

# **OSTEOPATHIC EMERGENCY MEDICINE RESIDENCY PROGRAM DESCRIPTION**

**Saint Vincent Health System**

**Saint Vincent Health Center  
Department of Emergency Medicine  
2314 Sassafras Street  
Suite 306  
Erie, Pennsylvania 16502  
[www.saintvincenthealth.com](http://www.saintvincenthealth.com)**

**(814) 452-5100  
Fax: (814)452-5097**

**Matthew T. McCarthy, D.O., FACOEP, Program Director**

2/09  
updated 5/10

## Table of Contents

|                                    |        |
|------------------------------------|--------|
| General Program Description        | 3      |
| Clinical Curriculum                | 3      |
| Academic Curriculum                | 4      |
| Resident Evaluation                | 4      |
| Faculty Evaluation                 | 5      |
| Faculty Responsibilities           | 5      |
| Leave Policy                       | 5      |
| Moonlighting Policy                | 6      |
| Research Activity                  | 6      |
| Individual Rotational Descriptions | 6 - 28 |
| PGY I                              | 6      |
| PGY II                             | 14     |
| PGY III                            | 20     |
| PGY IV                             | 24     |
| Residents- Benefits/Salary         | 29     |
| Emergency Medicine Faculty Listing | 30     |

**SAINT VINCENT OSTEOPATHIC EMERGENCY MEDICINE RESIDENCY**

**MISSION STATEMENT**

Saint Vincent Osteopathic Emergency Medicine Residency Program will produce competent emergency medicine physicians able to practice in a comprehensive emergency care center, committed to compassion and excellence in the delivery of a continuum of holistic care, comfortable with the use of innovative technologies, the proper use of consultants, able to perform all emergency department procedures, and be well trained in the development and implementation of research oriented activities.

## **GENERAL PROGRAM DESCRIPTION**

The Saint Vincent Health System Osteopathic Emergency Medicine Residency Program provides the resident with the necessary experience, knowledge, guidance and skills to become a complete emergency physician in the osteopathic tradition. The program is based at Saint Vincent Health Center (SVHC), a community full-service hospital with an emergency department that cares for greater than 72,000 patients a year and is responsible for more than 50% of the admissions to St. Vincent's 427 beds. The emergency department currently has 22 beds and runs a separate 10 bed fast track. We serve as the region's SANE program (Sexual Assault Nurse Extender) with a private crisis treatment room and trained forensic nurses on call 24 hours per day. We are also the region's main psychiatric center and are an official DMAT (Disaster Medical Assistance Team) for the Department of Homeland Security, to be deployed nationally in times of disaster.. We are designated as a medical command facility with all emergency physicians certified. The emergency department is covered by 15 full-time residency trained attending physicians who are AOBEM or ABEM certified or eligible. In addition, the fast track is covered by two physicians board certified in emergency or family medicine. There are 7 core physicians from the group which have 15% protected time and the program director who has 40% protected time. Osteopathic physicians make up 50% of the core group.

## **CLINICAL CURRICULUM**

The clinical curriculum is designed to prepare the emergency medicine resident with progressively greater responsibilities in patient care, academics, management, and research to allow the development of a fully prepared emergency medicine physician. The resident will participate in ERAS and the osteopathic emergency medicine match for their PGY 1 year which in addition to the first year of emergency medicine residency, qualifies as an Internship year. In the PGY II year, the resident will rotate through both SVHC and Toxicology in Pinnacle Hospital in Harrisburg, PA. The resident will have increasing responsibilities in teaching and presentations in both their didactic lectures and with the student teaching program in the emergency department. The PGY II resident will begin their experience in research by selecting a significant research project. In the PGY III year, these activities will increase and expand to include research data collection and monitoring of interns. As a PGY IV, the resident will have the additional responsibilities of supervising residents. There will always be an attending emergency physician supervising the resident at all times while caring for patients in the department. The residents will be supervised by an attending physician or specialist while in critical care areas during other rotations. The resident will rotate a minimum of 18 months through the emergency department and complete rotations in the following areas:

|                |                 |                    |
|----------------|-----------------|--------------------|
| Orthopedics    | Obstetrics      | Infectious Disease |
| Toxicology     | Trauma          | Neurology          |
| Anesthesiology | Pediatrics      | Radiology          |
| Critical Care  | Neurosurgery/   |                    |
| EMS            | Cardiovascular/ |                    |
|                | Cardiology      | ENT                |

## **ACADEMIC CURRICULUM**

The resident will engage in daily teaching rounds and didactic sessions including required readings. Residents will attend scheduled house medical education conferences including weekly Grand Rounds and participate in monthly case presentations. To demonstrate the resident's knowledge, there will be weekly evaluations which must be passed with a minimum of 80%. The residents will also participate in the yearly ACOEP Resident Exam and an in-house simulated oral board exam as well as Simulation Lab Examinations. Attendance will be required of all in-house residents to the academic programs designated by the ED residency. The resident shall maintain records of all activities related to the educational programs. The resident will prepare an annual paper that will be approved by the program director and submitted to the ACOEP Committee on Graduate Medical Education. The resident will engage in an extensive research project with project reports due each year and the final paper completed in a publishable format. All projects must have approval of the program director. The resident will be certified in ACLS (advanced cardiac life support), ATLS (advanced trauma life support), PALS (pediatric advanced life support) or their equivalents.

The resident will participate in emergency medicine projects such as AOA annual research competition, the annual Spring Emergency Medicine Conference, the annual Lifestar Educational Modules, and the newly produced Pre-Prom Anti-Drug High School Project.

## **RESIDENT EVALUATION**

### 1. Emergency Rotations

Faculty will evaluate each resident on rotation. These evaluations will be reviewed and signed by the program director. The program director will address with the resident those evaluations which are less than satisfactory or require review. Core advisors will meet with their assigned residents quarterly to discuss evaluations and plan any corrective actions needed, or goals to achieve. The program director will monitor these meetings and also complete a 360 degree, year end evaluation on each resident. A copy of the evaluations will be placed in the resident's file.

### 2. Non-emergency Department Rotations

The resident will be evaluated by the assigned faculty for each rotation and will be issued an evaluation form. These forms will be reviewed by the program director and a copy will be placed in the resident's file. The program director will address with the resident those evaluations which are less than satisfactory or require review.

## **FACULTY EVALUATION**

Each resident will fill out a written evaluation form for each rotation encountered allowing for comments on areas of needed improvement or areas of exceptional quality. These will be reviewed by the program director and needed action taken as indicated. A summary report will be issued to the department yearly.

## **FACULTY RESPONSIBILITIES**

All full time faculty members in the emergency department will have responsibilities in the education and supervision of the residents including the following:

- Resident selection
- Resident evaluation
- Resident advising
- Academic involvement
- Participation in research development

In addition, core faculty will have additional responsibilities including the following:

- Rosen & Tintinalli didactic presentations
- Weekly evaluations
- Radiology and EKG review
- Research coordination
- Outside rotation coordination
- Academic curriculum development

## **LEAVE POLICY**

All residents will be allowed 3 weeks paid leave annually which shall include vacation, sick time, or requested military or maternity leave. If additional time is required, the time off must be approved by the program director and the resident's program must be extended to meet all time and rotational requirements.

## **MOONLIGHTING POLICY**

Moonlighting will be permitted only with the written consent of the Program Director and will be considered on an individual basis based on the following factors:

1. resident must be in good academic standing with the program and be in their PGY3 or PGY 4 years.
2. moonlighting can not interfere with the residents obligations and responsibilities to the residency program
3. moonlighting request is deemed appropriate as to facility and type of work in the judgment of the program director.

## **RESEARCH ACTIVITY**

Research participation is required from all residents. In addition, a paper is required for each residency year, to be turned into the program director for evaluation. The resident will engage in a significant research project with one progress paper each year submitted to the program director with a final paper in the senior year in a publishable format.

Residents will be encouraged to submit research papers and will be reimbursed costs incurred in presenting papers at approved venues.

## **INDIVIDUAL ROTATIONAL DESCRIPTIONS**

### **PGY-I (FIRST YEAR)**

#### **EMERGENCY MEDICINE – 4 one month rotations**

The first year intern will be exposed to emergency medicine by rotating through the emergency department with the upper residents and faculty. The resident will complete a separate emergency medicine note in the SOAP format and be reviewed on-site by the faculty physician. The resident will be exposed to expanding differentials and multiple disease states as well as the opportunity to learn the proper techniques of emergency procedures under direct supervision. In addition, the first year resident will concentrate on the following areas:

1. Proper triage of emergency medicine patients
2. Appropriate use of emergency lab, and radiology tests on the emergency patient
3. Interpretation of appropriate labs and reading of plain films
4. Introduction to the use of bedside ultrasonography in the emergency department
5. Introduction to the proper communication with patients, family , and attending physicians and specialist consultation.
6. Introduction to the interdependency of the emergency department with other departments of the hospital, social services, government services and community services.

### **PEDIATRIC ROTATION – one month**

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.

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.

### **NIGHT FLOAT ROTATION – one month**

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 – one month**

**Greater Erie Niagara Surgery** (Drs. Bedwell, Haupt, Dulabon, 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 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.

## **FEMALE REPRODUCTIVE MEDICINE ROTATION - one month**

**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 1<sup>st</sup> and 3<sup>rd</sup> 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.

## **SURGICAL SUBSPECIALTY ROTATION – one month**

### **Description**

Residents may select a subspecialty rotation in surgery for one month during the PGY-1 year. Selection is based on availability and is subject to final approval by the Program Director. Options include but are not limited to: CV surgery, orthopedics, neurosurgery, urology, surgical oncology, colorectal surgery and ENT. Residents work directly with the surgeon attending and are required to assist in the care of patients as directed. Residents are expected to see new consultations independently and then present cases for review and teaching. Residents may be required to complete dictations and are encouraged to maintain continuous patient care involvement. There should be active participation by the resident with the attending physician in the operating room. The experience should also include outpatient exposure. Rounding times will be at the discretion of the specialist attending. Residents are encouraged to maintain constant communication with their assigned attending. Goals, objectives and expectations are similar to those listed for the General Surgery rotation.

### **Conferences**

Residents are required to attend the usual conferences including Chest Conference, Morning Reports, Noon lectures, ER conferences, ID conference, OMM lecture series and Grand Rounds.

## **PEDIATRIC EMERGENCY MEDICINE (SV FAST TRACK) – one month**

### **Description**

Residents will be scheduled to work in the Fast Track for one month 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 physicians and are expected to see pediatric patients on their own before presenting their cases.

### **Expectations**

Residents will be expected to work an average of 16 x 12 hour shifts a month. 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 Fast Track 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.

## **INTERNAL MEDICINE ROTATION – one month**

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 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.

**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 (multichern) 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.

## **PGY-II (SECOND YEAR)**

### **EMERGENCY MEDICINE - 7 one month rotations**

This rotation will expose the resident to the everyday functioning of a full service community emergency room and the interaction with ancillary help including the use of protocols. The resident will be supervised by the department members and concentrate on the following areas:

1. Emergency Medicine Triage
2. Use of appropriate standard protocols
3. Exposure to ambulance and EMS reporting and Medical Command including aeromedical transport.
4. Proper use of diagnostic testing, labs, radiography, CT, MRI, ultrasound including use of emergency department ultrasound for the emergency room patient.
5. Proper use of specialty consultants
6. Proper chart completion, auditing, and quality assurance
7. Management of multiple patients in the department
8. Appropriate communication and notification of patient's family, with the attending physician, and with consultants as it relates to patient care.
9. Appropriate interaction with the police and other official governmental bodies, (Hazmat, SANE, DMAT)
10. Appropriate interaction with press agencies in conjunction with the Corporate Communications Department at SVHC.

During the emergency department rotation, the resident will be instructed in the reading of all radiographs ordered, and review all CT's and MRI's, as well as interpretation of all labs ordered. The resident will also be exposed to the proper use of the in department ultrasound machine. This rotation will be completed at SVHC.

## **Emergency Medicine Continued**

### **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.
9. Discuss appropriate interaction with media agencies and corporate communication departments.
10. Demonstrate proper use of the departmental ultrasound machine in performing FAST exams.

### **Orthopedics – One month**

The resident will rotate with Orthopedics Associates, a multi- member sub-specialty orthopedic group at their office and participate in the emergency orthopedic clinic each morning in the emergency department. The resident will be taught the basics of orthopedic diagnosis and evaluation as well as splinting and casting techniques. Treatment, management, and indications of specialty intervention will be included.

#### **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.

#### **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.

### **Toxicology – One month**

The resident will rotate at the Poison Control Center at Harrisburg Hospital under the direction of Dr. Ward Donovan. The established rotation there will cover the management of toxic ingestions, adverse drug reactions, and on-line toxic emergency consultation. The resident will also be exposed to multiple didactic sessions and medical rounds on managed patients.

#### **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 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.

#### 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.

#### Anesthesiology - 2 weeks

The resident will be taught the basics in endotracheal intubation, use of rapid induction intubation, as well as the proper use of LMA, fiberoptic laryngoscopy and nasotracheal intubation. The resident will also be exposed to regional and spinal anesthetic procedures and conscious sedation protocol.

#### 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

### 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.

### **Radiology – Two Weeks**

The resident will rotate with the SVHC radiology department and be instructed in the proper interpretation of plain film radiographs, ultrasound, MRI and CT's as they relate to the emergency department. The resident will also receive instruction on proper ultrasound technique for emergency department exams.

### 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.

### 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.

### **Emergency Medical Services – one month**

The resident will ride with Emergycare Inc., the main emergency transport EMS company in Erie, and will be exposed to paramedic intervention, medical command, aeromedical transport including optional aeromedical ride time, and use of medical intensive care unit with paramedic/nurse interventions and protocols. The resident will also rotate with the EMS director for Emergycare for administrative instruction and medical-legal issues with EMS. The resident

will also be exposed to the purpose and function of the national Disaster Medical Assistance Team. The resident will have the option of similar experience with Erie County Emergency Medical Services, Millcreek Township Emergency Medicine Services, or Pittsburgh Emergency Medicine Services.

**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 prehospital triage, emergency medical care delivery, medical command, and the appropriate use of various resources including air and ground.
4. Learn the principles of medicolegal issues relating to EMS.

**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.

**Infectious Disease - 2 weeks**

The resident will rotate with the infectious disease specialist and participate in the diagnosis, stabilization and management of the patients with acute infectious processes and the immunosuppressed patient.

**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 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.

**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.

## **Research**

The resident will complete a continuing project update report on a substantial research project. This will be done in coordination with their core physician assigned advisor. The resident will also meet with their core advisor, program director and research director, Brett Forehand, MD, PhD, monthly to discuss their research projects.

The residents will present their current research papers at the Annual Emergency Medicine Conference.

### **GOALS:**

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.

### **OBJECTIVES:**

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.

## **Vacation - 3 weeks**

Vacation time must be submitted in writing and approved by the program director.

## **Selective - 3 weeks**

Selectives must be submitted in writing and approved by the program director.

## **PGY III - (THIRD YEAR)**

### **Emergency Medicine - 7 one month rotations**

The resident will have six one month rotations at SVHC. During this year, the resident will have increasing patient care responsibilities and increasing involvement in giving medical command as well as demonstrate increasing management skills with medical students, physician assistants and interns.

In addition to continuing their progress with those goals set for their PGY II year, the emergency residents will add the following goals:

### GOALS:

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.

### OBJECTIVES:

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.)

### **Trauma – 2 months**

The resident will rotate with the trauma team at the University of Pittsburgh Medical Center under the direction of Dr. Andrew Peitzman. During this rotation, the resident will be instructed in the initial evaluation and management of the acutely injured patient as well as allow the resident to participate in the operative and post-operative care of the patient throughout their hospitalization. The resident will be instructed in various invasive procedures appropriate for the care of these patients as well as the proper use of specialty consultation.

### 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.

### 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.

### **Emergency Pediatrics – One month**

The resident will rotate through Children=s Hospital in Pittsburgh. This pediatric emergency department has an annual patient volume of 52,000. The resident will be involved in the initial evaluation, management, criteria for admission, and follow up of treatment on the pediatric unit.

#### **GOALS:**

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.

#### **OBJECTIVES:**

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.

## **Ear, Nose & Throat – one month**

The resident will rotate with ENT Specialists of NW Erie and be taught the basic skills in initial evaluation and treatment of common Ear, Nose, and Throat emergencies.

### **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.

### **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 fiberoptic 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.

## **Research**

The resident will prepare their 2<sup>nd</sup> paper on a substantial research project. This year will concentrate mainly on data collection and IRB approval of projects. In addition to those goals and objectives established in the PGY II year, the resident will also include the following:

### **GOALS:**

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.

**OBJECTIVES:**

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.
3. Demonstrate ability in oral presentation at the Annual Emergency Medicine Conference at SVHC.

**Selective - 3 weeks**

Selectives must be submitted in writing and approved by the Program Director.

**Vacation - 3 weeks**

Vacation time must be requested in writing and approved by the Program Director.

**PGY IV – Fourth Year**

**Emergency Medicine - 7 one month rotations**

The resident will have responsibilities for patient care commensurate with attending care and will supervise junior residents. The resident will practice managing the department and will be more involved in lecturing, quality assurance, and recruitment. The resident will also be exposed to billing, scheduling, and insurance issues. These rotations will take place at SVHC.

In addition to the already established goals and objectives, the resident will add the following:

**GOALS:**

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.

**OBJECTIVES:**

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.

### **Critical Care – One month**

The resident will function as a senior resident and participate in the evaluation and management of critically ill patients with various sub-specialty physicians at SVHC. This will include ventilated patients as well as post-operative coronary bypass patients. The resident will participate in procedures necessary for care of these patients such as central lines, arterial lines, chest tubes, and intubations.

#### **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.

#### **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.
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.

### **Cardiology(CCU) – One month**

The resident will rotate with Cardiology Associates at Saint Vincent and become familiar with the initial evaluation and treatment of the cardiac patient. This will include appropriate work up including cardiac catheterization, interpretation of echocardiogram, EKG interpretation, and management of the acute MI, cardiac dysrhythmia, and electrophysiologic studies.

### 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.

### 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.

### **Neurosurgery/Cardiovascular Surgery/ Cardiology – 1 month**

The resident will have the choice of three subspecialty surgical areas to rotate in. The neurosurgical service at SVHC will instruct in the evaluation and management of the acute neurosurgical patient with head trauma, seizures, intracranial bleeds, tumors, coma, and spinal cord injuries. The Cardiovascular Service will instruct on the surgical correction of heart disease, and the Cardiology Service will instruct on the diagnostic cardiac catheterization, balloon angioplasty, stent placement, and aortic balloon placement.

### GOALS:

1. Learn to diagnose, stabilize, and provide initial treatment of injuries and diseases of the brain, spinal cord, bony spine, and peripheral nerves and of the heart.
2. Learn to appropriately order and interpret laboratory tests and various imaging modalities to aid in the diagnosis of neurological and cardiologic diseases and injuries.
3. Develop the skill to perform diagnostic and therapeutic procedures in the evaluation and treatment of neurological and cardiovascular disorders and injuries.
4. Learn how CSF shunts function and how to evaluate patients with possible shunt malfunction.
5. Learn how cardiac catheterization can diagnosis and allow treatment of various cardiac diseases.

**OBJECTIVES:**

1. Demonstrate the ability to diagnose, stabilize, and provide initial treatment of injuries and diseases of the brain, spinal cord, bony spine, and peripheral nerves, and cardiovascular system
2. Demonstrate the ability to interpret appropriate laboratory tests and various imaging modalities in the management of neurological and cardiovascular diseases and injuries.
3. Demonstrate skill in the performance of various diagnostic and therapeutic procedures used in the evaluation and treatment of the neurological and cardiovascular patient.
4. Demonstrate the evaluation of the CSF shunt patient or possible malfunction.
5. Demonstrate the evaluation of the cardiac catheterization and treatment options.

**Administration/Research – one month**

The resident will rotate through the various administrative offices of the emergency medicine department at Saint Vincent Health Center including the office of the program director, medical director and assistant medical director.

**GOALS:**

1. Learn the basic principles of leadership and administration.
2. Understand the process of quality improvement
3. Learn the role of risk management programs and how they are applied to the operation of an emergency department.
4. Understand the function of accrediting agencies.
5. Learn the basics of contract negotiations and develop an understanding of personal benefits.

**OBJECTIVES:**

1. Discuss the following concepts: credentialing, career development, recruitment, budgeting, health care financing, managed care, personnel management, public relations, marketing, research, hospital administration, contracts, and work schedules.
2. Discuss cost containment.
3. Discuss JCAHO requirements relating to the emergency department.
4. Discuss HIPPA requirements
5. Complete a significant administrative protocol with either a policy change or development, or an approved discharge instruction for the department.

## **Research**

The resident will prepare their final research paper representing their cumulative research project in a publishable format.

In addition to the established goals and objectives, the resident will add the following:

### **GOALS:**

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

### **OBJECTIVES:**

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.

### **Selective - 3 weeks**

Selectives will be submitted in writing and requires approved by the program director.

### **Vacation - 3 weeks**

Vacation time will be requested in writing and requires approval by the program director.

**Saint Vincent Health System**  
**Osteopathic Emergency Medicine Residency Program**

---

Medical/Dental/Prescription Plan  
(family plan)

Free meals

Free Parking

Free Uniforms and Laundering of Uniforms

Vacation: 3 weeks a year

Malpractice Insurance

Long-Term Disability Insurance

2,000 Stipend for Relocation

Stipend for CME

PGY I 2,000

PGY2-4 1,800

---

PGY I -----45,118

PGY II -----46,810

PGY III-----48,578

PGY IV-----50,711

**SAINT VINCENT HEALTH CENTER  
DEPARTMENT OF EMERGENCY MEDICINE  
FACULTY LISTING**

|                                   |                                     |
|-----------------------------------|-------------------------------------|
| Matthew T. McCarthy, D.O., FACOEP | Emergency Medicine Program Director |
| Wayne T. Jones, D.O., FACOEP      | Director, Emergency Department      |
| Frederick Havko, M.D., FACEP      | Chairman, Emergency Department      |
| Richard J. Anderson, M.D., FACEP  | Core Faculty, Emergency Department  |
| Daniel T. Myers, M.D.             | Core Faculty, Emergency Department  |
| Paul Greissing, D.O.              | Core Faculty, Emergency Department  |
| Brett Forehand, M.D., PhD         | Core Faculty, Emergency Department  |
| William Baumgratz, M.D.           | Attending, Emergency Department     |
| Eileen Engel, M.D.                | Attending, Emergency Department     |
| Michael Salvatore, M.D.           | Attending, Emergency Department     |
| Brad Buege, D.O.                  | Attending, Emergency Department     |
| Jason Ball, D.O.                  | Attending, Emergency Department     |
| Brad Barone, MD                   | Attending, Emergency Department     |
| Melody Milliron, DO               | Core Faculty, Emergency Department  |
| Angela Smith, DO                  | Attending Emergency Department      |
| Christopher Yonko, D.O.           | Attending, Fasttrack                |
| Ronald Fillipi, M.D.              | Attending, Fasttrack                |