of the attending, the resident may accompany the attending in a hospital setting and participate in performing emergent ENT procedures such as tracheotomy and plastic surgery.

PGY 1

GOALS:

1. Develop relevant history and physical exam skills.
2. Learn the evaluation and management of common problems of the head and neck.
3. Learn the evaluation and management of facial trauma.
4. Develop skill in the evaluation and management of upper airway disorders.
5. Learn use of the diagnostic imaging modalities available for evaluation of head and neck disorders.
6. Develop procedural skills for common ENT emergencies.

OBJECTIVES:

1. Demonstrate ability to correctly perform a history and physical in patients with disorders of the head, ears, nose, pharynx, neck and larynx.
2. Demonstrate ability to diagnose and treat infections of the head and neck including rhinitis, otitis, labyrinthitis, sinusitis, mastoiditis, laryngitis, pharyngitis, epiglottitis, stomatitis, and gingivitis.
3. Demonstrate ability to control anterior and posterior epistaxis including placement of nasal packing.
4. Demonstrate ability to diagnose and treat disorders of the tympanic membrane and middle ear perforation.
5. Demonstrate ability to evaluate and manage disorders of the mandible, including fractures, dislocations, and infections.
6. Demonstrate ability to evaluate and manage trauma to the head, neck, face, teeth.
7. Demonstrate ability to remove foreign bodies from the ears, nose and throat.
8. Demonstrate ability to perform direct, indirect and fiber optic laryngoscopy.
9. Demonstrate knowledge of uncommon but life threatening infections of the head and neck including cavernous sinus thrombosis, Ludwig's angina, and malignant otitis.
10. Demonstrate ability to remove foreign bodies from the ears, nose, and throat.
11. Demonstrate ability to perform direct, indirect and fiberoptic laryngoscopy.
12. Demonstrate ability to perform emergent tracheostomy/cricothyrotomy.
13. Demonstrate knowledge of plastic repair procedures.

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PEDIATRIC EMERGENCY MEDICINE (SV FAST TRACK)

Description

Residents will be scheduled to work in the Fast Track for two weeks during the PGY-1 year and exclusively see pediatric patients less than 16 years of age presenting for emergency care. Fast Track attendings and staff will be well aware of this expectation for pediatric patient exposure. Residents will work directly with attending emergency physicians scheduled on the 4pm – 12am shift and are expected to see pediatric patients on their own before presenting their cases.

Expectations

Residents will be expected to work an average of eight 8 hour shifts over the two weeks. The EM Chief Resident will complete the monthly schedule. Residents will be expected to perform competent assessments and actively participate in forming a differential diagnosis, interpretation of common radiographs and labs, performing basic procedures, like suturing, on pediatric patients. Residents will be under the direct supervision of the 4pm – 12 am emergency attending physicians.

OMM (OSTEOPATHIC MANIPULATIVE MEDICINE) CLINIC

PGY-1's will be assigned to participate in an outpatient clinical experience dedicated to providing care of patients using Osteopathic Manipulative Medicine. The clinic will occur on Thursday afternoons in the Family Medicine Center and supervised by upper level residents and Dr. Jeffrey Kim.

PEDIATRIC OPHTHOMOLOGY

Description

Residents will work with Dr. Nicholas Sala , Pediatric Ophthalmologist, at his office on 12th street. The resident will be scheduled through the office and will spend 2 weeks. The other half of the month will be spent in the fast track at the emergency department.

Expectations

The resident will be expected to become familiar with the common ophthalmological problems and proper evaluation of the pediatric eye patient.

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EMERGENCY MEDICINE

Description

PGY-1 Residents are scheduled for 4 months in the Emergency Department during the first year of residency. Residents will work directly with upper level residents and attendings and actively participate in the care of acutely ill patients.

Expectations

Residents will be expected to work an average of 16 x 12 hour shifts a month. Schedules will be completed by the EM Chief Resident. Vacation time is only permitted during the EM rotations. Residents will be expected to perform competent assessments of the general Emergency Department patient and actively participate in forming a differential diagnosis, interpretation of common radiographs and labs, performance of procedures, and participate in forming an appropriate treatment plan in conjunction with senior residents and attending physician supervision.

Goals

1. Learn how to perform an accurate and appropriate history and physical exam for the common complaints of patients seen in the emergency department.
2. Learn the concept of emergency medicine triage.
3. Learn how to communicate effectively with medical command.
4. Learn the proper indications, contraindications, complications, and interpretations of the various diagnostic testing, labs, imaging modalities, and procedures used in the emergency department to aid in diagnosis and therapeutic intervention.
5. Learn how to properly complete an emergency department chart, audit a chart, and review a chart for quality assurance.
6. Learn how to manage multiple patients in the department.
7. Learn appropriate communication with consultants, attendings, patients, and ancillary staff as well as methods of notification of patient's family.
8. Learn how to interact with police and other official governmental bodies (HAZMAT, SANE, DMAT, Children's Services, Abuse Hotline, District Attorneys).
9. Learn appropriate interaction with media agencies and corporate communications.

Objectives

1. Demonstrate the ability to perform an accurate and appropriate history and physical exam for the common complaints of patients seen in the emergency department.
2. Demonstrate the ability to perform appropriate triage of patients in the emergency department.
3. Demonstrate the ability to communicate effectively with medical command.
4. Discuss the proper indications, contraindications, complications, and interpretations of the various diagnostic testing, labs, imaging modalities, and procedures used in the emergency department.
5. Demonstrate the ability to complete an emergency department chart, and discuss how to audit and review a chart for quality assurance.
6. Demonstrate the ability to manage 2-3 patients in the emergency department.
7. Demonstrate the ability to effectively communicate with attendings, consultants, patients and families, and ancillary staff. Discuss the various methods of notifying patient's family of adverse outcomes.
8. Discuss proper interaction with police and other governmental bodies.

SAINT VINCENT HEALTH CENTER
OSTEOPATHIC EMERGENCY MEDICINE RESIDENCY PROGRAM

PGY-2, PGY-3, PGY-4 ROTATION RESPONSIBILITIES

EMERGENCY MEDICINE

A. Description

1. Saint Vincent Health System: Emergency Department - a 22-bed, fully monitored acute care facility which serves approximately 46,000 pt/yr with a 26% admission rate
2. Fast Track - a 12 bed rapid treatment area staffed by board certified family physicians which serves approximately 23,000 pt/yr.

B. Expectations

1. All Residents

Residents will be expected to work an average of 16 x 12 hour shifts a month. Each *rotation will be a month in length with a total of 25 rotations of emergency medicine over their 4 year residency.

***2. PGY 1 & 2**

Residents will be expected to perform competent assessments of the general Emergency Department patient and actively participate in forming a differential diagnosis, interpretation of common radiographs and labs, and participate in forming an appropriate treatment plan in conjunction with senior residents and attending physician supervision.

3. PGY 3

In addition to above, residents will have the additional responsibilities of supervision of students, interns and residents. Residents should also demonstrate competence in common emergency room procedures.

4. PGY 4

In addition to above, residents should demonstrate ability to manage the Emergency Department with multiple patients as well as supervision of lower level residents.

C. Goals

***PGY1& 2**

1. Learn how to perform an accurate and appropriate history and physical exam for the common complaints of patients seen in the emergency department.
2. Learn the concept of emergency medicine triage.
3. Learn how to communicate effectively with medical command.
4. Learn the proper indications, contraindications, complications, and interpretations of the various diagnostic testing, labs, imaging modalities, and procedures used in the emergency department to aid in diagnosis and therapeutic intervention.
5. Learn how to properly complete an emergency department chart, audit a chart, and review a chart for quality assurance.

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6. Learn how to manage multiple patients in the department.
7. Learn appropriate communication with consultants, attendings, patients, and ancillary staff as well as methods of notification of patient's family.
8. Learn how to interact with police and other official governmental bodies (HAZMAT, SANE, DMAT, Children's Services, Abuse Hotline, District Attorneys).
9. Learn appropriate interaction with media agencies and corporate communications.

PGY 3

1. Learn how to assess, manage, and treat the various disorders seen in the emergency department.
2. Learn how to effectively triage multiple critically ill patients.
3. Learn how to give medical command following protocol.
4. Learn how to perform necessary procedures in the emergency department for evaluation and treatment of the critically ill.
5. Demonstrate competence in medical chart dictation.

PGY 4

1. Learn to assess, manage, and treat multiple patients with various complaints with appropriate supervision of junior residents, students, and ancillary staff.
2. Learn the administration and management of an emergency department.

D. Objectives

PGY 1&2

1. Demonstrate the ability to perform an accurate and appropriate history and physical exam for the common complaints of patients seen in the emergency department.
2. Demonstrate the ability to perform appropriate triage of patients in the emergency department.
3. Demonstrate the ability to communicate effectively with medical command.
4. Discuss the proper indications, contraindications, complications, and interpretations of the various diagnostic testing, labs, imaging modalities, and procedures used in the emergency department.
5. Demonstrate the ability to complete an emergency department chart, and discuss how to audit and review a chart for quality assurance.
6. Demonstrate the ability to manage 2-3 patients in the emergency department.
7. Demonstrate the ability to effectively communicate with attendings, consultants, patients and families, and ancillary staff. Discuss the various methods of notifying patient's family of adverse outcomes.
8. Discuss proper interaction with police and other governmental bodies.

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OSTEOPATHIC EMERGENCY MEDICINE RESIDENCY PROGRAM

1. EMERGENCY MEDICINE (Continued)

PGY 3

1. Demonstrate the ability to assess, manage, and treat the various disorders seen in the emergency department.
2. Demonstrate the ability to perform effective triage of multiple critically ill patients.
3. Demonstrate effective medical command within established protocols.
4. Demonstrate the ability to properly perform necessary procedures in the emergency department, (intubation, central lines, lumbar tap, wound closures, etc.)

PGY 4

1. Demonstrate the ability to manage the emergency department including the assessment, management and treatment of multiple patients with the effective use of resources and ancillary staff.
2. Demonstrate competent supervision of junior residents, students, and ancillary staff.
3. Demonstrate the ability to audit and review a medical chart for quality assurance.
4. Demonstrate effective communication with patients and family with notification of events in the emergency department.
5. Demonstrate effective communication with media agencies and with corporate communications.
6. Demonstrate ability to give medical command outside protocol guidelines.
7. Demonstrate ability to perform all necessary procedures including operation of departmental ultrasound machine.
8. Discuss the management and administration of an emergency department.
9. Discuss appropriate interaction with media agencies and corporate communication departments.
10. Demonstrate proper use of the departmental ultrasound machine in performing FAST exams.

2. TRAUMA

A. Description

In addition to the general trauma patient seen during the emergency department rotations, trauma experience will be supplemented with two months of rotations with the trauma service at the University of Pittsburgh Medical Center under the direction of the Director of Trauma, Andrew Peitzman, M.D. These rotations will occur in the PGY 3 year.

B. Expectations

Rotational hours will be determined by the trauma service. The resident will be involved in the initial assessment and management of the critically injured trauma patient and have the opportunity to perform the necessary procedures.

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2. TRAUMA (Continued)

C. Goals

1. Develop an organized approach to the assessment, resuscitation, stabilization and management of the trauma patient.
2. Learn the principles of trauma management and the proper use of diagnostic procedures and imaging modalities to evaluate the trauma patient.
3. Learn the principles of burn management
4. Learn the special considerations involved in the pregnant, pediatric, geriatric, and immunocompromised trauma patient.
5. Learn the principles of disaster management.

D. Objectives

1. Demonstrate the ability to properly assess and manage victims of major and minor trauma.
2. Demonstrate the ability to triage priorities in the management of victims of life threatening traumatic events.
3. Demonstrate the ability to perform necessary procedures in the assessment, stabilization and resuscitation of the critically injured patient.
4. Demonstrate the ability to use spinal immobilization techniques.
5. Demonstrate the ability to direct a trauma team and coordinate consultants involved in the care of multiple trauma patients with appropriate disposition.
6. Demonstrate the ability to interpret imaging modalities and laboratory values used in the evaluation of the trauma patient.
7. Demonstrate the ability to manage the pediatric trauma patient.
8. Demonstrate the ability to manage the pregnant trauma patient.
9. Demonstrate the ability to properly assess and manage the burn and/or smoke inhalation patient.

3. PEDIATRIC EMERGENCY MEDICINE (CHP)

A. Description

In addition to the general pediatric exposure in the emergency department, the resident's pediatric experience will be supplemented by two pediatric rotations at the Children's Hospital in Pittsburgh under the direction of the Director of Pediatrics, Richard Saladino, M.D.. The goals of the program will be to educate the resident regarding the sub-specialty of Pediatric Emergency Medicine, including the common presentations of illnesses and injuries, the development of differential diagnoses for pediatric medical complaints, and approaches to diagnosis and management of problems encountered in the Pediatric Emergency Department.

B. Expectations

PGY 3

The resident will rotate with the Pediatric Emergency Medicine and develop knowledge and understanding of the general pediatric emergency department patient, including assessment, management and procedures.

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3. PEDIATRIC EMERGENCY MEDICINE (Continued)

C. Goals

***PGY 3**

1. Learn infant/pediatric resuscitation.
2. Learn to perform a pediatric history and physical exam.
3. Learn to assess and manage the common infections and disorders of the pediatric patient.
4. Learn the signs and symptoms indicating social and/or psychological disturbances of the pediatric patient.
5. Learn to recognize the appropriate assessment and management of common congenital pediatric disorders.
6. Learn to assess, manage, and treat the critically ill infant/ pediatric patient.
7. Learn to triage and manage multiple pediatric patients.
8. Learn proper referral indications, use of consultants, and proper disposition of the critical infant/pediatric patient.

D. Objectives

PGY 3

1. Demonstrate the ability to manage the pediatric airway.
2. Demonstrate the ability to gain intravenous access in the pediatric patient and discuss the appropriate doses of emergency medications.
3. Demonstrate the knowledge to assess and manage the febrile child of various ages.
4. Demonstrate the ability to assess and manage the common infections and disorders of the pediatric patient.
5. Demonstrate the skill to perform those necessary procedures in the assessment, resuscitation and management of the pediatric patient.
6. Demonstrate knowledge of the fluid and electrolyte requirements of the pediatric patient with various disorders.
7. Demonstrate the ability to perform an appropriate history, physical exam and disposition of the sexually abused pediatric patient.
8. Demonstrate the ability to perform an appropriate history , physical exam and disposition of the child abuse/neglect patient.
9. Demonstrate the ability to assess and manage the common congenital disorders of the pediatric patient.
10. Demonstrate the ability to properly order and interpret various laboratory values and imaging modalities in the pediatric patient.
11. Demonstrate the ability to properly identify common pediatric exanthemas.
4. Demonstrate proper use of consultants and disposition of the pediatric patient.

4. ORTHOPEDICS

A. Description

PGY 2 residents will have a rotation with orthopedics to develop skills in the initial assessment and management of common orthopedic injuries seen in the emergency department.

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B. Expectations

Residents will rotate with the St. Vincent's Orthopedic Service for one month and include office, hospital and emergency department coverage time.

C. Goals

1. Develop relevant history and physical exam skills including specialty orthopedic extremity exam skills.
2. Become familiar with the proper use and indications for the multiple diagnostic imaging modalities used to evaluate various orthopedic disorders.
3. Develop skill in the evaluation, management, and treatment of the common disorders of the musculoskeletal system.

D. Objectives

1. Develop the skills to perform a correct history and physical on a patient with a musculoskeletal disorder.
2. Demonstrate the ability to correctly order appropriate imaging tests for various musculoskeletal disorders and demonstrate competence in radiographic interpretation.
3. Demonstrate knowledge of standard orthopedic nomenclature.
4. Demonstrate knowledge of the differences in pediatric skeletal anatomy compared to adult and the manifestations of these differences in radiographic imaging.
5. Demonstrate the ability to correctly apply various orthopedic devices including splints, immobilizers, compression dressings and posterior molds.
6. Demonstrate skill in the performance of reduction of dislocations, fracture immobilization and reduction.
7. Discuss the evaluation and proper treatment of soft tissue injuries such as crush injuries, high pressure injection injuries, retained foreign bodies, as well as soft tissue infections involving the muscle, fascia and/or tendons.

5. TOXICOLOGY

A. Description

PGY 2 residents will have one rotation in Toxicology at Pinnacle Health Center at Harrisburg Hospital under the direction of Ward Donovan, M.D. There they will have the opportunity for inpatient as well as outpatient management of common toxic exposures.

B. Expectations

The resident will be manage the hospitalized toxic patient on the inpatient unit as well as provide consultation to outside services in the outpatient toxicology unit. Rotational hours will be under the direction of the Toxicology service.

C. Goals

1. Recognize the pertinent aspects of the history and physical exam of the patient with acute poisoning including the major toxidromes.
2. Demonstrate knowledge of the general management of the patient with poisoning including

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stabilization and decontamination.

3. Demonstrate knowledge of the presenting symptoms and signs, laboratory findings, pathophysiology and treatment of common therapeutic drug poisonings, drugs of abuse, natural toxins, and general household poisonings.
4. Learn the common hazardous materials in the workplace (HAZMAT) , the management of patients that are exposed , and proper prehospital operations with HAZMAT incidents.
5. Learn the use of adjunctive services, including laboratory services and poison center, the management of acute poisonings.
6. Learn the specific indications and implementation of specific therapeutic modalities such as antidotes, hemodialysis, and hyperbaric oxygen.

D. Objectives

1. Demonstrate the ability to perform various decontamination techniques such as gastric lavage, whole bowel irrigation, skin and eye decontamination and the proper use and administration of activated charcoal.
2. Discuss the indications, contraindications, dosages, and side effects of currently available antidotes and antivenoms.
3. Demonstrate the clinical recognition of major toxidromes associated with drug overdose and withdrawal.
4. Demonstrate knowledge in the proper use of hemodialysis and hemoperfusion for the poisoned patient.
5. Demonstrate knowledge of common poisonous plants and venomous animals with the clinical presentations and treatments.
6. Demonstrate the proper technique for the management of a HAZMAT patient in the emergency department.
7. Demonstrate knowledge of common household poisons, pesticides, hydrocarbons and metals and their effects and treatment.
8. Demonstrate the knowledge and clinical skills to manage the poisoned patient with common prescribed and OTC drugs, and the common drugs of abuse.

6. ANESTHESIA

A. Description

PGY 2 residents will rotate for 2 weeks with anesthesia to develop their skills in airway management including endotracheal intubation, LMA's and proper oxygenation.

B. Expectations

The resident should be competent in airway management of the emergency department patient.

C. Goals

1. Develop airway management skills.
2. Become knowledgeable with the pharmacologic agents used in anesthesia.
3. Learn relevant pre-operative historical and physical exam considerations and recognition of the potential difficult airway patient.
4. Learn the principles of pain management

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D. Objectives

1. Demonstrate knowledge of the anatomy of the upper airway in both adults and pediatrics.
2. Demonstrate appropriate judgment in the need for airway intervention.
3. Demonstrate proper bag-valve-mask technique.
4. Demonstrate proper recognition and management of the obstructed airway.
5. Demonstrate indications, complications and proper technique of nasotracheal and endotracheal intubation.
6. Demonstrate proper use of neuromuscular blocking agents and anesthetics for conscious sedation and rapid sequence intubation.
7. Demonstrate knowledge of indications, complications, and technique in obtaining a surgical airway.
8. Demonstrate ability to use standard monitoring techniques.
9. Demonstrate knowledge and ability to use local anesthesia.

7. RADIOLOGY

A. Description

PGY 2 residents will spend one month with the radiology department at Saint Vincent Hospital. Rotational hours will be determined by the radiologist supervising the resident.

B. Expectations

The resident will develop their skills in the interpretation of radiographs, computerized axial scanning, ultrasound, and magnetic resonance imaging scans as they relate to the management of the emergency department patient.

C. Goals

1. Learn proper indication, contraindications and interpretation of various radiographic modalities such as radiographs, CT=s, MRI=s, and ultrasound.
2. Learn appropriate indications for emergent interventional radiology consult.
3. Learn proper screening of patients and preventative treatment to avoid complications of imaging dye and minimize exposure of radiation.

D. Objectives

1. Demonstrate knowledge in the proper indications and interpretations of various radiographic modalities.
2. Demonstrate knowledge of the effects of various modalities and preventative treatment to minimize complications.

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8. EMERGENCY MEDICINE SERVICES

A. Description

*PGY 2 residents will spend one month with various aspects of emergency medicine services including ambulance transport, air medical transport, medical intensive care unit transport, medical command, and administration.

B. Expectations

Residents will be exposed to the various means of transporting patient to the hospital and appropriate use for transports, as well as develop their medical command skills and understand the management and administration of these services. Optional air time will be available.

C. Goals

1. Learn common organizational structures of emergency medical services with the educational requirements and skill levels of various EMS providers.
2. Learn the principles of disaster management and the role of a designated Regional Disaster Center.
3. Learn the principles of pre-hospital triage, emergency medical care delivery, medical command, and the appropriate use of various resources including air and ground.
4. Learn the principles of medico legal issues relating to EMS.

D. Objectives

1. Describe local, state, and national components of EMS.
2. Actively participate in ground and air components of EMS system.
3. Demonstrate appropriate medical command of EMS system and knowledge of established protocols.
4. Discuss the basic concept of disaster management and the process of disaster management notification, response and medical care on a local, state, and national level.
5. Discuss the differences in education and skill level of various EMS providers.

9. INFECTIOUS DISEASE

A. Description

PGY 2 residents will spend 2 weeks with infectious disease to assist in the management of critically ill patient.

B. Expectations

Residents will rotate in outpatient and inpatient services with infectious disease and participate in the management of the critically ill patients. Proper work up and management of the infectious patient will be emphasized.

C. Goals

1. Develop relevant history and physical exam of the acutely infected and/or immunocompromised patient.
2. Learn the appropriate indications, complications, contra-indications of the various

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antibiotics and antiviral agents used to combat various diseases.

3. Learn the appropriate consultation of the infectious disease specialist.
4. Learn the appropriate preventative therapy for commonly encountered diseases such as rabies, HIV infected blood exposure, tetanus, and animal bites.

D. Objectives

1. Demonstrate ability to perform a relevant history and physical on the acutely infected or immunocompromised patient.
2. Demonstrate knowledge of appropriate antibiotic and antiviral usage for various diseases.
3. Demonstrate knowledge of preventative therapies and protocols for commonly encountered diseases.

10. CRITICAL CARE UNIT/SURGICAL UNIT

A. Description

PGY 4 residents will spend 2 months in the Intensive Care Unit under the supervision of the Director of ICU, Kenneth Chinsky, MD to develop their skills in the management of the critically ill adult patient, in addition to covering the surgical units under the direction of Chief of Surgery, Scott Bedwell, MD.

PGY 3 residents will spend 1 month in the ICU. This month will occur following completion of at least one month of trauma at UPMC.

B. Expectations

Residents will become familiar with critical care medicine and develop their procedural skills necessary for these patients. Residents will work with multiple consultants and specialists. The resident will be first call for unit procedures for the surgical patient.

C. Goals

1. Develop the ability to rapidly evaluate, diagnose, stabilize, and disposition of critically ill patients.
2. Learn the pathophysiology of various disorders and organ failure which affect the critically ill patient.
3. Learn the indications, contraindications, complications and the skill of performing necessary diagnostic and therapeutic procedures in the critical ill patient.
4. Learn the appropriate use of laboratory, imaging modalities, and diagnostic tests in the management of critically ill patient.
5. Learn principles of pharmacology, routes and dosages of medications recommended for cardiac arrest and resuscitation.
6. Learn the indications for withholding and/or terminating resuscitation.

D. Objectives

1. Demonstrate the ability to perform an appropriate history and physical exam in the critically ill patient.
2. Demonstrate the ability to perform necessary procedures involved in the diagnosis and management of the critically ill patient.

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3. Demonstrate the ability to interpret monitoring data, laboratory data, and imaging modalities in the management of critically ill patient.
4. Demonstrate the ability to properly use pharmacological interventions in the management of various disorders and organ failure which frequently occur in the critically ill patient.
5. Demonstrate the appropriate use of consultants in the critically ill patient.
6. Demonstrate the knowledge of various etiologies of cardiac arrest and the corresponding therapeutic interventions.
7. Demonstrate an understanding of the ethical and legal principles involved in the management of the critically ill patient including indications for withholding and/or terminating resuscitation, living wills and brain death criteria.

11. SURGICAL ICU

A. Description

PGY 4 residents will have a choice of rotating with various surgical subspecialty rotations at Saint Vincent, including Cardiovascular surgery, Neurosurgery, and Cardiology-cath lab. These services will aid the student in furthering his/her education and specialty into the subsurgical specialty areas. The resident will pick the service that best meets their needs. Cardiovascular surgery concentrates on the surgical correction of diseases of the heart, including bypass and valve repair. Neurosurgery covers all neurosurgical disease and trauma. Cardiology in hospital practice covers catherization of the heart, balloon angioplasty and stent placement, as well as aortic balloon insertion for stabilization.

B. Expectations

The resident will take cardiology call and respond to all HEART STATS to the emergency room. The resident will develop their skills in the management of acute coronary syndromes as well as procedures necessary in the acute management of the critically ill cardiac patient. Residents will assess and manage the brain injured patient and develop the necessary procedures involved with their care.

C. Goals

1. Learn the evaluation, stabilization and resuscitation of the cardiac arrest patient.
2. Learn the proper assessment, management, and disposition of the chest pain patient.
3. Learn the interpretation of various diagnostic tests used in the evaluation of the cardiac patient.
4. Learn appropriate indications, contraindications, complications of common pharmacologic agents used to treat various cardiac conditions as well as proper use of thrombolytic therapy.
5. Develop the skill necessary to perform diagnostic and therapeutic procedures necessary for the care of the cardiac patient.
6. Learn to diagnose, stabilize, and provide initial treatment of injuries and diseases of the brain, spinal cord, bony spine, and peripheral nerves.
7. Learn to appropriately order and interpret laboratory tests and various imaging modalities to aid in the diagnosis of neurological diseases and injuries.
8. Develop the skill to perform diagnostic and therapeutic procedures in the evaluation and treatment of neurological disorders and injuries.
9. Learn how CSF shunts function and how to evaluate patients with possible shunt

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malfunction.

D. Objectives

1. Demonstrate the ability to evaluate and resuscitate the cardiac arrest patient.
2. Demonstrate the proper assessment, management and disposition of the chest pain patient.
3. Demonstrate the ability to interpret various diagnostic tests used in the evaluation of the cardiac patient.
4. Demonstrate the proper use and administration of various pharmacological agents used in the management of cardiac patient.
5. Demonstrate the skill to perform necessary diagnostic and therapeutic procedures in the care and resuscitation of the cardiac patient.
6. Demonstrate the ability to diagnose, stabilize, and provide initial treatment of injuries and diseases of the brain, spinal cord, bony spine, and peripheral nerves.
7. Demonstrate the ability to interpret appropriate laboratory tests and various imaging modalities in the management of neurological diseases and injuries.
8. Demonstrate skill in the performance of various diagnostic and therapeutic procedures used in the evaluation and treatment of the neurological patient.
9. Demonstrate the evaluation of the CSF shunt patient or possible malfunction.

12. RESEARCH

A. Description

It is expected that research will be an on-going activity, consisting of monthly meetings with the resident, core faculty advisor, and the research consultant.

In the PGY 4 year, the resident will spend one month to aid in the completion of their research paper and study the administrative role of the emergency physician in the running of the department.

B. Expectations

PGY 2 Resident should initiate research project in conjunction with their core physician advisor, which can be completed by years' end or initiate a significant project.

PGY 3 Residents should show more independence in development of their project.

PGY 4 Residents should be capable of initiating their research project.

C. Goals

PGY 2

1. Understand methods of hypothesis development, testing, with various types of study design and methodology.
2. Understand basic statistical methods.
3. Learn techniques of analyzing biomedical research and skills necessary to develop a manuscript that is acceptable for publication in a peer review journal.
4. Understand ethical considerations, obtaining consent, and grants and funding of research.

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PGY 3

1. Learn how to properly submit a completed paper for publication in a peer review journal.
2. Learn how to properly submit and present a completed paper and/or project for a seminar or peer competition.

PGY 4

1. Learn to complete a major research project including application for various funding options.
2. Learn to supervise junior residents research projects.

D. Objectives

PGY 2

1. Demonstrate the knowledge of the advantages and disadvantages of various study designs.
2. Demonstrate the understanding of methodologies and variable types analyzed by various statistical tests.
3. Demonstrate the skills necessary to write a publishable manuscript.
4. Demonstrate the knowledge of the difference between statistical and clinical significance.
5. Demonstrate an understanding of the practical and ethical ramifications of implied and non-implied consent.

PGY 3

1. Discuss the proper process for submission of completed research projects/papers to a peer review journal.
2. Demonstrate ability to present completed research papers/projects to a peer seminar.

PGY 4

1. Discuss the various methods to fund a research project.
2. Demonstrate the ability to complete a major research project.
3. Demonstrate effective supervision of junior resident's research projects.

14. SELECTIVE

A. Description

Each year, residents will be allow time to pursue appropriate sub-specialty areas of medicine to pursue which they believe will enhance their education.

B. Expectations

Residents will select appropriate rotations and will be subject to the approval of the Program Director.

C. Choices

Residents may choose from the following or create their own selective. Prior approval from the program director is required for rotations not included in this list:

Colon Rectal
Plastics

Internal Medicine
Urology

Pediatrics
General Surgery

Dermatology
Ophthalmology

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15. ENT

A. Description

The resident will rotate with ENT Specialists of NWPA and will learn the basic skills in initial evaluation and treatment of common ear, nose, and throat emergencies.

B. Expectations

PGY 1

Residents will rotate for 4 weeks in an office setting to learn the treatment of common ENT emergencies. At the discretion of the attending, the resident may accompany the attending in a hospital setting and participate in performing emergent ENT procedures such as tracheotomy and plastic surgery.

PGY 1

GOALS:

6. Develop relevant history and physical exam skills.
7. Learn the evaluation and management of common problems of the head and neck.
8. Learn the evaluation and management of facial trauma.
9. Develop skill in the evaluation and management of upper airway disorders.
10. Learn use of the diagnostic imaging modalities available for evaluation of head and neck disorders.
6. Develop procedural skills for common ENT emergencies.

OBJECTIVES:

10. Demonstrate ability to correctly perform a history and physical in patients with disorders of the head, ears, nose, pharynx, neck and larynx.
11. Demonstrate ability to diagnose and treat infections of the head and neck including rhinitis, otitis, labyrinthitis, sinusitis, mastoiditis, laryngitis, pharyngitis, epiglottitis, stomatitis, and gingivitis.
12. Demonstrate ability to control anterior and posterior epistaxis including placement of nasal packing.
13. Demonstrate ability to diagnose and treat disorders of the tympanic membrane and middle ear perforation.
14. Demonstrate ability to evaluate and manage disorders of the mandible, including fractures, dislocations, and infections.
15. Demonstrate ability to evaluate and manage trauma to the head, neck, face, teeth.
16. Demonstrate ability to remove foreign bodies from the ears, nose and throat.
17. Demonstrate ability to perform direct, indirect and fiber optic laryngoscopy.
18. Demonstrate knowledge of uncommon but life threatening infections of the head and neck including cavernous sinus thrombosis, Ludwig's angina, and malignant otitis.
10. Demonstrate ability to remove foreign bodies from the ears, nose, and throat.
11. Demonstrate ability to perform direct, indirect and fiberoptic laryngoscopy.
12. Demonstrate ability to perform emergent tracheostomy/cricothyrotomy.
13. Demonstrate knowledge of plastic repair procedures.

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U. Salary & Benefits

1. Salary. The Resident will be paid a yearly salary based on the following, divided into bi-weekly paychecks:

PGY I	\$45,118.00	PGY III	\$48,578.00
PGY II	\$46,810.00	PGY IV	\$50,711.00

Direct Deposit is available and does not take effect until your second paycheck after sign-up.

2. Benefits. The Resident will have the following benefits:

- A. Medical/Dental/ Prescription Plan with family plan option (residents and associates pay a portion of the premium.)
- B. Meal stipend is provided for use while on duty at Saint Vincent Health Center
- C. Free Parking
- D. Free Uniforms
- E. Malpractice Insurance
- F. Life Insurance and Long-Term Disability Insurance
- G. Educational Stipend, up to \$1,800.00 per year
- H. Relocation Reimbursement, up to \$2,000.00
- I. Three weeks of paid vacation per year

3. Housing. Resident housing will be provided for Residents for outside rotations.

4. Membership in the AOA is required and provided for all osteopathic interns.

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EDUCATION FUND (GME Policy # 16 EMRP Policy # 725)

Residents receive reimbursement for certain expenditures necessary or related to their educational experience. The PGY-1 education fund consists of \$2,000 for the year. Five hundred dollars (\$500) of the fund will be used to purchase a PDA with Epocrates software. The PGY-2 through PGY-4 allocation is \$1,800 per year. Monies may be used for any of the following:

- ◆ COMLEX examination fee
- ◆ Books and journals
- ◆ Educational software, computers, laptops, printers
- ◆ Personal medical equipment (e.g. stethoscope)
- ◆ Association memberships
- ◆ Educational travel (approved by the Program Director)
- ◆ ACOEP board examination fees

If the intern already owns a compatible PDA and software, one half of the \$500 (\$250) may be applied to the items listed above.

All requests are to be submitted to Barbara Renick, Medical Education Administrator.

V. Attachments

- ◆ The Osteopathic Oath
- ◆ Osteopathic Pledge of Commitment
- ◆ American Osteopathic Association Code of Ethics
- ◆ Patient Log Form
- ◆ Resident Procedural Log Form
- ◆ Resident Medical Case Log Form
- ◆ Work Hours Report
- ◆ Request for Time Away Form

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RESIDENT AGREEMENT FORM FOR SIGNATURE

I acknowledge that I have received the policies and procedures of the Saint Vincent Health Center Osteopathic Emergency Medicine Residency Program as listed in this manual.

Comments:

Resident's Signature

Date