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Introduction

We are pleased you matched with us and look forward to working with you, as well, as our current Emergency Medicine residents this upcoming academic year. This manual was written, not only for residents, but also for faculty members, staff, students, and anyone involved in our department. It contains valuable information for the smooth operation of the department and successful completion of residency training. It is important that you read through this manual carefully.

The manual should be considered a “work-in-progress” as we evolve and develop new policies and processes. Please feel free to contact us about any discrepancies, questions, comments, and suggestions for the manual. An electronic copy can be found on your MedHub home page and on www.wildcatem.com under Resident Resources. Please contact the residency staff if you are unable to locate the manual.

Mission
To train leaders in the field of Emergency Medicine in an outstanding learning environment; always with the highest level of compassion for their patients while fostering academic achievement, professional and personal growth.

Vision
The residents in the program will be leaders in the department, leaders in the university, leaders in the community, and eventually leaders in Emergency Medicine. We will be a culturally-aware and ethnically-diverse center of excellence in Emergency Medicine Education. The overall goal of this program is to provide outstanding and compassionate patient care while fostering critical thinking and curiosity as well as implementing advances in the care of the emergency patient. We will strive to transform our residents into role models in the provision of patient-centered healthcare beyond our own institution but with a global reach.
College of Medicine Professional Expectations

The University of Kentucky College of Medicine (UKCOM) regards professionalism and humanism in the training of residents to be an essential goal. Throughout their training, house staff are exposed to professional behavior issues, moral and ethical decision-making, and community service opportunities. The following definition of professionalism is UKCOM's guideline by which professional behavior expectations are set. These expectations apply to all residents.

Professionalism includes altruism, accountability, excellence, duty, service, honor and integrity, and respect for others. Definitions of these concepts were developed by the American Board of Internal Medicine’s Project Professionalism and are listed below.

**Altruism** – Residents must serve the best interest of patients above their own interests.

**Accountability** – Residents are accountable to their patients for fulfilling the implied contract governing the patient/resident relationship. They are also accountable to society for addressing the health needs of the public and to their profession to uphold ethical precepts.

**Excellence** – Residents must make a conscientious effort to exceed ordinary expectations and maintain life-long learning.

**Duty** – Residents must accept a commitment to serve their patients. Accepting inconveniences to meet the needs of one’s patients, enduring unavoidable personal risk, advocating for care regardless of ability to pay, and volunteering one’s skills and expertise for the welfare of the community are all part of the accepted duty.

**Honor and integrity** – Honor and integrity imply being fair, being truthful, keeping one’s word, meeting commitments, and being straightforward.

**Respect for others** – Demonstrating respect for patients, their families, other residents and health care professionals is the essence of humanism. Humanism is essential in the practice of medicine.
PROGRAM OVERVIEW

Program Overview

The Department of Emergency Medicine at the University of Kentucky offers a residency program that focuses on the practice of clinical emergency medicine. Our philosophy is simple: The practice of emergency medicine is best learned in the emergency department. In keeping with this philosophy, the three year program places emphasis on rotations in the emergency department in each of the three years.

The University of Kentucky offers a three-year categorical emergency medicine residency program, and beginning July 2017, is approved for twelve positions in each year. The emergency medicine clinical experience takes place at the University of Kentucky Medical Center for all rotations except for one month of community-based emergency medicine in a regional hospital.

The program emphasizes rotations in emergency medicine (27 months), trauma (3 months) and critical care (four months). In addition, there are months in pediatrics, EM orthopedics, obstetrics and gynecology, and anesthesia. Included in the PGY-3 year is 1.5 months of elective time. A research project and a Quality Improvement Project are incorporated throughout residency. All rotation goals and objectives should be reviewed prior to each rotation. They are located in this manual or you may review them in MedHub under Curriculum.

The clinical commitment during emergency medicine rotations will be no more than 60 hours per week along with five hours per week of conferences. The clinical commitment on other services will vary but will be in compliance with ACGME guidelines for each specialty.

Residents have graded responsibility for patient care in the emergency department as the resident progresses through the program. In addition, senior residents will be responsible for clinical teaching of students and residents rotating from other specialties. While moonlighting is not prohibited by the Department of Emergency Medicine or the University of Kentucky, the Program Director will closely monitor the duty hours and performance all residents who choose to moonlight in order to ensure that extracurricular activities do not interfere with the resident's educational development and clinical activities.
Program Leadership

Roger Humphries, MD,  
Professor  
Department Chair

Christopher I. Doty, MD,  
Associate Professor  
Vice-Chair of Education

Sameer Desai, MD  
Associate Professor  
Program Director

Jonathan Bronner, MD  
Associate Program Director  
3rd Year Clerkship Director

Paula Keyes, BHS  
Program Administrator  
Program Coordinator
PGY-3 Chief Roles

**ADMINISTRATIVE CHIEFS**

Yearly Schedule, Clinical Schedule & Jeopardy Schedule

Chris Belcher, MD  Nick Collins, DO

**ACADEMIC CHIEFS**

Academic Conference and Procedure Labs

Jacob Shopp, MD  Will Crankshaw, MD

**RECRUITMENT CHIEFS**

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<td>Lipika Bhat, MD</td>
<td>Linda Katirji, MD</td>
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<td>Michael Elliott, MD</td>
<td>Aaron Schneider, MD</td>
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PROGRAM OVERVIEW

Emergency Medicine Department Faculty

Full-Time Faculty

1. Brian Adkins, MD*
2. Peter Damian Akpunonu, MD
3. Jacob Avila, MD*
4. Rebecca Bowers, MD*
5. Jonathan Bronner, MD*
6. Brad Buckingham, MD
7. Craig T. Carter, DO
8. Samuel Corbo, MD (*Medical Education Fellow*)
9. Jeremy Crook, MD
10. Matthew Dawson, MD*
11. Sameer Desai, MD*
12. Christopher I. Doty, MD*
13. Charles A. Eckerline Jr., MD
14. Sam Ghali, MD
15. Joel Hamm, MD
16. Roger L. Humphries, MD*
17. Landon A. Jones, MD
18. Walt Lubbers, MD*
19. Julia E. Martin, MD
20. James D Moore, MD
21. Erika Pasciuta (*Ultrasound Fellow*)
22. Ashwin Prabhu, MD
23. Eric Reid, MD
24. Sonia-Maria Reyes (*Ultrasound Fellow*)
25. Rob Rogers, MD*
26. Seth T. Stearley, MD
27. Emily Stover, MD
28. Michael Sweeney, MD
29. Terren Trott, MD *
30. William F. Young, Jr., MD
31. Fred Warkentine (*Ultrasound Fellow*)

* Denotes ACGME Core Faculty

Part-Time Faculty

32. Amal Agarwal, MD
33. Ian Boyd, MD
34. Bruce Kostelnik, MD
35. Kimberly Wells, MD
Work Environment

Chandler Emergency Department and Makenna David Pediatric Emergency Center

The University of Kentucky Department of Emergency Medicine will provide an environment for our residents that is: conducive to learning; intellectually stimulating; personally satisfying; safe from physical and emotional harm; and free of discrimination based on the residents’ sexual orientation, spiritual beliefs, race, ethnicity, identified gender, or socioeconomic background.

The **UK Albert B. Chandler Medical Center** leads the state in its commitment to providing acute and intensive care. The “state of the art” UK ED opened in July 2010 with 40,000 square feet of clinical space hosting 65 beds, 2 CT scanners in the ED and a dedicated pediatric ED, **The Makenna David Pediatric Emergency Center**, which has 10 standard exam rooms, two high-acuity “crisis” rooms and two triage rooms. The annual volume of the ED is approximately 80,000 visits per year. More information about UK Healthcare Emergency Department can be found at: [http://ukhealthcare.uky.edu/ed/](http://ukhealthcare.uky.edu/ed/)
**Ephraim McDowell**

As part of our resident curriculum, each resident spends one month of their PGY-2 year working in the Emergency Department of the Ephraim McDowell Regional Medical Center. The main facility in the Ephraim McDowell Health system, the Regional Medical Center, is a community hospital in nearby Danville, KY, just under an hour’s drive from southern Lexington. Link for directions to Ephraim McDowell: [http://www.emhealth.org/index.php/locations/facility-directions](http://www.emhealth.org/index.php/locations/facility-directions)

One month prior to your rotation:

1. Download the following Ephraim rotation forms from MedHub Resources and provide the required information and a copy of your immunization records to Ms. Ann Bottom, Ephraim Credentialing Assistant. She will organize your orientation and ensure you have an EMRMC ID, prior to your rotation start date.
   1) Ephraim Checklist
   2) Ephraim Orientation Manual
   3) Ephraim Community Medicine Goals and Objectives.
   4) You can obtain a copy of your immunization records from Medical Records, located on the first floor, at the Student Health Building, 830 South Limestone. They are unable to fax your records. You must sign a release and pick them up. The phone number for Medical Records is (859) 218-3211

2. Email a copy of your CV, your vacation dates, and your phone number to Ms. Shannon Price, IN Compass Patient Care Liaison, at sprice@incompasshealth.com She will provide a work schedule for you.

3. You must enter your vacation dates into MedHub (Monday – Friday) and provide the residency office with a copy of your Ephraim Schedule.

4. The EM Residency office will provide Ms. Bottom with a letter of good standing from the Program Director and will provide Ms. Price with a copy of your COI.

Ann Bottom  
Credentialing Systems Specialist  
Medical Staff Services  
Ephraim McDowell Health  
217 S. Third Street  
Danville, KY 40422  
(859) 239-2450 office  
(859) 239-6987 fax  
abottom@emhealth.org

Shannon Price  
Patient Care Liaison  
IN Compass Health, Inc.  
Office: 859-239-5008  
Cell: 404-217-9627 Cell  
859-239-6793 Fax  
sprice@incompasshealth.com
The Department of Emergency Medicine follows the institutional and ACGME policies on resident Work Hours.

The University of Kentucky is committed to providing house staff with a sound academic and clinical education, which must be carefully planned and balanced with concerns for patient safety and staff wellbeing. House staff should not be routinely involved in the provision of patient support services such as peripheral intravenous access placement, phlebotomy, and laboratory and transporter services. Laboratory, pathology, and radiology services must be in place to support timely and quality patient care. A medical records system that documents the course of each patient’s illness and care must be available at all times and must be adequate to support quality patient care, residents’ education, quality assurance activities, and provide a resource for scholarly activity. These types of support services should not be confused with the service provided by the house staff as part of the patient-physician relationship. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on house staff to fulfill service obligations in the absence of learning. Every patient encounter is an opportunity for the house staff to learn. House staff participating in the care of patients on a busy patient care team is not service as long as appropriate teaching and feedback accompany it from the upper level resident/fellow and/or faculty. Didactic and clinical education must have priority in the allotment of house staff time and energies. Work hour assignments must recognize that faculty and house staff collectively have responsibility for the safety and welfare of patients.

Per ACGME requirements, work hours for residents are limited to no more than 80 hours per week, averaged over a four week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. In this training program, we assure residents stay within this 80-hour limit by running all EM clinical schedules through a computer program designed to identify work hours regulations. The final schedules are then checked by the Chief Resident and the Program Director for compliance. The monthly clinical requirement for residents on the Emergency Medicine clinical service are designed to be well within the ACGME work hours limits. All EM shifts are limited to no more than 12 hours in length.

The clinical responsibilities for each resident must be based on PGY level, patient safety, resident ability, severity and complexity of patient illness/condition, and available support services.

When emergency medicine residents are on emergency medicine rotations, the following standards apply:

While on duty in the emergency department, residents may not work longer than 12 continuous scheduled hours. There must be at least one equivalent period of continuous time off between scheduled work period.

A resident must not work more than 60 scheduled hours per week seeing patients in the emergency department, and no more than 72 total hours per week.
Emergency medicine residents must have a minimum of one day (24-hour period) free per each seven-day period. This cannot be averaged over a four-week period.

Maximum Clinical Work and Education Period Length:

Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.

Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education.

Additional patient care responsibilities must not be assigned to a resident during this time.

The program director reviews each of these submissions and tracks both individual resident and program-wide episodes of additional duty as part of work hours oversight.

There may be circumstances, defined by the Residency Review Committee as situations required continuity of care for a severely ill or unstable patient, or a complex patient with whom the resident has been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family; that may require these residents to stay on duty to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. These circumstances are monitored by the program director through MedHub and are expected to be exceedingly rare.

Our program does not use has a night float system. However, on other clinical rotations, residents might work on night float rotations. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

PGY-2 residents/fellows and above are scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). Our program does not use at-home call.

Our program encourages residents to use alertness management strategies including appropriate napping, strategic caffeine consumption, and use of in-hospital lounges and call rooms, and infrequently, the use of a back up call schedule for residents that are sick or exhausted.

Work Hours Monitoring Policy

Documentation of work hours is required of all residents/fellows by both the sponsoring institution and program policy. It is accomplished through use of MedHub. Residents/fellows in our program are expected to document work hours on a weekly basis.

Program oversight of work hours occurs via the several mechanisms. The MedHub Residency Management System will remind residents to log their work hours. The Program Administrator monitors work hours and sends reminders weekly. The Program Director reviews work hours reports on a monthly basis. The Program Director is notified via MedHub of any potential work hours violations logged and these are reviewed and addressed immediately. Residents/Fellows are required to notify both the chief resident, and the Program Director for any scheduled work hours that may result in a work hours violation. In the event that after hours call could jeopardize
maximum work hours/mandatory time free of work, the resident/fellow must communicate circumstances to supervising attending and program director to make arrangements to delay start time or leave early to comply.

Work hours violations and potential violations are addressed directly by the Program Director in an expeditious manner. Appropriate action will occur when violations or recurring potential violations are identified.

Residents/fellows are expected to comply with work hours requirements, and to inform the Program Director of issues or concerns. Failure to comply fully with this policy or to inaccurately document work hours is a violation of professionalism that may result in disciplinary action.
Benefits

Professional Development Stipend

PGY-1 and PGY-2 Residents:

PGY-1 and PGY-2 residents will receive $200 each year for Professional Development purchases, such as, but not limited to: clothing/uniforms (to include UK EM Dept. Logo), textbooks, conference attendance, membership, such as AAEM, raptors, stethoscopes, etc.

For those requests utilizing your $200 PD stipend, please spend all your funds in one request (so there will not be multiple transactions per resident).

PGY-3 Residents:

In May 2017, the department provided Dr. Carol Rivers’ Preparing for the Written Board Exam in Emergency Medicine textbook; therefore, third-year residents will be eligible for $800 in Professional Development Funds for 2017-2018.

$200 may be utilized to purchase clothing/uniforms (to include UK EM Dept. Logo), textbooks, raptors, and stethoscopes. Please try to submit as many items as possible in one request, so there will not be multiple transactions per resident.

$600 may be utilized for educational activities related to assigned roles as a graduating resident and educationally related conferences.

Conference requests must be pre-approved by the Program Director, before submitting an absence request for registration/travel arrangements. Once your conference request is approved by the PD, please submit your absence request to Paula Keyes. (The form can be found on MedHub or you can request a copy) The residency office will assist with your travel arrangements. If you plan to fly, please print your name on the absence request as it appears on your driver’s license.
**Mini iPads**

Incoming residents will be provided an iPad mini for use during residency training. The iPad mini will remain the property of UK Emergency Medicine at the end of training. UK has a tremendous library of electronic medical textbooks and you will have access to these at home, off-campus, and at work. You may add whatever apps you wish to the iPad from your personal iTunes account and you will be able to write that off as a business expense on your taxes. However, due to reimbursement restrictions, the department will not be able to reimburse you for the purchase of e-books and apps for the device. **Personal or patient related information should NOT be saved on this device, nor should you activate it with your personal Apple ID.** If you need to RESET the device for some reason, please contact John Silvey.

John T Silvey  
Field Service Analyst I  
UK HealthCare Information Technology  
800 Rose Street, Room H2, Lexington, KY 40536  
859-218-2432 | john.silvey@uky.edu

**Resident/Program Memberships**

**ACEP/EMRA:**  
− All third-year residents attend the ACEP Scientific Assembly and other residents may attend if they have accepted poster/presentations.  
− The Program has committed to EMRA that we will send one resident each year to the ACEP Leadership and Advocacy Conference.

**CORD Program Membership**  
− The program is a member of CORD (Council for Emergency Medicine Residency Directors)  
− The Program has committed to CORD that we will send one resident each year to CORD’s annual meeting to serve as the program’s resident representative

**ROSH Review**  
− The program provides access to the Rosh Review question bank and review materials. Some residents will have an individualized educational plan and the Rosh in-service prep test will be required for all residents. If there is a required exam, residents will receive an email from the PD
**Advanced Cardiac Life Support (ACLS)**

All house officers (with the exception of Optometry, Pastoral Care, Administrative, Student Fellows, Medical Physics, and Community-based Pharmacy) must be ACLS certified prior to arrival. The certification must be American Heart Association (AHA) accredited. You are required to maintain certification throughout the duration of your training. The GME office staff will reimburse you for recertification. GME does not reimburse for the first certification you have obtained or hold when beginning your residency or fellowship program. You will need to provide a copy of your card (front and back), receipt in order to receive reimbursement. This documentation must be received within 60 calendar days of certification. A copy of your recertification(s) will be kept in your official file in the GME office. Failure to maintain certification may result in disciplinary action in accordance with the GME Professionalism Policy.

The program provides ATLS and PALS courses to interns during orientation.

**Pediatric Advanced Life Support (PALS)**

Expires two years from the date of certification. After initial certificate, residents are not required to renew their PALS certification, but you are encouraged to renew as Future employers may look favorably on those who have PALS Certification.

**Advanced Trauma Life Support (ATLS)**

Certification is good for three years and residents are not required to renew this certification course.

Residents will be required to teach one (1) ACLS class per year. Documentation forms are located in Medhub.
**Other Benefits**

Please refer to UK [GME Handbook](#) for more information about the House Staff Benefits listed below.

BEEPERS/PAGERS  
COUNSELING  
DISABILITY INSURANCE  
EMPLOYEE DISCOUNT PROGRAM (EDP)  
EMPLOYEE EDUCATION PROGRAM (EEP)  
HEALTH BENEFITS  
HOUSE STAFF OF THE MONTH PROGRAM  
HOUSE STAFF LOUNGE  
LEAVE  
FAMILY MEDICAL LEAVE (FML)  
TEMPORARY DISABILITY (SICK) LEAVE  
VACATION LEAVE  
FUNERAL LEAVE  
PROFESSIONAL LEAVE OF ABSENCE  
LICENSURE  
MEDICAL  
DEA  
DENTAL  
PHARMACY  
LIFE INSURANCE  
MALPRACTICE INSURANCE  
MEAL CHARGES  
MEAL MONEY  
MEDICAL CENTER ID CARD  
OMBUDSPERSONS  
ON-CALL QUARTERS  
PARKING PERMITS  
PARKING WHEN ON CALL  
SOCIAL SECURITY  
TAXI SERVICE  
UNIFORMS  
WORKERS COMPENSATION
Policy on Moonlighting

The Department of Emergency Medicine follows the UK Institutional GME Policy for Moonlighting.

Moonlighting is defined as all professional and patient care activities that are external to the educational program and may be external or internal to the training institution.

Background:

Moonlighting is not expected nor required for Emergency Medicine residents. However, Emergency Medicine residents may be permitted to participate in approved moonlighting activities if they are in good professional, academic and clinical standing within the program.

PGY-1 residents are not permitted to moonlight.

Residents on probation, suspension, or who have an institutional letter of concern are not eligible to moonlight.

Permission to moonlight must be obtained from the Program Director prior to any moonlighting activities and you must have read and have a signed copy of this policy in your residency file.

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. This determination will need made solely by the Program Director and is not eligible for appeal.

The resident’s performance within the program will be monitored for any adverse impact of these activities. Any adverse effects of moonlighting will lead to withdrawal of permission to moonlight and possible remediation if areas within the ACGME core competencies/sub-competencies are identified.

All moonlighting is counted toward the 80-hour work week and other ACGME work hour rules. Residents are responsible for documenting their moonlighting hours by providing schedules of the moonlighting site directly to the Program Director and documenting those hours in MedHub.

These hours must also be entered in the MedHub program as MOONLIGHTING and will be monitored as per the work hours policy as set by the Program Director and ACGME.

Failure of the resident to comply fully with this policy will result in revocation of moonlighting privileges and likely disciplinary action.
Policy on Moonlighting

Eligibility

Residents may participate in moonlighting after completing an intern year within the UK EM residency program, passing Step 3 of the USMLE exam, obtaining a KY residency training (R) license or full Kentucky medical license, and obtaining written approval by the Program Director. No resident will be considered for external moonlighting privileges until March 1st of their PGY 2 year. All moonlighting venues must be approved by the Program Director.

All rules relating to moonlighting activities must be followed. These include:

1. Residents will be limited to 36 hours per month. Residents may moonlight additional shifts on vacation time if they so choose.

2. No moonlighting will occur during or immediately preceding a scheduled shift in the University of Kentucky Emergency Department.

3. Residents may not forego any scheduled residency event in order to participate in moonlighting activities. This includes, but is not limited to, conference, journal club, retreats, and other off-site activities.

4. While on jeopardy call, shifts in the UK ED will take precedence over scheduled moonlighting shifts. Residents might have to cancel a moonlighting shift on short notice if they are covering jeopardy call. It is unwise to moonlight while on jeopardy call.

5. Residents must obtain initial and ongoing approval from the Program Director to participate in moonlighting activities.

6. Residents must moonlight at double-coverage EDs only. Moonlighting in a single coverage ED is strictly forbidden. The resident is never to be the sole physician working for any period of time while moonlighting. It is STRONGLY encouraged that the resident only moonlight at times when ABEM board-certified or board-eligible physicians are present.

7. Because moonlighting time competes with study time, residents must have obtained the 40th percentile or above nationally for the relevant PGY level on the most recent ABEM in-training exam to moonlight. If you are below the 40th percentile, you will have another opportunity to be qualified to moonlight. Starting in September, you may take the mock in-service exam on the Rosh Review website in a timed & controlled setting in the office. If you obtain better than the 40th percentile nationally for your PGY year, you will then be qualified to moonlight. Qualification in either scenario above lasts until the next in-service exam score is released.
Policy on Moonlighting

8. All residents may be required to take the mock in-service exam as part of their training. However, if you are qualified from your previous in-service, you will not lose privileges based on mock in-service score.

9. Residents may not moonlight until signed permission has been given by the Program Director. This request will contain signatures of the resident and the Program Director, the granted period for which privileges are extended, and the specific site of proposed moonlighting along with the appropriate contact information. Forms will be available in the residency office.

10. Once a resident begins active moonlighting duties, it is his/her responsibility to enter actual moonlighting hours into MedHub. Failure to do so will immediately result in forfeiture of the privilege for further moonlighting that quarter. ACGME work hour regulations must be followed at all times. Internal and external moonlighting activities will count toward work hours each week.

The above criteria will be monitored closely by the Program Director. The revocation of moonlighting privileges will be discussed with an individual resident once it is determined the requirements in this policy are not being met. Reinstitution of privileges will be considered when a resident meets these requirements on a consistent basis.

A resident found in violation of this policy will be disciplined accordingly. The first violation will result in loss of moonlighting privileges for six (6) months. A second violation will result in loss of moonlighting privileges for the duration of the residency training. Any additional violations are considered unprofessional behavior and can result in probation or termination per established program policies.

The Program Director retains the right to revoke, limit, or grant moonlighting privileges to a resident, regardless of the above outlined criteria, at his/her discretion.
Policy on Moonlighting

UK GME Policy and Approval Process
UK GME has a policy regarding resident/fellow moonlighting which can be found here. (http://gme.med.uky.edu/sites/default/files/FinalMoonlightingPolicy2014.pdf) This policy outlines who can participate as well as in what type of activities. The GME office has a formal approval process which must be completed prior to moonlighting during your training.

Internal Moonlighting Opportunities
House staff interested in pursuing a new moonlighting opportunity during the upcoming academic year can view opportunities available on MedHub - myHome page under Announcements. Each opportunity packet includes three pages: Request Form, Approval Form, and Overload Form. **New this year – the forms are now set up for electronic completion and signature. Download the document to your device to complete – you can now email for signatures rather than getting wet / ink signatures.

House staff currently approved for internal moonlighting will need to submit only the “Moonlighting – Continuing a Previous Opportunity” overload form located on MedHub - myHome page under Announcements (this is required for UK Payroll purposes). This form will allow house staff to continue approved internal moonlighting into the next academic
year. Please note, if you are changing programs, the full approval process is required.

** New this year – the overload form is set up to accept electronic signature – please email to your offeror for signatures so that it may be routed to the GME office electronically.

External Moonlighting Opportunities
House staff interested in pursuing a new external moonlighting opportunity will need to submit only the “External Moonlighting” Approval Form on MedHub - myHome page under Announcements.

House staff who are currently approved for external moonlighting will automatically be approved for external moonlighting during the next academic year. Please note, if you are changing programs, you will be required to request approval from your new program director.
University of Kentucky
Department of Emergency Medicine
Policy on Moonlighting

I, ______________________________ have read and understand the attached policy
(print name here)
on moonlighting.

__________________________________________   ____________
Resident Signature             Date
Leave and Scheduling

Updated by Desai 06/2017

Rules on Scheduling

Vacation months - You may only request 1 week off for a vacation. It is virtually impossible to add days on either side without creating a duty hour violation. If possible, the admin chief may try to add a day or 2, but it cannot be promised, expected, or guaranteed.

Jeopardy – when you are on jeopardy, you are on jeopardy. That means you may get called in, and you cannot expect to be paid back by the resident who you are working for, nor expect a shift reduction in a future month. We will utilize both intern and upper level jeopardy schedules if someone needs an extended leave. Jeopardy is part of the job. In 3 years of residency, you will almost certainly be called in for jeopardy…plan on it, expect it. The program leadership will review when jeopardy is utilized and make sure it’s not being abused.

Schedule requests – Be specific, and give a level of importance (Level 1 / Level 2). You may only make 3 days of level 1 request a month. No more than 2 more days of level 2 requests. There is very little wiggle room in a month between shifts, conferences, jeopardy and a few requests. Though neither level 1 or level 2 requests can be guaranteed, the admin chief and I will do our best to give all level 1’s, and as much level 2 as possible. Some months are always more complicated, particularly October (ACEP), December, May (SAEM) and June.

Level 1 = Most Important to you to be off
Level 2 = Important, but less so then Level 1

All requests need to be sent via scheduling software and/or per scheduling chiefs.

Peds shifts – Our goal is for everyone to work about 3 Peds shifts (swing A/B or EM Peds) a month. Occasionally you may have more or less, but at the end of the year, our goal is a fairly equivalent number per class. Peds is an essential part of your training. Please do not trade them all away.

Trades - all trades must be documented to prevent duty hour violations. Again, email scheduling chiefs to receive confirmation that it’s fine, well in advance. Same with trading jeopardy.

EM residents will work up to the following maximum shifts per month.

1. First-year EM residents – up to 22 depending on scheduling needs
2. Second-year EM residents – 20
3. Third-year EM residents – 18, reduced to 17 if performing a chief function

Occasionally residents will be asked to move 1-2 shifts from one month to another to improve coverage. Be flexible.
Rules on Scheduling

Vacation and Temporary Disability (Sick) Leave

Vacation Leave

Per your contract, residents at the PGY1 level receive 10 days of vacation. Those at the PGY2 and PGY3 levels receive 15 days of vacation.

1. Submit your vacation request to your Scheduling Chief as soon as possible.
2. Once your request has been approved, you should enter your approved vacation dates in MedHub – the GME office prefers you to enter include ONLY business days (Monday-Friday) – weekends are to be viewed as a ‘day off’.
3. Provide a signed paper absence record of your vacation for your file in the residency office – per UK HR policy. The absence record form is available on MedHub or from the residency staff.

On months with a vacation, EM residents will work 5 less shifts.

On split EM/Elective months, residents will work up to half the usual amount.

Temporary Disability (Sick) Leave

— Submit TDL leave requests (medical, mental health, and dental care appointments) to your Scheduling Chief as soon as possible to see if they can place you OFF on the day of your appointment, OR
— Trade shifts with someone, but remember, all trades must be documented to prevent duty hour violations. Again, email scheduling chiefs to receive confirmation that it’s fine, well in advance. Same with trading jeopardy.
— If your TDL request is an immediate leave request, you should call the Program Director or your Schedule Chief to arrange for jeopardy coverage, AND
— Provide a signed paper absence record of your sick leave for your file in the residency office – per UK HR policy. The absence record is only required if you had to take sick leave instead of trading or taking jeopardy call. The absence form is available on MedHub or from the residency staff.
Rules on Scheduling

Bonus/Holiday Leave

If possible, each resident will receive a 5-day period (4 Bonus days, plus one Holiday) off for Christmas or New Year. Residents will also have holidays days assigned throughout all EM months by the scheduler. When considering holiday and bonus days, these days are given throughout the year during EM months and are used to allow the monthly shift counts to be as low as possible. The shift counts above do include integration of these days. If possible, bonus days are stacked around the Christmas and New Year holidays as mentioned above.

Scheduling during Off-Service Rotations

When you are on other services, especially Trauma and ICU rotations, your schedule is made by that Department. Please let us know if the schedule they give you is a duty hour violation in advance. Please make your requests through the system that department has created. If you have needs that arise that require you to be away on an off-service rotation, please let the Program Director know as soon as you identify the issue so that changes can be made in the yearly rotational schedule. Optimally, this would be identified in the spring when rotations are being assigned, so that the yearly schedule could be constructed with this in mind. Use planning and foresight when picking your yearly schedule – the program leadership is here to help you, but it is probable that late requests cannot be accommodated.

Maternity and Paternity Leave:

We follow UKY GME policy on leave. [http://www.uky.edu/hr/policies/family-and-medical-leave](http://www.uky.edu/hr/policies/family-and-medical-leave) ABEM requires 46 weeks of training a year minimum. Vacation time, sick time, leaves of absence, etc., that exceed six weeks in an academic year require an extension of the residency. Your vacation weeks and holiday/bonus days are included as part of the 6 weeks.
Curriculum and Requirements

PGY-1 Curriculum

- Emergency Medicine at UK Hospital - 6 months
- Hand (1st half of month) / EM Orthopedics – (2nd half of month)
- Surgical Intensivist - 1 month
- Trauma Surgery - 1 month
- OB/GYN - 1 month
- EMS (1st half of month) & Anesthesia (2nd half of month)
- Emergency Medicine/Ultrasound - 1 month

There will be 2 weeks of vacation this year

PGY-2 Curriculum

- EM at UK Hospital - 8 months
- Rural Community EM at Ephraim McDowell Regional Med. Center - 1 month
- Pulmonary Critical Care - 1 month
- Pediatric ICU - 1 month
- Trauma Surgery - 1 month

There will be 3 weeks of vacation this year

PGY-3 Curriculum

- Emergency Medicine- UK Hospital - 10 months
- EM –Academic Medicine– .5 month
- Elective – 1.5 month

There will be 3 weeks of vacation this year
Electives

The curriculum contains six weeks of elective time to be chosen by the resident. These elective rotations include, but are not limited to the list below. Other electives can be designed by the resident, using the Elective Request Form to develop the elective goals and objectives. At least 4 weeks prior to the beginning of your elective, you should discuss your elective plans with Dr. Doty or Dr. Desai, complete an Emergency Medicine Elective Request form and submit to Paula Keyes.

UK Elective Rotations (not limited to the list below)

- Ultrasound Emergency Medicine
- ED Pharmacy
- Plastic Surgery
- Psychiatry
- ED Radiology
- ECG’s
- EM Research
- Dentistry
- ENT
- ED Administrative
- EM Community Medicine
- Research
- Dermatology
- Maxillofacial Surgery
- Ophthalmology
- ED Administrative Elective
- ED Hyperbaric Elective
- Toxicology
- ED Peds
- ECGs
- International Medicine Elective – available in Santo Domingo, Ecuador

Off-Site and International Rotations Policy

EMS and Air Medical Services

Our EMS division gives residents the opportunity to learn about the full gamut of EMS in Kentucky with opportunities in ground EMS, aeromedical services, EMS medical direction, online medical control, and mass casualty/ event medicine.

All residents complete an EMS rotation, which includes ride-alongs with Lexington Fire and with rural EMS services in the region, air medical shifts, and providing EMS education. Other opportunities can be tailored to fit the resident's interests through an EMS track during their third year, or through opportunities as resident medical director of a service.

The EMS division includes Dr. Julia Martin (KBEMS State Medical Advisor), Dr. Craig Carter (state medical director, PHi aeromedical), and Dr. Walt Lubbers (Medical Director, Frankfort Fire, Powell Co EMS, UK ROCC)

For complete rotation requirements, please review to the EMS Goals and Objective found in this manual or under Curriculum in MedHub. After completing each required rotation activity, print off the corresponding EMS documentation form (located under “Resources,” either on our UK EM website or from MedHub) and have the appropriate faculty or contact person sign the form. You may drop you sign forms in the Dropbox in the ED, or submit to the residency staff.
**Ultrasound**

We are very proud of our rotation in Emergency Ultrasound. Over the past decade, the clinical application of ultrasound by emergency physicians has greatly expanded. Emergency Physicians have adopted ultrasound to accurately, efficiently, and safely evaluate and treat the acute patient. The American College of Emergency Physicians has mandated that performance and interpretation of ultrasound imaging is included in emergency medicine residency training. Emergency Ultrasound is currently a dedicated one-month rotation during your first year of residency and will provide the necessary information about ultrasound basics and instrumentation with experience performing ultrasound-guided procedures and ultrasound studies on patients who present to our emergency department. Our department is equipped with three new portable SonoSite m-turbo units, a new SonoSite X Porte unit, and a full complement of transducers probes for everyday use on clinical shifts as well.

You will work under the direct supervision of EM ultrasound educators and fellows and have ample opportunity to perform ultrasounds for both normal and pathologic conditions. The rotation combines an established reading curriculum with experience in all the standard ED US applications (RUQ, aorta, pelvic in early pregnancy, FAST, DVT, venous access, and cardiac). At the end of the rotation, you should be able to: discuss the basics of ultrasound physics and instrumentation; demonstrate proficiency in obtaining quality ultrasound images; list the indications for an ED bedside ultrasound; discuss the limitations of an ED bedside ultrasound; identify both normal and abnormal findings during an ED bedside ultrasound; and demonstrate proficiency in obtaining vascular access with use of ultrasound. The rotation is concluded with both a written exam and graded direct observation of scanning skills. Please refer to the rotation’s goals and objectives, prior to your rotation.

**EM Program Required Ultrasound Scans**

<table>
<thead>
<tr>
<th>Type of US Exam Required</th>
<th>Number of Exams Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biliary Gallbladder/RUQ</td>
<td>25</td>
</tr>
<tr>
<td>Aorta</td>
<td>25</td>
</tr>
<tr>
<td>Cardiac</td>
<td>25</td>
</tr>
<tr>
<td>Central Line</td>
<td>10</td>
</tr>
<tr>
<td>DVT - Unilateral</td>
<td>15</td>
</tr>
<tr>
<td>EFAST</td>
<td>25</td>
</tr>
<tr>
<td>Lungs</td>
<td>20</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>10</td>
</tr>
<tr>
<td>Ocular</td>
<td>5</td>
</tr>
<tr>
<td>Pregnancy (Transabo)</td>
<td>20</td>
</tr>
<tr>
<td>Pregnancy (Transvaginal)</td>
<td>5</td>
</tr>
<tr>
<td>Renal</td>
<td>25</td>
</tr>
<tr>
<td>Rush</td>
<td>25</td>
</tr>
<tr>
<td>Soft Tissue</td>
<td>15</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>250</strong></td>
</tr>
</tbody>
</table>
EM Program Required Procedures

ACGME Emergency Medicine Requirements:
[Program Requirements: IV.A.5.b).(2).(c) – IV.A.5.b).(2).(c).(xvii).(a)]

The following are key index procedures identified by the Review Committee as essential to the independent practice of the specialty (based on the Program Requirements, the Emergency Medicine Milestones, and the Model of the Clinical Practice for Emergency Medicine). Residents are required to perform the minimum numbers indicated for each key index procedure by the time of graduation from the program.

- Adult medical resuscitation 45
- Adult trauma resuscitation 35
- Cardiac pacing 6
- Central venous access 20
- Chest tubes 10
- Cricothyrotomy 3
- Dislocation reduction 10
- Intubations 35
- Lumbar puncture 15
- Pediatric medical resuscitation 15
- Pediatric trauma resuscitation 10
- Pericardiocentesis 3
- Procedural sedation 15
- Vaginal delivery 10

Each resident must maintain, in an accurate and timely manner, a record of all major resuscitations and procedures performed throughout the entire educational program. The record must document each procedure type, adult or pediatric patient, and circumstances of each procedure (live or simulation). Only one resident must be credited with the direction of each resuscitation and the performance of each procedure. (Detail)

No more than 30 percent of required logged procedures performed in simulated settings can be counted toward procedure numbers, with the exception of rare procedures, namely pericardiocentesis, cardiac pacing, and cricothyrotomy. One hundred percent of these rare procedures may be performed in the lab.* See Procedural Competency Guidelines
How to Log a Procedure

LOG EVERYTHING YOU CAN. If we want or need to expand the residency, we must show there is enough of each procedure to justify more residents. Each person must log more than the required of each procedure for us to achieve this.

Only log something as “PERFORMED” or “SIMULATED.”

Log Everything under EM attendings. If on off-service, log under Program Director/Associate/Assistant Program Director

What we need must know:
Approximate age (to differentiate Peds/Adult) and
Performed or Simulated
Only 1 resident should log a procedure from a specific patient

You can BATCH the procedures from 1 patient….for example, logging a chest tube, CVL, intubation and resuscitation all on 1 patient all at once

You cannot log the same procedure multiple times on the same patient.

Resuscitation does not mean “code” or “trauma red,” it means required some forms of treatment/evaluation, for example IVF, imaging, admission for serial exams, septic workups, etc.

If unsure about anything…ask the Residency Leadership.

Differences in Adult Medical & Adult Trauma Resuscitations and Pediatric Medical & Pediatric Trauma Resuscitations

A procedure should be counted as an Adult Medical Resuscitation if the primary reason the patient requires resuscitation is for a medical issue. Example: Patients with arrhythmias, DKA, sepsis, respiratory failure, etc.

A procedure should be entered as an Adult Trauma Resuscitation if the primary reason the patient is being resuscitated is for dramatic injury. Example: Patients in car wrecks, gun shots, falls, assault, etc.

The same applies to Pediatric Medical Resuscitation & Pediatric Trauma Resuscitation.
How does the ACGME RRC define a major resuscitation?

A major resuscitation is patient care for which prolonged physician attention is needed, and interventions—such as defibrillation, cardiac pacing, treatment of shock, intravenous use of drugs (e.g., thrombolytics, vasopressors, neuromuscular blocking agents), or invasive procedures (e.g., cut downs, central line insertion, tube thoracostomy, endotracheal intubations)—are necessary for stabilization and treatment. Each resident must have the opportunity to make admission recommendations and direct resuscitations. [Program Requirement: IV.A.5.b).(2).(a).(v)]

Emergency Medicine Orthopedics

Emergency Medicine Orthopedics is a major component of the daily cases seen by Emergency Medicine physicians in the ED. The goal of the four-week EM Orthopedic rotation is to increase orthopedic exposure to the emergency medicine residents so that they feel comfortable managing various orthopedic emergencies. During the rotation, the resident on EM Ortho evaluates every orthopedic emergency case that comes through the emergency department. Residents are allowed to “cherry pick” orthopedic cases from the “waiting-to-be-seen” list.

EM Experiential Learning Center

A human patient simulation lab is incorporated into the UK Emergency Medicine residency program to provide an opportunity to care for a simulated patient with acute clinical problems, including airway obstruction, cardiac arrest, shock, and other common emergent situations. Using simulators, you will work through each clinical situation by assessing the presenting symptoms, providing appropriate interventions, and managing the simulator’s response to the various treatments. The human patient simulation lab consists of METI adult and pediatric simulators; as well as iStan simulators. The case scenarios are designed with specific educational and critical skills to be learned. The department recently opened a dedicated Experiential Learning Center to provide residents and medical students’ simulation labs and workshops.
Scholarly Project/Research

All residents are required to complete at least one approved scholarly project during the residency program. The curriculum is incorporated throughout the residency experience with faculty acting as project mentors. Scholarly projects can include completed basic science research projects or clinical research projects, that have resulted in publications (peer-reviewed or non-peer reviewed); textbook chapters, collective review articles, case reports, and abstracts (published or presented).

To ensure you receive credit for your scholarly work, please submit a signed Scholarly Project Activity Completion Form to the residency office, along with a copy of your project (abstract, poster pdf, article, report, etc.) The Scholarly Project Completion form is located in Medhub or www.wildcatem.com

Quality Improvement Project Description

All residents in ACGME accredited residency programs are required to actively participate in emergency department continuous performance quality improvement programs. Residents must demonstrate evidence of development, implementation, and assessment of a project to improve care. This project may include, but is not limited to, the development of a clinical pathway, a patient satisfaction survey, or improvement of a recognized problem area.

To ensure satisfaction of this requirement, all residents must complete a three-part “Quality Improvement Project Form.” The first two parts requires that the resident, under the supervision of a faculty project mentor, plan and complete a proposal for a QI project by May 15th of their PGY1 year. The third part requires that the resident complete their QI project by March 31st of the PGY3 year.

While the requirement may be fulfilled at any time during residency, prior to the deadlines listed above (i.e. a QI research project or RIE completed during the PGY 2 year), all parts must be signed by the resident, project mentor, and the program director by the deadline to satisfy completion of this residency requirement.

The Quality Improvement Project Form is located in Medhub or www.wildcatem.com
**Human Subjects Protection Training Course (CITI Course)**

All first-year residents are required to complete a human subjects' protection training course. If you completed this training within the last 3 years, you do not need to repeat it, but you must submit a copy of your completion certificate to the residency office for your file or upload to MedHub to your Portfolio. If it has been more than 3 years, you may be able to complete the refresher course, but you will need to be able to provide proof of completion or renewal.

The website for the online training is: [http://www.research.uky.edu/ori/human/HSPtrainingFAQanswers.htm#ICITI1](http://www.research.uky.edu/ori/human/HSPtrainingFAQanswers.htm#ICITI1).

For new/initial learners, go online and register as affiliated with the University of Kentucky, and complete the Collaborative Investigator Training Initiative (CITI): readings and test online. If you have any questions or difficulties, please contact the Help Desak at support@citiprogram.org or (888) 529-5929.

Please note: Once you have registered, enter your contact information, and choose your institution (University of Kentucky), you will need to select your Curriculum. You should choose the IRB course; choose the Biomedical Option, and then “Initial” or “Refresher.”

Upon completion of the course, you will receive a completion certificate. Please submit a copy to the residency office or upload to your Portfolio in MedHub and send a follow-up email to paula.keyes@uky.edu, so we will know you have completed the course.

This PD will expect your completion certificate to be in your residency file when he meets with you for your Semi-Annual Review, usually scheduled late January or early February of your PGY1 Year.

**Medical Records and Stragglers**

You are required to complete all charting in a timely manner. Your compliance is reviewed during your Semi-Annual Reviews and by the Program’s Clinical Competency Committee.
UK GME MEDICAL RECORDS POLICY
All house officers are expected to complete medical records documentation and electronic order signatures on a regular basis. This policy applies to all sites of training including but not limited to UK (Chandler and Good Samaritan) and the VA. Completion of records should be ensured before going on vacation, scheduled leave, before rotating to another facility outside of Fayette County, and before completion of training. Please contact Medical Records regarding any incomplete documentation/records within 7 days of anticipated leave or on an off-site rotation that is outside Fayette County.

In order to assure that documentation is completed in a timely manner that is compliant with Joint Commission and other regulating body requirements, there is a notification and suspension process in place. Any house officer suspended for documentation deficiencies has until the following midnight of suspension to complete the deficiencies. Failure to complete deficiencies by this time will result in additional disciplinary action as outlined in the GME Professionalism Policy (see Appendix). Suspensions for medical record deficiencies are required to be reported on many state licensure applications and medical credentialing requests.

To contest the suspension, the house officer should contact the DIO for further consultation. Failure to complete available records within seven days before going on vacation, scheduled leave, or rotation outside of Fayette County; and/or failure to complete records while on rotation at another facility within Fayette County are not grounds for appeal.

Recap of Requirements’ Documentation
Residents are evaluated semi-annually and all required documentation should be submitted in a timely manner. Forms are located in Medhub or www.wildcatem.com under Resident Resources.

USMLE Step 3 - You must submit a copy of your USMLE Step 3 to the residency office and/or upload to your Portfolio in MedHub.

ACLS Certification ACLS/PALS Certification and Recertification - Must be American Heart Associated (AHA) accredited training in order for you to meet the GME/hospital requirements for certification. ACLS certification must be current/unexpired in order to have training contracts renewed for the next academic year. You must provide a SIGNED copy of the FRONT and BACK of your ACLS card to the residency office after completion of training.

ACLS Teaching - Residents will be expected to teach one ACLS class per year. The ACLS Teaching documentation form is located in Medhub or www.wildcatem.com under Resident Resources.

Procedures - You are required to enter your procedures in a timely manner for faculty’s review/approval. See required procedures section for more information

Evaluations - You must complete all evaluations that are delivered to you in MedHub unless you did not work with the individual at all.

Duty Hours - You must document your duty hours in MedHub weekly. You will have two weeks in which to document your duty hours after which you will be locked out. Lockout occurs at 12:01am
EST Sunday morning. You will still have a full week to document duty hours for the previous week. If you are locked out, you must immediately submit documentation of each day’s duty hours to Paula Keyes, who will ensure your hours are entered.

Patient Follow-Ups  You will be required to submit four patient follow-ups per year. You should submit your first form by Sept, 30th, the second form by Nov. 30th, third form by Feb. 15th, and the fourth form no later than April 30th.

Elective Request Form  - Four weeks prior to your elective, complete and submit an Elective Request form to Paula Keyes. The form is located in Medhub or www.wildcatem.com under Resident Resources.

EMS Rotation Requirements Documentation  - See the rotation Goals and Objectives. All required activities should be documented and submitted to the residency office immediately after each activity. These forms are located on your MedHub home page or on wildcatem.com under Resources.

Quality Improvement Project  - See documentation requirements in the section above. The QI form is located in Medhub or www.wildcatem.com under Resident Resources.

Scholarly Project Completion  - See documentation requirements in the section above. The documentation form is located in Medhub or www.wildcatem.com under Resident Resources.

All documentation forms are located in Medhub on your home page under Resources or on www.wildcatem.com

Contact the residency staff if you are unable to find a particular form.
# Emergency Medicine Department Research Studies

**Contact:** 857-257-5522 (UKMD’s) for Research Coordinator/MD on-call  
– Need patient name/MR# and room #

## POINT – TIA & Minor Ischemic Stroke
- **POINT** - Age 18 years or older  
- Neurologic deficit (based on history or exam) attributed to focal brain ischemia and EITHER:  
  - **High risk TIA:** Complete resolution of the deficit at the time of randomization AND ABCD2 score ≥4  
  - **Or**  
  - **Minor ischemic stroke:** residual deficit with NIHSS ≤3 at the time of randomization  
- Ability to randomize within 12 hours of symptom onset  
- Head CT or MRI ruling out hemorrhage or other pathology  
- Subject will be prescribed aspirin at a dose of 50-325 mg/day  
- Patient must forego NSAID’s for 90 days

## SHINE – NIDDM & Stroke
- Clinical Diagnosis of Ischemic stroke  
- Treatment must start within 12 hours of stroke onset or last known normal  
- Known history of NIDDM and POC Glucose > 110, or POC Glucose ≥ 150 without history of DM  
- Baseline NIHSS (3–22)  
- Took care of themselves before stroke

## ESETT – Status Epilepticus
- Seizing for >5 minutes  
- Continued/recurring now despite adequate benzo  
- Last dose of benzos given >5 minutes ago  
  - **and**  
  - Last dose of benzos given <30 minutes ago  
- Age ≥ 2 years

## UK-ATEN – UK-Appalachian Tele-Emergency Network
- Partnership with regional hospitals to provide telemedicine consultations between Emergency Department physicians  
- Rural hospital physician will contact UKMDs to connect with on-call telemedicine physician  
- Physician will conduct consultation and work with rural physician to discuss options  
  - If transfer to UK is necessary, explore possibility of direct admitting patient  
  - If outpatient management at UK is reasonable, Research team will work on scheduling “urgent” appointment in the next 72 hours  
- Goals are improving coordination of care, decreasing costs of care, and maintaining quality of care
Conferences

The Department of Emergency Medicine has 5 hours of planned educational time for residents each week. Residents are expected to attend all conferences while on emergency medicine rotations. Residents on duty in the emergency department during scheduled conference time will be excused from duty to attend conferences. When residents are rotating on other services they are expected to attend conference whenever possible as dictated by the clinical needs of the service. Several rotations on other services have protected time for the resident to attend all 5 hours of conference.

All residents should attend 5 hours equivalent of the weekly didactic experience, as well as monthly journal clubs if possible. Punctuality and confirmation of attendance is expected at each event and will be documented by the program director or assistant program director. Residents must attend 70% of conferences throughout the residency and is required "per-year".

The 30% of missed conferences will include any cause of absence, excluding vacation time. This includes: personal time, medical needs, clinical shifts, off service responsibilities, sicknesses, family visiting from out of town, and any other cause that may necessitate you to miss conference. You must hit 70%. We will subtract your vacation time from the total so it does not count against your 70%.

The 70% is a hard-target set by the RRC and is non-negotiable.

Link for Conferences and article:  http://r.wildcatem.com/conference/
Asynchronous Hours for Conference Attendance

Rev 9/17/2015

Your limit is 50 hours of Asynchronous hours a year. So each hour of Asynchronous credit equals 0.4% towards your required 70% a year. Your options are below.

ALIEM

http://www.aliem.com/new-air-series-aliem-approved-instructional-resources/

At the bottom is a link to take a quiz. On the quiz, you enter your school and name as well. I can see the google doc that they have created to give you credit.

They recommend the hours credit you receive for any specific module. You can only do each one once in your residency.

EMS & U/S

Conferences such as Dr. Lubber's EMS journal club, our bimonthly journal club, and Dr. Dawson's US Q & A will all count for potential hours of asynchronous time. If other opportunities arise, we will either announce it as an option, or feel free to ask in advance. Keep in mind EM faculty have to be there (so no for Peds conference, trauma conference, etc.). If you are on a rotation that requires attendance, such as U/S elective or EMS month, then you cannot request credit, as these conferences are part of the course.

National Conferences

Attendance of conferences such as SAEM, ACEP, AAEM, Castlefest and CORD can be used to obtain credit for the missed Thursday (to attend that conference), or they can be used for 5 hours of asynchronous credit (if you didn’t miss a Thurs due to conference).

EM Journal Club Attendance

You will have approximately 4-6 opportunities per year to attend Journal Club. See How to Obtain Asynchronous Credit on the next page.

EBM

“Emergency Medicine Practice”
“Pediatric Emergency Medicine Practice”
“EM Critical Care”

To obtain credit for those first 3, you are to read the entire article and answer the CME test.
Save a copy of the CME certificate at the end - Each certificate (i.e. each article) is worth 1 hour.
You ALL have access to these activities FREE OF CHARGE via your EMRA subscription we have purchased for you. It will require you log in.
EBM (Continued)

To obtain log in information, see these sites, the first of which discusses Residents and their free access:
http://www.ebmedicine.net/content.php?action=showPage&pid=75&cat_id=6
https://www.ebmedicine.net/register.php

Global Health Rotation Online Prep Courses

Free online interactive and evaluative global health prep courses! Global Health experts from many specialties have come together to create 4 courses that are interactive, case-based, evaluative, and enable tracking for program directors.
Sign up for the first course here: https://www.edx.org/course/practitioners-guide-global-health-part-1-bux-globalhealthx-1#

Two hours per course – do not pay for certificate; just do our usual protocol for asynchronous credit (see below).

NOW FOR THE MOST IMPORTANT PART

How to Obtain Asynchronous Credit:

Enter asynchronous credit request in MedHub the same way you add procedures:
Add Procedure select One Hour Asynchronous Credit - Add text in the Procedure Note stating what the activity was and your 5 learning points, so Dr. Desai will know which asynchronous activity he is verifying.

Each hour of Asynchronous must be logged as a PROCEDURE (just like any other procedure).

If you did something that counts for more than 1 hour (for example ALIEM module), then log it as many times as that module counts. You only need to enter your learning points ONCE.

All of these procedures need to be logged with Dr. Desai as the supervisor.
For your EBM articles, keep a copy of CME certificate; Dr. Desai may ask for it.

You cannot have more than 50/yr.
Conferences Topics

Core Content Lectures
Core content lectures are given by residents and faculty each week covering the published core content in Emergency Medicine and assigned reading in Emergency Medicine textbooks.

- Cardiology (6 weeks)
- Derm (2 weeks)
- GI (6 weeks)
- HEENT (4 weeks)
- Neuro (4 weeks)
- OB/GYN (4 weeks)
- Ortho (4 weeks)
- Psych (2 weeks)
- Renal/GU (3 weeks)
- Resp (6 weeks)
- Trauma (6 weeks)

Grand Rounds
Lectures on topics of interest to Emergency Medicine given by nationally recognized faculty and visiting professors.

Morbidity and Mortality
A critical review of Emergency Medicine case management this on systems errors and content biases.

Case-Based Learning & Team Study
A team learning/team teaching exercise where all resident are engaged in the digestion of the medical literature and teaching of evidence-based medicine in the context of a real clinical case with direct faculty mentoring

Airway Lectures / Workshops

4 in 40

EKG Conference
A conference designed to practice to improve EKG reading skills
Patient Follow-Up Conference
A conference which allows residents to present interesting cases seen in the ED with inpatient, outpatient, surgical, or autopsy follow-up

Medico-legal
A conference that focuses on the various medico-legal aspects of Emergency Medicine

Oral Board Review
Every year, we provide one-day oral board simulations to prepare residents for the oral certification exam in Emergency Medicine. All resident participate as observers and as examinee in the workshop.

Skills Workshop
Various workshops have included an Ultrasound update, Vascular Access lab, Suture Lab, and Airway Skills workshop and Sim Lab. An annual cadaver lab (pictured above) was instituted in 2007 to teach rarely performed procedures such as pericardiocentesis, thoracotomy, cricothyroidotomy, and IO lines.

Journal Club
Journal meets periodically to discuss relevant articles in emergency medicine literature. Residents critically review the literature and discuss research methodology in order to prepare themselves to be better teachers and researchers.

Useful URL's to begin A JC topic search
http://keepingup.org
http://plus.mcmaster.ca/EvidenceUpdates/
http://www.freemedicaljournals.com/
http://www.emjournalclub.com/
http://sinaiem.wordpress.com/
http://www.ncemi.org/
http://academiclifeminem.blogspot.com/search?updated-max=2010-02-04T03%3A00%3A00-08%3A00

Senior Didactic Lecture Series
In addition to Tuesday morning didactics, each week in July, third-year residents provide a lecture on pertinent topics for interns. Presentations focus on topics such as the management of acute, complex conditions frequently encountered in the care of patients
Contact Information

EM Leadership

<table>
<thead>
<tr>
<th>Admin Chiefs’ Contact Info</th>
<th>Title</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jacob Shopp M.D.</td>
<td>Admin. Chief Resident</td>
<td><a href="mailto:ukemschedule@gmail.com">ukemschedule@gmail.com</a></td>
</tr>
<tr>
<td>Will Crankshaw M.D.</td>
<td>Admin. Chief Resident</td>
<td></td>
</tr>
</tbody>
</table>

Program Directors

| Desai Sameer M.D. | Associate Program Director | sameer.desai@uky.edu         |
| Bronner Jonathan M.D. | Assistant Program Director | j.bronner@uky.edu          |

Residency Staff Contact Numbers

<table>
<thead>
<tr>
<th>Keyes Paula BHS</th>
<th>Program Administrator</th>
<th><a href="mailto:pkeyes@uky.edu">pkeyes@uky.edu</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>TBA</td>
<td>Program Coordinator</td>
<td>323-5083</td>
</tr>
</tbody>
</table>

Fellow’s Contact Information

<table>
<thead>
<tr>
<th>Corbo Sam</th>
<th>Medical Education Fellow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sonia Reyes MD</td>
<td>Ultrasound Fellow</td>
</tr>
<tr>
<td>Warkentine Fred</td>
<td>Ultrasound Fellow</td>
</tr>
<tr>
<td>Pasciuta Erika M.D.</td>
<td>Ultrasound Fellow</td>
</tr>
</tbody>
</table>

Each non-UK ED and Off-service rotation will have a designated contact person to coordinate resident activities on the rotation. Off Service Chief Resident names and emails are also located in MedHub under Resident/Fellow Directory.

Contact Information: Off-Service Rotations

<table>
<thead>
<tr>
<th>Facility/Rotation</th>
<th>Supervisor or Coordinator</th>
<th>Chief Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ephraim McDowell Regional Med. Center, 227 S Third St, Danville, KY</td>
<td>Ann Bottom, Credentialing Systems Specialist, Medical Staff, Services, Ephraim McDowell Health, 217 S. Third Street, Danville, KY (859) 239-2450 office, (859) 239-6987 fax <a href="mailto:abottom@emhealth.org">abottom@emhealth.org</a></td>
<td></td>
</tr>
<tr>
<td>EMS Rotation</td>
<td>Walt Lubbers, MD</td>
<td><a href="mailto:walt.lubbers@uky.edu">walt.lubbers@uky.edu</a></td>
</tr>
<tr>
<td>Surgical Intensivist (SICU) or Trauma ECGS, General Surgery Department</td>
<td>Tracey Lansdale, Program Coordinator, <a href="mailto:tsloan@uky.edu">tsloan@uky.edu</a> 323-6262</td>
<td>Trauma and SICU Chiefs – see MedHub Program Directory</td>
</tr>
<tr>
<td>MICU (listed in MedHub as UK ICU 2) Pulm/Crit. Care Med Dept.</td>
<td>Pulm/Crit Care Gwen Parks, Program Coordinator <a href="mailto:gipark2@uky.edu">gipark2@uky.edu</a>, 323-5045</td>
<td>MICU Chief - see MedHub Program Directory</td>
</tr>
<tr>
<td>Anesthesiology (listed in MedHub as OSR)</td>
<td>Damian Pickering, Program Coordinator, 228-0069 <a href="mailto:damian.pickering@uky.edu">damian.pickering@uky.edu</a></td>
<td>Anesth Chief - see MedHub Program Directory</td>
</tr>
<tr>
<td>PICU (listed in MedHub as PICU) Pediatrics Dept.</td>
<td>Peds - Michael Fralix, Program Coordinator, 323-5257 <a href="mailto:mjfral2@email.uky.edu">mjfral2@email.uky.edu</a></td>
<td>Peds Chief - see MedHub Program Directory</td>
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## Contact Information: EM Residents

<table>
<thead>
<tr>
<th></th>
<th>Last</th>
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<tr>
<td>1.</td>
<td>Belcher</td>
<td>Christopher</td>
<td>Chris</td>
<td>M.D.</td>
<td>3</td>
<td>859-330-2297</td>
</tr>
<tr>
<td>2.</td>
<td>Bhat</td>
<td>Lipika</td>
<td></td>
<td>M.D.</td>
<td>3</td>
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<tr>
<td>3.</td>
<td>Brunswick</td>
<td>Jordan</td>
<td></td>
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<tr>
<td>5.</td>
<td>Crankshaw</td>
<td>William</td>
<td>Will</td>
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<tr>
<td>6.</td>
<td>Elliott</td>
<td>Michael</td>
<td></td>
<td>M.D.</td>
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<tr>
<td>7.</td>
<td>Katirji</td>
<td>Linda</td>
<td></td>
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<tr>
<td>8.</td>
<td>Mancuso</td>
<td>Nicholas</td>
<td></td>
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<td>9.</td>
<td>Schneider</td>
<td>Aaron</td>
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<td>10.</td>
<td>Shopp</td>
<td>Jacob</td>
<td></td>
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<tr>
<td>11.</td>
<td>Dhillon</td>
<td>Hartej</td>
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<td>13.</td>
<td>Liu</td>
<td>Yang</td>
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<td>15.</td>
<td>Mohammadie</td>
<td>Setareh</td>
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<td>16.</td>
<td>Moore</td>
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<td>17.</td>
<td>Muncy</td>
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<td>23.</td>
<td>Bowman</td>
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<td>Running Crane</td>
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<tr>
<td>30.</td>
<td>Song</td>
<td>Kristine</td>
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<tr>
<td>31.</td>
<td>Smith</td>
<td>Joanna</td>
<td>JoJo</td>
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<tr>
<td>32.</td>
<td>Teague</td>
<td>Rebeca</td>
<td></td>
<td>M.D.</td>
<td>1</td>
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</tr>
</tbody>
</table>
Milestones

An ACGME (American Council for Graduate Medicine Education)) milestone is a significant point in development. For accreditation purposes, the Milestones describe performance levels residents and fellows are expected to demonstrate for skills, knowledge, and behaviors in the six clinical competency domains.

For residents and fellows, the Milestones will

- Provide more explicit and transparent expectations of performance
- Support better self-directed assessment and learning
- Facilitate better feedback for professional development

Click the link for more information about Milestones: [http://www.acgme.org/What-We-Do/Accreditation/Milestones/Overview](http://www.acgme.org/What-We-Do/Accreditation/Milestones/Overview)

UK EM Clinical Competency Committee (CCC)
Residents are expected to demonstrate progress throughout their training. Utilizing the program’s evaluation tools, residents will be assessed on a regular basis by the Emergency Medicine Department’s Clinical Competency Committee (CCC). Utilizing the program’s evaluation tools, the CCC will milestone level assessments for each resident at least semi-annually; and an improvement plan, if applicable. The committee will ensure the reporting of Milestones for each resident to the ACGME and make recommendations to the program director for resident progress, including promotion, remediation and dismissal. The EM CCC Policy can be found under the EM Policies and Procedures Section and under the Educational Tab, under Resident Resources on www.wildcatem.com

(ACGME) General Competencies

PATIENT CARE (PC)
Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Residents are expected to:
- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- Gather essential and accurate information about their patients
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- Develop and carry out patient management plans
- Counsel and educate patients and their families
- Use information technology to support patient care decisions and patient education
- Competently perform all medical and invasive procedures considered essential for the area of practice
- Provide health care services aimed at preventing health problems or maintaining health
- Work with health care professionals, including those from other disciplines, to provide patient-focused care

MEDICAL KNOWLEDGE (MK)
- Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to clinical-decision making.

Residents are expected to:
- Demonstrate analytic thinking and a systematic approach to clinical situations
- Know and apply the basic and clinically supportive sciences that are appropriate to the Emergency Dept.
- Develop an appropriate differential diagnosis.

PRACTICE-BASED LEARNING AND IMPROVEMENT (PBL)
Residents must be able to investigate and to evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

Residents are expected to:
- Analyze practice experience and perform practice-based improvement activities using a systematic methodology
- Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
- Obtain and use information about their own population of patients and the larger population from which their patients are drawn
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- Use information technology to manage information, access on-line medical information; and support their own education
- Facilitate the learning of students and other health care professionals

INTERPERSONAL AND COMMUNICATION SKILLS (C)
- Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates.

Residents are expected to:
- Create and sustain a trusting and effective relationship with patients and family members
- Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- Work effectively with others as a member or leader of the health care team

PROFESSIONALISM (P)
Residents must demonstrate a commitment to carrying out professional responsibilities, with adherence to ethical principles, and sensitivity to a diverse patient population.

Residents are expected to:
- Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities

SYSTEMS-BASED PRACTICE (SBP)
Residents must demonstrate both an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Residents are expected to:
- Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- Practice cost-effective health care and resource allocation that does not compromise quality of care
- Advocate for quality patient care and assist patients in dealing with system complexities
- Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance
Rotation Goals & Objectives

Prior to each rotation you should read/review the rotation’s goals and objectives/requirements for each rotation that are sent out by MedHub. These are also located within this manual.

The Administrative Chief Residents are responsible for making and distributing the monthly schedule in Intrigma.

The Administrative Chiefs are the most important people with respect to the intricacies of the daily schedule. You should approach them with scheduling questions and requests. Please see “Scheduling Rules” for more information regarding schedules.

For off-service rotations and schedules, you should contact the chief resident of that service well in advance of your rotation start date. You can find the Resident/Fellow Directory and Residency Program Directory with designated Chiefs, under Resources/Documents in MedHub.

Electives

If your upcoming rotation is an elective month, at least four weeks prior to ALL electives, you must submit an Elective Request Form, with your goals and objectives, to your elective preceptor for approval and signature, review your proposed elective with Dr. Doty or Dr. Desai, have your preceptor sign the form and submit your form to Paula Keyes, Program Administrator. The Elective Request form is located in Medhub or www.wildcatem.com under Resident Resources.
Evaluation Tools

The department uses several tools to evaluate each resident and the program. The residency utilizes a web-based residency-management program for many aspects of competency-based developmental outcome expectations (milestones) developed by the ACGME, as well as on-site procedure skills workshops, and end-of shift milestone evaluations.

Each faculty member and rotating medical students complete electronic evaluations for residents, analyzing his/her abilities in each of the six core competencies and milestones. Additional educational tools include:

<table>
<thead>
<tr>
<th>Tool</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Faculty Evaluation of Residents on ED-based Rotations</td>
<td>Approximately 3-4 per Month</td>
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<tr>
<td>Resident Evaluation of EM Faculty</td>
<td>Quarterly</td>
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<tr>
<td>Resident Evaluation of Off-Service Faculty</td>
<td>Monthly</td>
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<tr>
<td>Resident Evaluation of EM Rotation</td>
<td>Monthly</td>
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<tr>
<td>Resident Evaluation of Off-Service Rotations</td>
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<tr>
<td>Resident Self Evaluation</td>
<td>Annually - Variable</td>
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<td>Resident Evaluation of Program</td>
<td>Annually - April</td>
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<tr>
<td>Faculty Evaluation of Program</td>
<td>Annually - April</td>
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<td>Resident Evaluation of Program Director</td>
<td>Annually - April</td>
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<tr>
<td>Faculty Evaluation of Program Director</td>
<td>Annually - April</td>
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<td>Nurses 360 Evaluation of Residents</td>
<td>Annually</td>
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<td>Resident’s Patient Follow-Ups</td>
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<td>Conference Speaker Evaluation</td>
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<td>Mock Oral Boards</td>
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<td>Medical Records documentation</td>
<td>Monthly</td>
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<td>Residents Performance Reviews with Program Director</td>
<td>Semi-Annually</td>
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<tr>
<td>Program Evaluation Committee</td>
<td>Monthly</td>
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<tr>
<td>Clinical Competency Committee</td>
<td>Three meetings per semester</td>
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<tr>
<td>Annual Program Review</td>
<td>Annually – April / May</td>
</tr>
<tr>
<td>In-training Exam</td>
<td>Annually - February</td>
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PGY-1 EMS Rotation

Rotation Description
The purpose of this rotation is to expand upon the knowledge of the EMS experience with regard to EMS quality improvement, base station control, and air medical and ground transport. The resident will also gain exposure to the disaster medical system and disaster management. This educational activity will be incorporated throughout the EM residency but the majority of the component will occur during a dedicated 2-week block in PGY-1 year. The resident will report to the EMS rotation director, Dr. Walt Lubbers. A full list of requirements for completion of the rotation is listed below. Reading assignments can be found on the UK EM website at www.wildcatem.com. Several requirements must be completed prior to advancement to the PGY-2 level.

Goals
1. Gain an advanced level of exposure to both ground and air medical EMS systems
2. Gain more extensive experience with prehospital quality assurance methods
3. Achieve a basic understanding of disaster management and the disaster medical system
4. Understand and participate in EMS base-station control

Objectives
1. Demonstrate advanced knowledge of appropriate utilization of air and ground transport via ride-alongs with local services (ICS, SBP)
2. Demonstrate an understanding of triage decisions concerning transport (PC, SBP)
3. Participate as a crewmember during flights and/or ground runs, scene assignments, extrication, patient assignment, packaging, and patient care (SBP)
4. Participate in multiple EMS chart reviews to gain an advanced understanding of the process of prehospital quality assurance and patient safety (PBLI, MK)
5. Participate in the education of prehospital personnel by developing and delivering an educational lecture geared towards prehospital personnel (PBLI, ICS, P)
6. Define a disaster (MK)
7. Explain how disasters impact communities and how they can rapidly deplete resources (SBP, PBLI)
8. Discuss the importance of disaster planning and training in preparation for community disasters (SBP, PBLI)
9. List the tiered responses to disasters (SBP)
10. Explain field triage systems (MK, PC, SBP)
EMS Rotation – PGY 1

Requirements

For all required activities, you will need to print off the corresponding sign off sheet from MedHub and have it signed by the appropriate person once you have completed the activity. This sheet will need to be turned in to the residency office. See page 6 for further information regarding responsibilities during Air and Ground rides.

1. EMS Ride Along Requirements: Residents are required to do five (5) ride along shifts with EMS (combination of Lexington Fire/EMS and rural services) prior to graduation. Your role as a rider with Lexington Fire can be as interactive as you wish to make it; you are encouraged to be involved and interested in the care of the patients, and you will find that showing interest will lead you to a much more fulfilling experience than simply checking out. **Make contacts regarding shift scheduling in the weeks preceding your rotation. You may have difficulty scheduling on short notice.**
   
a. Ride along with Lexington Fire: You are to arrange **three** EMS ride along times with Lexington Fire. You need to sign up for 3 shifts with Lexington fire during your assigned EMS rotation. At the end of this document are individual contact information to arrange the ride-a-long times. You must have the officer or acting officer in charge of the vehicle you are assigned to sign off on your documentation sheet upon completion of your ride along. These shifts are scheduled by the Lexington Fire EMS administration. Please fill out the form for ride-along approval to be submitted to Lexington Fire (see the last page of this document). Contact: Lt Christopher Martin (martinc@lexingtonky.gov)

   b. Rural and Flight Ride Alongs: The two remaining ride along shifts will need to either be performed with one of our area rural EMS services (Frankfort, Winchester, Georgetown/Scott County, Madison County, Powell County, Owen County) or one shift with a rural service and one flight shift with an aeromedical service. Be aware that rotor wing transport does carry some element of risk, though this is admittedly small, and that some companies do have height and weight limits for riders. Additionally, most companies will not take riders during the summer months due to increased strain on the aircraft and increased fuel consumption in the hot weather. If you wish to fly at another point outside of your EMS rotation, this can also be scheduled.

   Of note, on rural ride alongs, your function is as an observer, much more so than may be the case in Lexington; however, you should still be actively involved, asking appropriate questions (at appropriate times) and expressing interest.

   **Rural Services:**

   Frankfort Fire and EMS: Contact Dr. Lubbers for information. Winchester: Major Brad Case, bcase@winchesterky.com, 859-744-1598. Madison County: Debbie Berry, dberry@madisoncountymems.com Georgetown/Scott County EMS: Supervisor John Hagan, webman@gseems.com. Powell County EMS: Dr. LubbersOwen County EMS: Dr. Lubbers
EMS Rotation – PGY 1

Local flight programs:
If you choose to do a flight shift, please let Dr Lubbers know when you schedule it

PHI (Petroleum Helicopters Inc): contact base manager
Morehead: Robert Lasky 859-221-4557
Charles Williams 606-548-2583

Air Methods (Frankfort Base, closest to UK). Contact Base Supervisor
Frankfort: Candace Everidge - Candace.everidge@airmethods.com
Base 502-223-5985

2. **EMS Lectures:** As per RRC requirements, you will be expected to participate in EMS education, which should be **2 lectures to EMS personnel** in your time as a resident. Residents will be assigned one lecture in their first year to give to the Lexington Fire Paramedic class. You will be provided PowerPoint slides to utilize, although it is a much more enjoyable experience for you and the students if you don’t simply read the slides to them. Other lecture options to EMS focused audiences are available, and the schedule is overall wide ranging. Ideally, this lecture will be given in the 2nd or 3rd year of residency as part of the UK EMS Grand Rounds program, which occur monthly here on campus and are Simulcast to a regional audience. Contact Dr. Lubbers to schedule. Generally, lectures outside the paramedic classes should be original lectures (or significant change and research from an existing lecture).

3. **HAZMAT/ Mass Casualty meetings:** You must attend one of the Emergency Department’s Special Operations Response Team (SORT) meetings. This team is responsible for mass casualty Hazardous Materials Decontamination and other special activities in the ED. This training takes place generally monthly (1st Tuesday) in the ED conference room (across from dispatch) and starts at 0730. You will need to attend this meeting during or within reasonable proximity to your EMS month. A member of the SORT leadership will need to sign off on your documentation sheet. A meeting may not be held on your EMS rotation month, and it may be necessary to participate at another time.

4. **Mass Gathering/ Event Medicine:** The resident will also participate in **at least one mass gathering event.** Events which will satisfy this requirement include: UK basketball games, UK football games, and the Rolex 3-day event at the KY Horse Park in June. Other events may suffice as they come up and this will be determined by Dr. Lubbers. The resident is expected to actively participate in the coordination of this mass gathering event, scene assessment, stabilization process and transport processes.

The medical director for the event should sign off on your documentation form (Dr. Seth Stearley or Dr. Brian Adkins for UK games, Dr. Lubbers for the Rolex event, etc).
5. **EMS Literature Review**: Each resident should present an article and lead the discussion of that article at the department EMS literature review session (scheduled monthly). This should be an article in either the EMS literature or which tracks closely on an EMS topic (i.e., cardiac arrest, prehospital trauma management, etc.) written within 12 months of the presentation. Article presentations should be concise (500 words) and the resident should have some discussion points about how this relates to the way our services practice. This is not an in-depth literature review (i.e., statistical analysis is not really of interest unless it really argues against the validity of the paper and subsequently how it would change the way we practice).

6. **Medical Control/Protocol Development**: Each resident will write one complete EMS protocol, either an entirely new protocol or a revamp of an existing protocol. This can be for either the KY State EMS protocols or for a local department the resident is involved with. Protocols should be comprehensive (i.e., including BLS and ALS instructions) and based on the best available evidence, i.e., this will involve at least some research. Ideally, your protocol could also be on the same topic you give a lecture on in your 2nd or 3rd year of residency. See the KBEMS protocols for an idea of the style/format that a protocol should follow. ([https://kbems.kctcs.edu/medical_direction/protocols.aspx](https://kbems.kctcs.edu/medical_direction/protocols.aspx))

In the third year of residency, all senior residents will function as the UK Regional Online Medical Control Center (ROCC) EMS medical control physician and will provide medical control orders and direction to EMS units in the field. Information and orientation will be provided at the end of the 2nd year of residency.

7. Other opportunities to participate in EMS education and administration may present themselves during your EMS rotation (MS III EMS workshop, administrative meetings, EMS followup requests). While they are not mandatory, many of these are worthwhile educational opportunities. Dr. Lubbers will try to make these opportunities available to you during your rotation. If you are interested in additional activities, please let Dr. Lubbers know before you schedule your ride alongs (simply because it may change the dates you wish to ride). Dr. Lubbers likes nothing better than to talk about himself and the things he is interested in, so if you have a specific area of EMS interest, please let him know.
EMS SUMMARY/ CHECKLIST
The following may be useful to you to check off each item as you complete it. The residency office staff will be keeping track of things as you turn them in also. Deadlines for each requirement are listed in **Bold**. Completion of requirements in a timely fashion is taken into account by the Program Direction staff in regards to advancement to a subsequent PGY status each year. In order to complete your EMS requirements you must do the following:

1. **Meetings/ Education:**
   a. Deliver one lecture to Paramedic class **(during intern year)**
   b. Deliver an additional lecture to EMS personnel, such as EMS Grand Rounds **(complete by end of residency)**
   c. ED SORT meeting: Generally 1st Tuesday of the month at 0730 **(complete on EMS rotation or by end of 1st year)**

2. **EMS field participation:**
   a. Five 12 hour ride-alongs **(generally complete on EMS rotation)**
      i. 3 Lexington Fire shifts
      ii. 2 rural shifts, or 1 rural shift and 1 flight shift

3. **Mass Gathering event:**
   a. Attend at least one mass gathering event **(complete by end of residency)**
      i. UK basketball games, UK football Games, Rolex 3 day event at KY Horse Park

4. **Scholarly Works (must do both)**
   a. Review/update a prehospital treatment protocol **(complete by April of 3rd year for review)**
   b. Present at a monthly departmental EMS literature review session **(complete by end of residency)**

5. Turn in the documentation sheets to the Residency Coordinator **(as soon as possible after each item is completed)**

**DUE DATES:** Ride-alongs/flights, lit review, and SORT meeting should be completed by the end of your PGY-1 EMS/Anesthesia rotation. If not able to do so for whatever reason, please contact Dr. Lubbers. You should work with Dr Lubbers to schedule your EMS lecture/education requirement during your PGY-2 or PGY-3 year and your protocol review activity. Your mass gathering experience should be completed by the end of your PGY-2 year of training.
**EMS Specific Assignments and Responsibilities for air medical portion:**

If you choose to fly:

1. Before the rotation, the resident must first participate in the safety orientation provided by the flight crew.

2. At the beginning of the first flight shift, the resident must attend a safety briefing provided by the pilot (FAA mandated).

3. While flying, the resident will wear a UK residency polo shirt or UK ED scrub top with name embroidered, dark blue or black pants, and sturdy hard sole shoes or boots. NO SCRUB BOTTOMS, BLUE JEANS, TENNIS SHOES, SANDALS, FLIP FLOPS, OR OPEN TOE SHOES WILL BE ALLOWED. Residents should dress for the weather as well, as the nature of flight medicine dictates that there is a small but real possibility that the resident and crew may be thrown into an unexpectedly austere environment without warning, and the resident should have appropriate attire for extended outdoor survival (think hours). Dress to survive, not to arrive.

4. The resident will function as a team member of the flight crew and follow approved protocols. The medical command physician must approve any deviation from protocol.

5. While functioning as a member of air medical service, the resident is a representative of the program and department, as well as the entire University. The resident must be diplomatic in their approach and interactions with all outside personnel.

**Specific Assignments and Responsibilities for ground portion:**

1. The resident will sign up for 3 shifts with Lexington Fire, 1 or 2 with rural services, and up to one flight shift if desired for total of 5 rides, as outlined in previous sections. The resident is responsible for arranging the ride-along dates.

2. While on EMS ride-a-long, residents must wear dark blue pants, a UK EM polo shirt or UK ED approved scrub top with embroidered name, and sturdy hard sole shoes or boots. NO SCRUB BOTTOMS, BLUE JEANS, TENNIS SHOES, SANDALS, FLIP FLOPS, OR OPEN TOE SHOES WILL BE ALLOWED. Remember to dress appropriately to be outside for an extended period of time as EMS functions outdoors most of the time.

    **The resident will function as an observer, and help as requested by the EMS personnel**
LEMINGTON-FAYETTE URBAN COUNTY
DIVISION OF FIRE AND EMERGENCY SERVICES
REQUEST FOR RIDE-A-LONG PROGRAM
University of Kentucky: Emergency Medicine Residents
ATT: Lieutenant Chris Martin
Email to: martinc@lexingtonky.gov

DATE: _______________

NAME: __________________________________________________

AGE: _______ DOB: __________________________

ADDRESS: ____________________________________ STATE: _____ ZIP: _________

PHONE: __________________________ EMAIL: ______________________________

EMERGENCY CONTACT: _____________________________________________________

PHONE: __________________________ ADDRESS:_________________________________

REASON FOR RIDE-A-LONG: UK Emergency Medicine Residency Program Requirements

EM 1st Year Resident requirements: 5 ride alongs
Residents may do 1 flight shift instead of ground (they will then do 4 shifts with Lexington Fire)
Residents will be assigned to several different ambulances to experience volume and variety.

DATE AND TIME TO RIDE:

_________________________________________________________________________

_________________________________________________________________________

(Give at least 2 weeks’ notice. List optimal dates - Will be assigned according to availability)

Ride-A-Long dress code:
Males shall wear clean and neat shirts (with collar), slacks, and dress style shoes.
Females shall wear slacks and a blouse or jacket with shoes.
Shorts, blue jeans, and logo t-shirts are prohibited.
Medical personnel may wear their work uniform (scrubs, etc.)
Dress appropriately for weather conditions

Approved dates of ride-a-logs:
1.__________________  2.___________________  3.___________________
4.__________________  5.___________________

Approval Signature: ______________________________
Rotation Description:
The resident will spend 2 weeks with the Department of Anesthesiology at the University of Kentucky. The resident will report at 6:45 AM to Dr. Jeffrey Oldham (pager 330-2536) for the first week. The 2nd week, they should contact the board runner to be connected with the Peds airway team (Dr. Reddy). The resident will be expected to continue to gain experience throughout the day until 4pm. There will be no service or supervisory requirements during the rotation. The resident will stay in the room until dismissed by anesthesia staff. The rotation will be done the latter half of the month, unless previously discussed with the Program Leadership. If opportunity arises, may also spend some time with pain management team to better assess regional nerve blocks, as well as PACU difficult airway team to assess difficult airways.

Goals:
1. Develop basic airway assessment and management skills.
2. Develop a solid medical knowledge foundation for basic airway management.
3. Develop knowledge base and skills to predict and deal with the difficult airway.
4. Develop a basic understanding of evaluation and management of pediatric airways, including alternative devices.

Competency Objectives:
1. Discuss the importance of proper bag-valve-mask technique (MK)
2. Perform bag-valve-mask ventilation successfully on a minimum of 10 patients (PC)
3. Discuss proper direct laryngoscopy technique and perform a minimum of 15 intubations via direct laryngoscopy on either a patient or mannequin (MK,PC)
4. Discuss the importance of the ASA Difficult Airway Algorithm and gain experience with rescue ventilation devices.(MK)
5. Perform placement of 5 laryngeal mask airways on either a patient or mannequin.(PC)
6. Perform appropriate set-up for a correct utilization of trans-tracheal jet ventilation(PC)
7. Discuss the indications for use of fiber optic intubation and perform 5 fiber optic intubations on either a patient of mannequin (MK,PC)
8. Communicates in a respectful manner with all healthcare providers regardless of discipline (P)
9. Initiates and executes proper “time-out” procedures with the healthcare team. (SBP)
10. Demonstrates an ability to self-reflect on personal learning deficiencies and develop a plan for improvement (PBLI)
11. Communicates essential information to other healthcare teams to enhance quality care.(ICS)
Anesthesiology (OR) 2-week Rotation

Didactics:
All residents will attend 5 hours of weekly didactic experience as well as monthly journal clubs. Punctuality and confirmation of attendance is expected at each event and will be documented by the program director or assistant program director. Residents must attend 70% of conferences throughout the residency. This is a hard-target set by the RRC and is non-negotiable.

Residents on this rotation will be expected to attend the weekly didactic conferences in the emergency department every Thursday morning.

In addition, they will be required to attend the Department of Anesthesiology Grand Rounds every Wednesday morning at 6:30AM until 7:30AM. A sign in sheet will be available to document attendance. The resident may elect to attend other didactic opportunities within the department of Anesthesiology on Monday, Tuesday and Friday morning at 6:00AM-6:45AM.

Description of Evaluation Process:
As Departments of Anesthesiology and Emergency Medicine both utilize MedHub software, end-of-rotation evaluations will be completed using this mechanism. All procedures performed must be logged in the resident’s MedHub procedure log.

Feedback Mechanisms:
The resident will receive feedback from individual anesthesiology faculty as needed and the EM Residency Director if required. The resident will fill out an evaluation of the rotation through MedHub at the end of the 2 weeks.
PGY-1 UK Chandler Emergency Medicine Rotation

Rotation Description

First-year residents will rotate through the emergency department at the University of Kentucky in one-month blocks for approximately 7 months during the year. They will work approximately 22 shifts each month. These will usually consist of 9-hour duty periods. The PGY 1 Emergency Medicine Resident will concentrate on developing critical skills in individual patient evaluation, focusing on the basic principles of decision making and acquiring the core knowledge base necessary in the practice of Emergency Medicine. This development of core EM knowledge and clinical decision-making is the primary educational objective.

The resident should become thorough and efficient in the performance of the history and physical exam and will begin to develop skills in the use of laboratory & diagnostic tests, initiating treatment, requesting consultation, developing a treatment plan, and arranging appropriate follow-up. The focus is on providing high quality care with an Emergency Medicine approach to patient complaints to avoid the misdiagnosis or delayed diagnosis of life threatening conditions. The residents are expected begin to develop efficiency as they acquire the basic familiarity with common Emergency Department presentations. They are responsible for knowing and following through with all details of their patient’s care and keeping the supervising faculty informed of test results and changes in the patient’s status. The focus of their effort is not based on the volume of patients, but the thoroughness and accuracy of patient evaluation. Patient load will be determined by the acuity and complexity of cases and the degree to which procedures, diagnostics, etc. are required for each case. They are expected to learn appropriate medical record keeping and documentation.

Increasing independence should occur as the resident demonstrates increased critical thinking and medical decision-making skills. PGY-1 residents may participate in medical student teaching during shift, but have no formal supervisory role with students. Residents are allowed to progress to the next training year if he/she has achieved the expected level of competency and progression with Milestone assessment in all clinical and academic assessments as reviewed by Program Leadership and the Clinical Competency Committee.

Goals

Quality:
Develop the fundamental skills of the practice of emergency medicine which includes but not limited to:

- Perform an appropriate focused history and physical exam on adult and pediatric patients in the ED
- Formulate differential diagnoses on their patients
- Plan appropriate work-ups based on their differential diagnoses
- Appropriately order and utilize laboratory data and ancillary studies
UK Chandler EM Rotation

• Develop and carry out basic treatment plans through admission or discharge
• Develop basic procedural skills
• Appropriately utilize specialty consultation
• Function as a team member during resuscitations
• Gain an awareness of resources available to emergency medicine patients
• Learn to work in a team environment
• Develop basic communication skills and professional behavior
• Understand the process and need for prioritizing patients
• Prioritize their activities and begin to multitask
• Understand and utilize universal precautions

Procedural:

At the completion of this training year, the resident will demonstrate competence in and be able to perform:

• Wound repair
• Incision and drainage of collections
• Burn management
• The 6 ACEP core and basic applications of point-of-care ultrasound
• Airway assessment and management
• Medical resuscitation
• Central vascular access
• Lumbar puncture
• Chest tubes
• Basic splint application
• Participate in trauma evaluations

Competency Objectives

Medical Knowledge

1. Acquire knowledge of all the lower acuity conditions listed within the Model of Clinical Practice for Emergency Medicine.
2. Generate an appropriate and complete differential diagnosis for presenting complaints
3. Identify life-threatening conditions
4. Demonstrate basic ECG, radiographic, and laboratory interpretation skills
UK Chandler EM Rotation

Patient Care

1. Perform an appropriate focused history and physical exam
2. Develop a basic treatment plan
3. Deliver patient care in a humane and compassionate manner
4. Will adequately perform basic procedures such as but not limited to: suturing, splinting, foreign body removal, incision and drainage of abscesses, lumbar puncture, joint aspiration, reduction of dislocations, nail removal/trephination, local and regional nerve blocks, spinal immobilization, slit lamp examination and tonometry
5. Will demonstrate a basic ability to multi-task and become efficient at seeing a minimum of 1.0 patients per hour

Interpersonal and Communication Skills

1. Demonstrate effective communication with patients, families, and the public across a broad range of socioeconomic levels and cultural backgrounds
2. Appropriately consent patients for invasive procedures
3. Develop effective written communication skills including but not limited to legible, appropriate prescriptions and order entry and complete discharge instructions
4. Perform timely and complete documentation of patient encounters. Residents are expected to have their dictations completed within 24 hours.

Professionalism

1. Exhibit compassion, integrity, and respect for others
2. Respect patient privacy and autonomy
3. Exhibit sensitivity to a diverse patient population

Systems-based Practice

1. Advocate for quality patient care Understand the basic resources available for care of the emergency department patient
2. Show an ability to coordinate patient care within the health care system including utilization of outpatient clinic systems, indigent care facilities, substance abuse treatment programs, social services, etc.

Practice-based Learning and Improvement

1. Set learning and improvement goals through quarterly self-evaluations and semi-annual program director meetings
2. Utilizes the medical literature and information technology appropriately and efficiently to assist in the care and management of emergency department patient
3. Recognizes signs of fatigue, burn-out, and emotional distress and makes appropriate adjustments to address these issues
4. Utilize reflective practice methods to improve their clinical performance and better understand their own predilection to cognitive errors
UK Chandler EM Rotation

Didactics

All residents will attend 5 hours of weekly didactic experience as well as monthly journal clubs. Punctuality and confirmation of attendance is expected at each event and will be documented by the program director or assistant program director. Residents must attend 70% of conferences throughout the residency. This is a hard-target set by the RRC and is non-negotiable.

Assessment Methods

Multiple assessment methods will be utilized during training in the emergency department. A monthly global evaluation tool will be utilized by the faculty and will be given to the resident on a timely basis. Residents will meet with the program director or assistant program director in person every six months for a cumulative semi-annual evaluation. 360 degree staff evaluations will be performed on each resident on an annual basis. Each resident will take the annual in-service training exam without exception. Residents will be assessed for competence in chief complaint management, team leadership skills, and core knowledge base via observed patient simulation experiences on a monthly basis. A semi-annual assessment of procedural exposure will be performed by the PD to ensure adequate procedure experience. Residents will also participate in simulation exercises and assessments for milestone progression.

Supervision

Residents will be supervised at all times by board certified or board eligible emergency medicine physicians. Please see department policy on progressions of resident responsibility and supervision for more detail.
PGY-1 UK EM Ultrasound (1 Month) Rotation

Summary of Rotation and Activities at a Glance:
1. Hands on scanning with ultrasound director, ultrasound faculty and ultrasound fellows – At least 60 hours/month
3. Online Lectures – Watch set of lectures to supplement learning – 20 hours
4. Reading – Read chapters from Textbook – 20 hours
5. Presentation – Resident will pick one non-core topic and prepare 30 minute talk to be delivered at conference at end of month. See below for details – 20 hours of prep time.
6. Test – Resident will take online test at end of month

Rotation Description

The purpose of this rotation is to provide an intensive exposure to all aspects of emergency ultrasound emphasizing both technical and interpretive aspects of an exam. The rotation will be one month in length consisting of 40 hours per week of learning, made up of online didactics, lectures, image review, and hands-on scanning. Scanning will take place in the University of Kentucky emergency department or University of Kentucky high risk obstetrics offices. The resident will report to the ultrasound director for the month.

The resident should email or call Jacob Avila the week before their rotation begins to schedule their hands on scanning (j.owen.avila@gmail.com). Once those shifts are set, then the resident will complete the below reading and the online lectures to supplement the reading and hands on scanning. A full list of requirements for completion of the rotation is listed below and must be turned in upon completion of the week. Your Ultrasound textbook can be picked up from the Residency coordinator's office. Book must be returned upon completion of the rotation.

Reading assignments will be taken from:

Day 1 of the rotation:
Every scan that the resident will be taught will be demonstrated by Dr. Avila on the first day on a patient. The resident will then repeat the scans back to demonstrate their understanding and ability to gain the image. After that, the resident will scan with Dr. Avila, but is welcome to scan when other ultrasound faculty or fellows that may be available.

Goals

1. Demonstrate understanding of the role ultrasound plays in the specialty of emergency medicine
2. Demonstrate competency in the performance and interpretation of emergency ultrasound
UK EM Ultrasound (1 Month) Rotation

Objectives/Reading/Online content

Basic Lectures:
Emergencyultrasoundteaching.com – 14 introductory, short videos

Modality Specific:

Physics and instrumentation:
Online content:
UCI lecture #1
UCI Lecture knobology

Introduction to Bedside Ultrasound. Page 142 - 167

1. Define ultrasound (MK)
2. Describe the properties of sound waves (MK)
3. Discuss image production (MK)
4. Define the piezoelectric effect (MK)
5. Compare and contrast transducer types (MK)
6. Demonstrate ability to adjust knobs to produce a quality image (MK)
7. Discuss common techniques (MK)
8. Describe techniques utilized in proper transducer hand control (MK)

FAST Exam

Online Content:
UCI lecture #10 & #11


1. Discuss interpretation of the FAST exam (MK)
2. Compare negative vs. positive FAST exam (MK)
3. Describe the sonographic windows that make up the FAST exam (MK)
4. Describe and demonstrate proper technique for each sonographic window (PC)
5. Discuss clinical application of the FAST exam (MK)
6. Identify key structures visualized during the FAST exam (PC)
UK EM Ultrasound (1 Month) Rotation

First Trimester OB exam

Reading assignment: Introduction to Bedside Ultrasound. Page 127 - 140

1. Describe and demonstrate proper techniques utilized in the performance of a bedside 1st trimester study (PC)
2. Identify key structures visualized during the exam (MK)
3. Describe sonographic findings of a normal exam (MK)
4. Define pregnancy failure and discuss the possible sonographic findings associated with it (MK)
5. Describe sonographic findings of an ectopic pregnancy (MK)
6. Identify limitations of ultrasound in the evaluation of the patient with an early pregnancy (MK)
7. Discuss appropriate use of beta-hCG testing in the first-trimester patient (MK, SBP)

Aorta Exam

Online lectures:
UCI Lecture #4

Reading assignment: Introduction to Bedside Ultrasound. Pages 49 – 63.

1. Describe and demonstrate proper technique for performance of emergent ultrasound exam of the aorta (PC)
2. Discuss clinical application of bedside ultrasonography in patients with suspected AAA (MK)
3. Identify key structures visualized during the emergent exam (MK)
4. Discuss pearls/pitfalls associated with the exam (MK, PBLI)
5. List sonographic criteria for diagnosing AAA (MK)

Gallbladder Exam

UCI Lecture #3
Ultrasound podcast Gallbladder

Reading assignment: Introduction to Bedside Ultrasound V2.

1. Describe and demonstrate proper techniques utilized in the performance of a bedside gallbladder exam (PC)
2. Identify key structures visualized during the exam (MK)
3. Describe sonographic findings of cholelithiasis (MK)
4. List sonographic criteria for diagnosing acute cholecystitis (MK)
UK EM Ultrasound (1 Month) Rotation

Cardiac Exam

Online content:
UCI lecture #6 & #7
Cardiac Cases
Diastology part 1
Diastology part 2
EPSS

Reading assignment: Introduction to Bedside Ultrasound. Pages 25 - 45

1. Describe and demonstrate proper techniques utilized in the performance of a bedside cardiac exam (PC)
2. Be able to obtain subcostal, parasternal, long axis, parasternal short axis, and apical views (PC)
3. Identify cardiac anatomy on ultrasound (MK)
4. Describe findings of tamponade (MK)
5. Describe findings of pulmonary embolism (MK)

Lower extremity scan for DVT

Online Content:
UCI lecture #8
Ultrasound Podcast DVT

Reading assignment: Introduction to Bedside Ultrasound V2.

1. Describe and demonstrate proper techniques utilized in the performance of a lower extremity compression ultrasound (PC)
2. Identify key structures visualized during exam (MK)
3. List sonographic findings of a DVT (MK)
4. Contrast the sonographic findings of an acute vs. chronic DVT (MK)
5. Identify limitations of the compression ultrasound exam in patients with suspected DVT (MK)

Vascular Access

Online Content:
Ultrasound Podcast PIV
Long PIV lecture
IJ placement
Advanced IJ placement
Radial art line
UK EM Ultrasound (1 Month) Rotation

Reading assignment: Introduction to Bedside Ultrasound

1. Describe and demonstrate proper techniques utilized in the performance of an ultrasound-guided vascular access procedure (PC)
2. Identify key structures visualized during exam (MK)
3. List sonographic findings of a DVT (MK)
4. Compare and contrast long-axis, short-axis, and oblique vessel approaches (PC)
5. Discuss needle visualization with ultrasound (MK)

Undifferentiated Hypotension

Online Lectures:
EMCRIT RUSH
UCI ultrasound RUSH: lecture #14

1. Describe the RUSH exam, its importance, and the sequence of the exam.
2. Be able to interpret exam findings as well as the clinical importance of each finding.

Renal Ultrasound:

Online lectures
UCI iTunes – MS1 course – Kidney and Bladder Ultrasound
Ultrasound Podcast Renal Ultrasound


1. Understand importance of renal ultrasound in different clinical settings.
2. Be able to describe technique and interpret findings.

Ultrasound of the dyspneic patient:

Online Lectures:
UCI Lung Ultrasound – Lecture #8
Ultrasound of the Dyspneic Patient
Lung Ultrasound with Vicki Noble Part 1
Lung Ultrasound with Vicki Noble Part 2
Lung Ultrasound with Mike Stone Part 1
Lung Ultrasound with Mike Stone Part 2

Reading Assignments: Introduction to Bedside Ultrasound. Pages 65 – 85

1. Understand value of bedside ultrasound for evaluation of dyspnea.
2. Be able to acquire appropriate images of lungs and heart. Be able to interpret those images and explain their clinical importance.
UK EM Ultrasound (1 Month) Rotation

**Hands On Scanning:**
Students will scan in the ED during Dr. Avila’s shifts or with other qualified personnel such as Dr. Trott or the ultrasound fellow. This schedule will be worked out with the student prior to the start of the elective.

**Evaluation methods**
Residents will be evaluated by the ultrasound director via direct observation, practical examination, and written final exam. Scans will be reviewed by the ultrasound director for quality assessment.

**Practical:**
The practical exam will be the same as the initial demonstration by the director except without the performance by the director. Resident must obtain every window and answer questions asked by the ultrasound director related to interpretation.

**Written:**
The written exam is an online quiz developed by ACEP that can be accessed at: [ACEP Quizzes](https://www.acep.org). The resident must pass every quiz on the site (70% or higher) and send those results to Brenda and the ultrasound director.

**Requirements**

1. Notify ultrasound director and program director at the beginning of the elective.
2. Meet with ultrasound director on the first day of the elective for orientation and initial observation period.
4. Provide documentation of exams with medical record numbers. The exams you perform should be logged in New Innovations procedure logger.
5. Complete assigned readings – 20 hours.
6. Complete online lecture series – 20 hours.
7. Give end of elective talk. – 20 hours of prep time. This should be totally awesome!
8. Complete written exam at end of elective. Must achieve a passing grade of 70%.

**Didactics**
All residents will attend 5 hours of weekly didactic experience as well as monthly journal clubs. Punctuality and confirmation of attendance is expected at each event and will be documented by the program director or assistant program director. Residents must attend 70% of conferences throughout the residency. This is a hard-target set by the RRC and is non-negotiable.
UK EM Ultrasound (1 Month) Rotation

Evaluation Process

Resident assessment by the faculty will occur through the MedHub Residency Management Program. The rotation and faculty evaluations will be performed by the residents through the same system. The program director will review all evaluations. Faculty will give daily verbal feedback to the residents and will discuss any serious concerns with the program director directly.
Rotation Description
The resident will spend one month on the Obstetrics Service at the University of Kentucky. This rotation is part of a fully-accredited Obstetrics-Gynecology Residency Program. Patients will be managed on the inpatient floors of the hospital, in the labor and delivery unit. The resident should see at least 80 to 200 patients in OB triage area. The resident is expected to be scheduled according to the service’s typical duty schedule provided it meets ACGME requirements. It is anticipated that the resident will perform approximately 25 deliveries. The resident is responsible for direct patient care under the supervision of the Faculty and senior residents from the Department of Obstetrics and Gynecology. The resident will have no supervisory duties on this rotation. The resident is responsible for integrating assessment and historical information in the development of the overall patient care plan; the emphasis is on teamwork. Procedural experience will focus on procedures pertinent to the practice of emergency medicine. The residents should attempt to be involved in any transvaginal ultrasounds that take place during the rotation.

Goals
1. Demonstrate the ability to evaluate and manage pregnant patient with obstetrical and non-obstetrical complaints in all three trimesters
2. Demonstrate obstetrical exam skills
3. Learn the principles of labor management
4. Demonstrate ability to perform obstetrical procedures pertinent to the practice of emergency medicine
5. Demonstrate ability to manage immediate post-partum patients
6. Demonstrate ability to manage complications of pregnancy, delivery, and immediate post-partum period

Competency Objectives
1. Perform a comprehensive obstetric history and physical examination (MK, PC)
2. Assess the pregnant patient with non-obstetrical complaints (MK, PC)
3. Appropriately manage the pregnant patient with non-obstetrical complaints with regard to medication treatment plans (MK, PC)
4. Discuss the identification and treatment of common complications of pregnancy such as spontaneous abortion, ectopic pregnancy, hyperemesis gravidarum, HELLP syndrome, preeclampsia/eclampsia, antepartum hemorrhage, infection, and Rh isoimmunization (MK, PC)
5. Assess the patient in labor and identify normal and abnormal presentations (MK, PC)
6. Assess and monitor the course of labor and delivery using fetal monitoring devices and uterine tocometry (MK, PC)
7. Identify complications of labor and discuss treatment including fetal distress, premature labor and rupture of membranes, and uterine rupture (MK, PC) Identify complications of delivery and discuss treatment including malposition of fetus, nuchal cord, and prolapsed cord (MK, PC)
OB/GYN (Labor & Delivery) One-Month Rotation

8. Identify postpartum complications and discuss treatment including endometritis and mastitis (MK, PC)
9. Perform a normal spontaneous vaginal delivery (MK, PC)
10. Perform normal immediate postpartum evaluation and care including placental delivery and laceration repair (MK, PC)
11. Discuss the different management techniques for a complicated delivery such as shoulder dystocia and breech presentations (MK, PC)
12. Perform obstetrical ultrasound to identify a live intrauterine pregnancy, determine presentation in third trimester pregnancy, and determine fetal heart rate (MK, PC)
13. Demonstrate adherence to ethical principles when obtaining informed consent (P)
14. Communicate with all members of the delivery team including nursing, neonatal resuscitation, and anesthesia to coordinate the best care for the patient and fetus (ICS, SBP)
15. Demonstrate sensitivity to cultural and religious differences that may affect the delivery environment (P)
16. Incorporate feedback from senior obstetrical residents and faculty in practice (PBLI)
17. Initiate and execute the appropriate “time out” procedures with the health care team (SBP)
18. Demonstrate the ability to self-reflect on personal learning deficiencies and develop a plan for improvement (PBLI)
19. Communicate essential information to other healthcare teams to enhance the quality of care (ICS)

Didactics
All residents will attend 5 hours of weekly didactic experience as well as monthly journal clubs. Punctuality and confirmation of attendance is expected at each event and will be documented by the program director or assistant program director. Residents must attend 70% of conferences throughout the residency. This is a hard-target set by the RRC and is non-negotiable.

Evaluation process
The resident receives an electronic evaluation from the Obstetrical faculty upon completion of the rotation through MedHub. The resident will evaluate the rotation in the same manner.

Feedback mechanisms
The resident receives verbal feedback from the individual OB/GYN faculty, as needed, and the EM program director if required.
PGY 1 EM-Ortho (2 wk) Rotation Goals and Objectives

Rotation Description

Orthopedics is a major component of the daily cases seen by Emergency Medicine physicians. The goal of this rotation is to increase orthopedic exposure for the Emergency Medicine residents so that they feel comfortable managing various orthopedic emergencies.

The rotation is 2 weeks spent in the UK emergency department. The resident is to evaluate every orthopedic emergency case that comes through the emergency department. Residents are allowed to “cherry pick” orthopedic cases from “waiting-to-be-seen” list. When orthopedic cases are identified anywhere in the ED by faculty or residents, the EM-Orthopedic resident will be called.

When there are no orthopedic cases to be seen, the resident will look for minor surgical procedures and low acuity musculoskeletal cases in the patients waiting to be seen list. It is reasonable and expected that senior residents delegate orthopedic cases to the resident rotating on the EM-Orthopedic rotation.

When there are orthopedic patients in the emergency department, the EM orthopedics resident will see these patients primarily. If these patients are being seen by other providers, the EM orthopedic resident will act like a subspecialty consultation. If the treating physician desires the Orthopedic Surgery resident to see the patient, the EM orthopedic resident will act as liaison and a single point of contact for the emergency department regarding that patient’s care.

If the orthopedic case requires surgical intervention, admission, requires additional assistance or is beyond the scope or comfort of the Emergency Medicine faculty member, the orthopedic surgery resident-on-call should be called. When able to, the ED orthopedic resident should be the one calling the orthopedic resident for the consult.

The resident work schedule is the following:
Monday through Friday 12noon-10p

Orthopedic Examination Required Reading

1. General Principles of Orthopedic Injuries (from Rosen’s) – a copy will be provided for you if you do not have it.
2. Ankle and Foot – (from Rosen’s). A copy will be provided for you if you do not have it
3. Injury to the Hand and Digits – Tintinalli p1665-1674
4. Wrist Injuries – Tintinalli p 1674-1684
5. Injuries to the Shoulder Complex and Humerus – Tintinalli p1695-1702
6. Knee Injuries – Tintinalli p1726-1734
7. Leg Injuries – Tintinalli p1734-1736
PGY 1 EM-Orthopedics Rotation

There is a word document on the website entitled “UK EM Residency: EM-Ortho Rotation Core Content Knowledge and Skills” that will help you focus your reading for the rotation.

Increasing independence should occur as the resident demonstrates increased critical thinking and medical decision-making skills. It is hoped that the teaching faculty will make every effort to advocate for the EM residents to perform reductions and splinting.

Goals

Quality:
Develop the clinical skills associated with the diagnosis, workout, and treatment of common orthopedic and musculoskeletal injuries presenting to the emergency department.

- Perform an appropriate focused history and physical exam on patients presenting with orthopedic injuries
- Formulate appropriate workout plans for these patients
- Recognize fracture patterns and common injuries associated with various mechanisms of injury
- Understand the need for orthopedic intervention on various orthopedic nonsurgical/medical issues
- Appropriately order and utilize laboratory data and ancillary studies
- Develop and carry out basic treatment plans through admission or discharge
- Understand the need to consult subspecialty services appropriately
- Develop skills for proper splinting of with peaked injuries
- Function as a team member during trauma resuscitations in patients with orthopedic injuries
- Demonstrate competency in garnering resources for patients with orthopedic injury
- Learn to work in a team environment
- Exhibit basic communication skills and professional behavior
- Prioritize their activities and multitask
PGY 1 EM-Orthopedics Rotation

Procedural:

At the completion of this training year, the resident will demonstrate competence in and be able to perform:

- Wound repair on complicated area (hand)
- Arthrocentesis
- Use of point-of-care ultrasound as an adjunct in the diagnosis of orthopedic injury and illness
- Advanced splint application
- Fracture reduction
- Assessment of extremity injury in regard to neurovascular status

Competency Objectives

Medical Knowledge

5. Acquire knowledge of orthopedic conditions listed within the Model of Clinical Practice for Emergency Medicine.
6. Generate an appropriate and complete differential diagnosis for presenting complaints
7. Identify life and limb-threatening orthopedic injuries and illnesses
8. Demonstrate basic radiographic (plain film and CT) interpretation skills

Patient Care

6. Perform an appropriate focused history and physical exam
7. Develop a basic treatment plan
8. Deliver patient care in a humane and compassionate manner
9. Will adequately perform basic procedures such as but not limited to: suturing, splinting, foreign body removal, joint aspiration, reduction of dislocations, nail removal/trephination, local and regional nerve blocks,
10. Understand and practice good pain management strategies

Interpersonal and Communication Skills

1. Demonstrate effective communication with patients, families, and other health care workers
2. Appropriately consent patients for procedures
3. Develop effective written communication skills including but not limited to complete and timely consultation requests in SCM, appropriate prescriptions, and complete discharge instructions
4. Perform timely and complete documentation of patient encounters.
PGY 1 EM-Orthopedics Rotation

Professionalism

4. Exhibit compassion, integrity, and respect for others
5. Respect patient privacy and autonomy
6. Exhibit sensitivity to a diverse patient population
7. Practice effective pain control strategies

Systems-based Practice

3. Advocate for quality patient care
4. Understand the basic resources available for the follow-up of orthopedic patients leaving the emergency department
5. Show an ability to coordinate patient care within the health care system including utilization of outpatient clinic systems, long-term care facilities, substance abuse treatment programs, social services, etc.

Practice-based Learning and Improvement

5. Set learning and improvement goals through quarterly self-reflection and self-directed reading
6. Utilizes the medical literature and information technology appropriately and efficiently to assist in the care and management of orthopedic patients in the emergency department

Didactics

All residents will attend weekly didactic conference. You are also expected to complete the required reading from above.

Supervision

Residents will be supervised at all times by board certified or board eligible emergency medicine physicians. Please see department policy on progressions of resident responsibility and supervision for more detail.

Evaluation Process:

Resident assessment by the faculty will occur through the MedHub Residency Management Program. The rotation and faculty evaluations will be performed by the residents through the same system. The program director will review all evaluations. Faculty will give daily verbal feedback to the residents and will discuss any serious concerns with the program director directly.
UK EM Residency: EM-Ortho Rotation Core Content Knowledge and Skills

UK Libraries link to AccessEM:
http://libraries.uky.edu/dbresults_title.php?irname=accessem&Press3=Go
Great Online Resource- online ortho textboork: www.wheelessonline.com ;
An Ortho reference http://www.orthobullets.com

**General Orthopedics**

- **Description of orthopedic injuries:**
  - An injury is described based on the **direction the distal portion is displaced** (estimate degree of off-set or angulation) relative to the proximal portion; **open** or **closed**, **intra** or **extra-articular**, degree of soft tissue destruction or contamination, NV status; for upper extremity it is useful to document the **handedness of the patient** (so you can document if the injury involves the dominant or non-dominant hand)

- **Common ED procedures you should know and be able to do:**
  - **Joint aspiration (arthrocentesis)** can be ultrasound assisted
    - Elbow, wrist, knee, ankle, MTP: know indications, landmarks, techniques
  - **Regional anesthesia (ultrasound facilitated)**
    - Wrist blocks (median, ulnar, radial), digital blocks
    - Femoral, lower saphenous block, posterior tibial
    - Local anesthetic used and limits of dose, LAST
  - **Joint reductions**
    - Shoulder, elbow, MCP, finger, capal, hip, knee, patella-femoral, ankle, MTP, toes (describe most common dislocation and reduction technique for each dislocation)
  - **Simple reduction of closed fractures**
    - Remember to perform and document a pre- and post-procedure neurovascular exam
  - **Foreign body removal** usually from the foot or hand
    - Radiographs are usually indicated, (remember to consider possibility of FB)
    - Ultrasound can be very helpful (especially if FB is radiolucent)
  - **Common splints** applied in the ED (know how to place these splints)
    - Volar, ulnar gutter, thumb spica, sugar tong, long arm posterior splint, coaptation splint, cuff and collar
    - Short leg posterior splint with stirrups, long leg posterior splint
    - Plaster safety issues: know the risks of using water that is already warm, or too many layers of plaster (exothermic reaction that can burn a patient)
    - Splints should be very well padded over any bony prominences
PGY 1 EM-Orthopedics Rotation

- Know when and how you should **remove a cast in the ED using a cast saw**

- Common fractures/dislocations (know: diagnosis, treatment and notable complications)
  - Clavicle fracture (indications for operative repair), anterior and posterior proximal clavicular dislocations
  - Proximal and midshaft humerus fractures
  - Elbow fractures (olecranon, radial head, proximal ulna)
  - “Night stick” ulnar fracture; Distal radius fracture
  - Galeazzi, Monteggia fractures
  - Scaphoid fracture, scapholunate dissociation
  - Perilunate and lunate dislocation
  - Boxer’s fracture
  - Spinal fractures, stable vs unstable
  - Pelvic fractures including initial stabilization with wrapping
  - Femur fractures, traction splinting initially
  - Tibial plateau fractures, tibial shaft fractures, fibular fractures, ankle fractures and dislocations, Maisonneuve fracture; subtalar dislocation, Lisfranc fracture/dislocation
  - Proximal 5th metatarsal: avulsion (Ballet fracture) vs Jones fracture

- Common sports/other injuries (diagnosis, treatment and notable complications)
  - Ligamentous/tendonous knee injuries
    - ACL, PCL, LCL, MCL, meniscal tears, locking and instability symptoms; quadriceps or patellar tendon rupture
  - Ankle sprains and Achilles tendon rupture
  - Wrist “sprains”
  - Rotator cuff injuries, AC separation (different grades and treatment)
  - Jersey finger, mallet finger (longterm complications if improperly treated), Gamekeeper’s thumb (ulnar collateral ligament injury)
  - High pressure injection injury in the hand

- Overuse/inflammatory injuries/infections
  - Carpal tunnel syndrome, trigger finger, DeQuervain’s tenosynovitis, tennis elbow (lateral epicondylitis), olecranon and prepatellar bursitis, gouty arthritis
  - Evaluation of a septic joint
  - Osteomyelitis, extremity abscess (sometimes, shooter’s abscess)
  - Evaluation of neck, back, knee, hip or shoulder pain
PGY 1 EM-Orthopedics Rotation

**Pediatric Orthopedics**

- **Techniques** which facilitate examination of the pediatric patient with a musculoskeletal complaint; attempt to:
  - Keep the child in the parent’s arms if possible
  - Calmly talk with the parents before examining the child; observe the position of the extremity
  - Be seated and if possible, be at or below the level of the child
  - Examine all areas other than one in question before performing anything which could be painful

- **Musculoskeletal differences** between pediatric and adult patients (know)
  - Epiphyseal growth plate present
  - Bones are growing/heal faster
  - Bones more pliable
  - Periosteum thicker and more active
  - Abundant blood supply to bone
  - The younger the child the faster the healing
  - Based on age some growth areas are absent

- **Terminology** (from Emergency Orthopedics, Chapter 6, Pediatrics)
  - **Physis**: The cartilaginous growth plate that appears lucent on radiographs.
  - **Epiphysis**: A secondary ossification center at the ends of long bones that is separated by the physis from the remainder of the bone.
  - **Apophysis**: A secondary ossification center at the insertion of tendons onto bones.
  - **Diaphysis**: The shaft of a long cortical bone.
  - **Metaphysis**: The widened portion at the ends of a bone adjacent to the physis.

- Understand and be able to categorize pediatric fractures per the Salter-Harris classification (I-V) learn the pneumonic *(S-A-L-T-R)*
Comparison films of the unaffected side may be helpful if it is unclear if there is an abnormal change on x-ray of a pediatric joint.

Recognize the fracture patterns that are unique to children:
- **Buckle** or tarsus fracture, plastic deformity, greenstick fracture
- **Tillaux, triplane, “toddler’s fracture or spiral fracture of tibia**, supracondylar fracture

Be able to discuss the differential diagnosis of a child with a limp or hip (or knee) pain; know age groups and common risk factors for the following:
- **Septic Arthritis vs Transient Synovitis**
  - Specific x-rays (AP pelvis, specific hip series, frog leg views)
  - CBC with diff, sed rate, CRP (decision rule for septic arthritis), synovial fluid analysis
- **Legg-Calve-Perthes** (avascular necrosis of the hip)
- **Slipped capital femoral epiphysis** (SCFE)
Supracondylar fracture (very important common pediatric fracture)
  - Understand mechanism: usually hyperextension injury (95%)
  - Gartland classification system
    - Type I: non-displaced fracture
    - Type II: displaced fracture with intact posterior cortex
    - Type III: displaced fracture with no cortical contact
  - 2 keys lines—
    - anterior humeral line: know how to draw it on lateral elbow
    - radiocapetellar line: know how to draw it on lateral elbow
  - elbow fat pads (know which are normal and definitely abnormal)
    - anterior and posterior (most specific) fat pad,
    - treatment and complications (Volkmann’s ischemic contracture) if not properly treated
  - Treatment: Type II and III fractures are reduced intraoperatively and usually fixed with a percutaneous pin; these fractures are not reduced in the ED
  - Complications
    - Vascular: brachial artery injury
    - Neurologic: median, radial or ulnar nerve injury

Nursemaid’s elbow (radial head subluxation) diagnosis and treatment
  - Reduction by supination/flexion or hyperpronation methods
  - Very common, should be easy to diagnose and treat (no x-rays)

Fractures associated with non-accidental trauma (specific patterns or history not consistent with developmental abilities of child)
  - “Bucket handle” or metaphyseal avulsion fractures, rib fractures
  - Long bone fractures in non-ambulatory children
  - Fractures in different stages of healing
  - Obtain a skeletal survey and repeat in 2 weeks

Osteogenesis Imperfecta (understand cause and implications)

Osgood-Schlatter’s disease (tibial tuberosity apophysitis) occurs in teenagers usually from sports related overuse

Pseudosubluxation of the cervical spine

General Principles in Pediatric Orthopedics:
  - ligaments and tendons are generally stronger than bones in children (compared to adults) so children tend to fracture rather than dislocate
  - any child with tenderness over a joint (and therefore over a growth plate) should be immobilized (splinted) even if the radiographs do not show any evidence of fracture or dislocation; Salter-Harris I fractures can have no displacement evident on initial radiographs
PGY 1 EM-Orthopedics Rotation

*True Orthopedic Emergencies*

- **Compartment syndrome** (common signs and symptoms)
- **Amputations with possibility of replantation** (know proper care of the amputated part)
- **Open fractures** (IV antibiotics with in 1-2 hours and urgent surgical washout with ORIF)
- Fractures or dislocations with **neurovascular compromise** (rapid anatomic reduction and recheck neurovascular status); fracture with **skin tenting** (ischemia) are also an emergency
- **Septic joints (especially hip), septic tenosynovitis** (know common signs and symptoms)
- **Necrotizing fasciitis** (pain out of proportion to exam, fever)
- **Gangrenous extremity** (“wet” gangrene)
- **Displaced supracondylar fractures** (type III)
- **Hip dislocation** (risk of avascular necrosis is very high and increases as time goes by before reduction)
- **SCFE** (hip is pinned in position at surgery—in general, no “reduction”)
- **Pelvic ring disruptions** (such as an “open book” pelvis) with major bleeding (may require external fixation and interventional radiology for pelvic vessel coiling)
- **Unstable spinal column fracture**
- **Spinal cord compression syndrome** (Cauda equina, conus medularis)
Examples of NON-OPERATIVE patients which do not require consultation and can be referred to clinic:

- Scapula fractures with no glenoid involvement
- Clavicle fractures without skin compromise
- AC Separations
- Radial head fractures without associated elbow dislocation
- Non-displaced or minimally displaced distal radius fractures
- Shoulder / Elbow dislocations with anatomic reduction
- Isolated patella fractures
- Achilles tendon rupture
- Quad/Patella tendon rupture
- Internal Derangement of Knee with Effusion
- Ankle or Knee Sprains/Strains
- Avulsion fractures of the Foot or Ankle
- Isolated metatarsal /phalangeal fractures of the foot
- Pediatric Buckle Fractures
- Gout, noninfectious nonspecific joint pain, etc
- GSW without fracture
- Diabetic foot infections- call vascular
- Cellulitis or osteomyelitis without evidence of draining wound, abscess, or necrotic bone

Examples of POSSIBLY OPERATIVE injuries requiring discussion with Orthopaedic Chief Resident on Call

- Incomplete fractures
- Isolated proximal humerus fractures without glenohumeral dislocation
- Displaced Distal radius fractures requiring closed reduction
- Minimally/ Mildly Displaced Rotational Ankle Fracture without skin or neurovascular compromise
- Isolated olecranon fractures without elbow instability/dislocation/subluxation
- Pediatric Both bone forearm fractures
- Nondisplaced (Type 1) pediatric supracondylar humerus fractures
- Minimally displaced tibial plateau fractures without si/sx or concern for compartment syndrome
- Knee, elbow, ankle requiring injection or aspiration for any reason
Examples of OPERATIVE injuries requiring orthopaedic Consultation

- All open fractures
- All fractures with associated neurovascular compromise or injury
- All hip dislocations
- All fracture dislocations
- Humeral shaft fractures
- Supracondylar humerus fracture
- All elbow fractures or fracture/dislocations not otherwise listed
- Displaced both bone forearm fractures
- Wrist joint dislocation
- Hip dislocations
- Pelvis fractures-all
- Femoral neck fracture
- Pertrochanteric Hip Fractures
- Femur shaft fracture
- Femoral condyle fracture
- Any displaced unicondylar tibial plateau fractures
- Bicondylar tibial plateau fracture
- Knee dislocations
- Tibial shaft fracture
- Displaced ankle fractures or ankle fractures with neurovascular or skin compromise
- Any ankle fracture which is unstable or potentially unstable post reduction
- Clavicle fracture with skin compromise
- Suspected compartment syndrome with fracture
- GSW to bone with fracture
- Painful long bone lytic lesions
- Any fracture with nearby wound
- Soft tissue injuries/open pounds to extremities with evidence of associated joint, tendon, or bone injury
PGY 1 EM-Orthopedics Rotation

Do not need to consult for:
- Finger-tip amputations—should have follow-up by attending/service covering “Hand” for the day
- GSW without fracture
- Diabetic foot infections—call vascular
- Shoulder dislocation as long as axillary lateral shows perfect reduction
- Elbow dislocations as long as perfect lateral shows anatomic reduction
- Clavicle fracture without skin compromise
- Soft tissue injuries to extremities without joint, tendon, or bone injury

ED Ortho Pathway for Disposition

Operative

Fracture

Non-Operative

Open Fractures
- NV compromise or otherwise complicated
  - Consult Ortho

Possibly Operative

Mildly displaced fractures
- Initially Displaced fractures treated with reduction
  - Discuss w/ Chief over the phone

Non-displaced
- Extra-articular Neurovasculally Intact
  - Refer to Clinic

Reviewed 09/2016
Rotation Description

Injuries to the hand and wrist constitute a large number of the daily cases seen by EM physicians in both community and academic practice. The goal of this rotation is to increase EM residents’ exposure to acute care presentations related to injuries and infections of the hand so that they gain competence managing various hand-related emergencies.

This is a two-week rotation to be combined in the PGY-1 year during the same month as the EM-based Orthopedics Rotations. This rotation may also serve for a two-week elective experience in the PGY-3 year.

The residents will work under the supervision of the attending physicians and senior residents on the combined orthopedic/plastic surgery Hand Service. As part of this multidisciplinary team the EM resident will perform ED consults and procedures, evaluate patients in the outpatient clinic, assist attending physicians in the OR and attend Hand Service weekly didactics.

Resident Hand Service Rotation Work Schedule

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>12pm-10pm</td>
<td>Hand service consults</td>
</tr>
<tr>
<td>Tuesday</td>
<td>7am-12pm</td>
<td>EM weekly didactics</td>
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<tr>
<td></td>
<td>12pm-8pm</td>
<td>Hand service consults</td>
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<tr>
<td>Wednesday</td>
<td>10am-8pm</td>
<td>Hand service consults</td>
</tr>
<tr>
<td>Thursday</td>
<td>6:30am-7:30am</td>
<td>Hand service conference</td>
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<tr>
<td></td>
<td>7:30am-12pm</td>
<td>OR with Dr. Rinker</td>
</tr>
<tr>
<td></td>
<td>12pm-5pm</td>
<td>Hand service consults</td>
</tr>
<tr>
<td>Friday</td>
<td>8am-12pm</td>
<td>Hand clinic</td>
</tr>
<tr>
<td></td>
<td>12pm-6pm</td>
<td>Hand service consults</td>
</tr>
</tbody>
</table>

The Hand service pager is 330-2501. On the first day of the rotation, you can page the service pager to meet up with the team. If that doesn't work, page the chief resident directly. Failing that you may call Dr. Rinker, your faculty attending, at 859-494-7846.

Hand Service Reading List

1. Injury to the Hand and Digits – Tintinalli  p2665-2674
2. Wrist Injuries – Tintinalli  p 2674-2684
3. The Hand: Anatomy, Examination, and Diagnosis, 4th Ed. Rayan & Akelman - The department has purchased one copy of this textbook. Please hand the textbook off to the next resident on rotation or leave it with Residency Staff.
UK EM Hand Service with Plastic Surgery (2 wk) Rotation

Rotation Goals

Quality:

Develop the clinical skills associated with the diagnosis, workup, and treatment of common hand injuries presenting to the emergency department.

- Perform an appropriate focused history and physical exam on patients presenting with hand injuries
- Formulate appropriate workup plans for these patients
- Recognize fracture patterns and common injuries associated with various mechanisms of injury
- Understand the need for hand specialist intervention on various hand-related nonsurgical/medical issues
- Appropriately order and utilize laboratory data and ancillary studies
- Develop and carry out basic treatment plans through admission or discharge
- Understand the need to consult subspecialty services appropriately in the immediate and delayed settings
- Develop skills for proper repair, infection control and splinting of hand injuries
- Function as a team member on the hand service, in the outpatient hand clinic as well as in the operating room in patients with hand injuries
- Demonstrate competency in garnering resources for patients with hand injuries
- Exhibit basic communication skills and professional behavior
- Prioritize their activities and multitask

Procedural:

At the completion of this rotation, the resident will demonstrate initial competency in the performance of the following:

- Understanding of complex anatomy of the hand
- Assessment of hand injuries and infections requiring immediate and delayed consultation
- Basic procedural competency in the following presentations:
  - Wound closure and management techniques
  - Amputations
  - Incision and drainage (abscess, felon, paronychia)
  - Nailbed injuries and trephination
  - Local and regional anesthesia
  - High pressure injection injuries
  - Lacerations/transections of tendons
  - Assessment of neurovascular injury
  - Management of fracture/dislocations and crush injuries (open and closed)
UK EM Hand Service (2 week) Rotation

- Evaluation for compartment syndrome
- Advanced splint application and fracture reduction

Competency Objectives

Medical Knowledge

1. Acquire knowledge of hand-related conditions listed within the Model of Clinical Practice for Emergency Medicine.
2. Describe the anatomy of the hand and related structures.
3. Generate an appropriate and complete differential diagnosis for presenting complaints.
4. Identify life- and limb-threatening hand-related injuries and illnesses.
5. Demonstrate basic radiographic (plain film and CT) interpretation skills.

Patient Care

1. Perform an appropriate focused history and physical exam
2. Develop a basic treatment plan
3. Deliver patient care in a humane and compassionate manner
4. Adequately perform basic procedures, such as, but not limited to, suturing, splinting, foreign body removal, incision and drainage, reduction of dislocations, nail removal/trephination, nail bed repair, tendon evaluation and repair
5. Understand and practice good pain management strategies

Interpersonal and Communication Skills

1. Demonstrate effective communication with patients, families, and other health care workers
2. Appropriately consent patients for procedures
3. Develop effective written communication skills, including, but not limited to, complete and timely consultation completion in SCM, appropriate prescriptions, and complete discharge instructions
4. Perform timely and complete documentation of patient encounters.

Professionalism

1. Exhibit compassion, integrity, and respect for others
2. Respect patient privacy and autonomy
3. Exhibit sensitivity to a diverse patient population
4. Practice effective pain control strategies
UK EM Hand Service (2 week) Rotation

Systems-based Practice

1. Advocate for quality patient care
2. Understand the basic resources available for the follow-up of patients with hand injuries being discharged from the emergency department, clinic or inpatient setting
3. Show an ability to coordinate patient care within the health care system including utilization of outpatient clinic systems, long-term care facilities, substance abuse treatment programs, social services, etc

Practice-based Learning and Improvement

1. Set learning and improvement goals through quarterly self-reflection and self-directed reading
2. Utilize the medical literature and information technology appropriately and efficiently to assist in the care and management of orthopedic patients in the emergency department

Didactics

1. Attendance at weekly EM didactic conference.
2. Attendance at weekly Hand Service conference.
3. Completion of required hand-specific readings.

Evaluation

The resident will receive verbal feedback and a MedHub evaluation from Plastic Surgery faculty who have contact with that resident during the rotation.

The resident will complete a MedHub evaluation form of the rotation at the end of the rotation.
**PGY-1 Hand Service Chief Resident Roster 2017/18**

The Hand service pager is 330-2501. On the first day of the rotation, you can page the service pager to meet up with the team. If that doesn’t work, page the chief resident directly. Failing that you may call Dr. Rinker, your faculty attending, at 859-494-7846.

### 2017

**July 1 – 31:**
- **Chief:** Moore (PS-5) – 1944  
  Molina (Orth-4) - 2382  
  Zacharias (Orth-2) - 1952

**August 1-31:**
- **Chief:** Wang (PS-5) - 2235  
  Molina (Orth-4) - 2382  
  Zacharias (Orth-2) - 1952

**Sept 1-10:**
- **Chief:** Molina (Orth-4) - 2382  
  Burns (PS-4) - 1841  
  Zacharias (Orth-2) - 1952

**Sept 11-30:**
- **Chief:** Unger (Orth-4) -2537  
  Burns (PS-4) - 1841  
  Wattles (Orth-2) - 1945

**Oct 1-31:**
- **Chief:** Unger (Orth-4) – 2537  
  Boustany (PS-4) – 1775  
  Wattles (Orth-2) - 1945

**Nov 1 – 19:**
- **Chief:** Wang (PS-5) - 2235  
  Unger (PS-4) - 2537  
  Wattles (Orth-2) - 1945  
  Bonaroti (PS-2) – 2321

**Nov 20 – 30:**
- **Chief:** Wang (PS-5) - 2235  
  Wilson (Orth-4) - 2564  
  Carlone (Orth-2) - 1907  
  Bonaroti (PS-2) – 2321

**Dec 1-31:**
- **Chief:** Wilson (Orth-4) - 2564  
  Carlone (Orth-2) - 1907  
  Bonaroti (PS-2) – 2321

### 2018

**Jan 1 – Jan 31:**
- **Chief:** Wilson (Orth-4) - 2564  
  Edmunds (PS-3) - 1067  
  Carlone (Orth-2) - 1907

**Feb 1 - 11:**
- **Chief:** Boustany (PS-4) - 1775  
  Wilson (Orth-4) - 2564  
  Carlone (Orth-2) - 1907

**Feb 12 - 28:**
- **Chief:** Boustany (PS-4) - 1775  
  Dittmer (Orth-4) - 2028  
  Oshikoya (Orth-2) - 1930

**Mar 1 – 31:**
- **Chief:** Moore (PS-5) – 1944  
  Dittmer (Orth-4) - 2028  
  Sauer (PS-2) – 2332  
  Oshikoya (Orth-2) - 1930

**Apr 1 – 22:**
- **Chief:** Dittmer (Orth-4) - 2028  
  Wallace (PS-3) - 1436  
  Sauer (PS-2) – 2332  
  Oshikoya (Orth-2) - 1930

**Apr 23 – 30**
- **Chief:** Zuelzer (Orth-4) - 2567  
  Wallace (PS-3) - 1436  
  Sauer (PS-2) – 2332  
  Mayer (Orth-2) – 1914

**May 1 – 31:**
- **Chief:** Burns (PS-4) – 1841  
  Zuelzer (Orth-4) - 2567  
  Mayer (Orth-2) – 1914

**June 1 – 30:**
- **Chief:** Zuelzer (Orth-4) – 2567  
  Edmunds (PS-3) – 1067  
  Mayer (Orth-2) – 1914
UK EM Hand Service Elective

- Evaluation for compartment syndrome
- Advanced splint application and fracture reduction

Competency Objectives

Medical Knowledge

6. Acquire knowledge of hand-related conditions listed within the Model of Clinical Practice for Emergency Medicine.
7. Describe the anatomy of the hand and related structures.
8. Generate an appropriate and complete differential diagnosis for presenting complaints.
9. Identify life- and limb-threatening hand-related injuries and illnesses.
10. Demonstrate basic radiographic (plain film and CT) interpretation skills.

Patient Care

6. Perform an appropriate focused history and physical exam
7. Develop a basic treatment plan
8. Deliver patient care in a humane and compassionate manner
9. Adequately perform basic procedures, such as, but not limited to, suturing, splinting, foreign body removal, incision and drainage, reduction of dislocations, nail removal/ trephination, nail bed repair, tendon evaluation and repair
10. Understand and practice good pain management strategies

Interpersonal and Communication Skills

5. Demonstrate effective communication with patients, families, and other health care workers
6. Appropriately consent patients for procedures
7. Develop effective written communication skills, including, but not limited to, complete and timely consultation completion in SCM, appropriate prescriptions, and complete discharge instructions
8. Perform timely and complete documentation of patient encounters.

Professionalism

5. Exhibit compassion, integrity, and respect for others
6. Respect patient privacy and autonomy
7. Exhibit sensitivity to a diverse patient population
8. Practice effective pain control strategies
UK EM Hand Service Elective

Systems-based Practice

4. Advocate for quality patient care
5. Understand the basic resources available for the follow-up of patients with hand injuries being discharged from the emergency department, clinic or inpatient setting
6. Show an ability to coordinate patient care within the health care system including utilization of outpatient clinic systems, long-term care facilities, substance abuse treatment programs, social services, etc

Practice-based Learning and Improvement

3. Set learning and improvement goals through quarterly self-reflection and self-directed reading
4. Utilize the medical literature and information technology appropriately and efficiently to assist in the care and management of orthopedic patients in the emergency department

Didactics

4. Attendance at weekly EM didactic conference.
5. Attendance at weekly Hand Service conference.
6. Completion of required hand-specific readings.

Evaluation

The resident will receive verbal feedback and a MedHub evaluation from Plastic Surgery faculty who have contact with that resident during the rotation.

The resident will complete a MedHub evaluation form of the rotation at the end of the rotation.
PGY-1 UK Surgery Intensive Care (SICU) - (One Month)

Rotation Description

The resident will spend one month on the Surgical Intensive Care Service with patient care responsibilities for surgical patients in the ICUs. The resident will see at least 50 patients during this rotation. The resident will be responsible for direct patient care under the supervision of the Faculty from the Department of Surgery. The Resident will have some supervisory responsibility over nursing staff in the ICUs. The resident will have duty hours as defined by the service, so long as they do not violate ACGME regulations.

Goals

1. Gain knowledge and experience in the evaluative, cognitive, and procedural skills used in the care of the intensive care unit patient with acute surgical problems- as important to the practice of emergency medicine.
2. Gain insight into the practice style of Intensivist colleagues.

Competency Objectives

By the end of the rotation, the resident should be able to:

1. Assess the traumatic and postoperative patient with respiratory distress (PC)
2. Assess the patient with acute upper gastrointestinal hemorrhage (PC)
3. Assess fluid, electrolyte, acid/base, and nutritional status of the surgical ICU patient (PC)
4. Evaluate the postoperative abdominal surgery patient for complications (PC)
5. Assess shock in the surgical ICU patient (PC)
6. Traumatic and postoperative respiratory distress and failure (ARDS) (MK)
7. Mechanical ventilation, various modes, PEEP, and weaning (MK)
8. Upper gastrointestinal hemorrhage (MK)
9. Postoperative complications in the abdominal surgery patient (MK)
10. Causes and treatment of cirrhosis, hepatic failure, and fulminant hepatitis (MK)
11. Classification and clinical manifestations of shock (MK)
12. Fluid, electrolyte, and acid/base disorders of the surgical ICU patient (MK)
13. Caloric and nutritional needs of the ICU patient (MK)
14. Enteral feedings and parenteral nutrition in the ICU patient (MK)
15. Intracranial, metabolic, and toxic etiologies for coma and altered mental status in the ICU patient (MK)
16. Septic shock and common sites of infection associated with this syndrome (MK)
17. Treatment of septic shock, including the role of fluid resuscitation, antibiotics, surgical treatment, and inotropic support (MK)
**SICU Rotation**

18. The use of corticosteroids and immunologic treatment for septic shock *(MK)*
19. Insert central venous and pulmonary artery catheters, and understand the indications, complications and data derived from each. *(MK)*
20. Give formulas and normal values for common hemodynamic parameters derived from PA catheter measurements *(MK)*
21. Perform endotracheal intubation *(MK)*
22. Perform chest tube placement *(MK)*
23. Perform arterial line placement *(MK)*
24. Initiate and execute the appropriate “time out” procedures with the health care team *(SBP)*
25. Demonstrate the ability to self-reflect on personal learning deficiencies and develop a plan for improvement *(PBLI)*
26. Communicate essential information to other healthcare teams to enhance quality of care *(ICS)*

**Didactics**

All residents should attend 5 hours of weekly didactic experience as well as monthly journal clubs if possible. Punctuality and confirmation of attendance is expected at each event and will be documented by the program director or assistant program director. Residents must attend 70% of conferences throughout the residency. This is a hard-target set by the RRC and is non-negotiable.

In addition, the residents will attend conferences if required by the Division of Trauma and Critical Care.

**Evaluation process**

The resident receives an electronic evaluation from the Surgery faculty upon completion of the rotation through Medhub. The resident will evaluate the rotation in the same manner.

**Feedback mechanisms**

The resident receives verbal and written feedback from the individual Surgery faculty as needed and the EM program director if required. The resident fills out a written evaluation of the rotation at the end of the month as well as a self-evaluation.
Rotation Description

The resident will spend one month on the Trauma Service at the University of Kentucky. This rotation is part of a fully accredited General Surgery Residency Program at the University of Kentucky. The University of Kentucky Hospital is designated by the American College of Surgeons as a Level 1 Trauma Center with demonstrated clinical, educational and research capabilities. The resident will assist with management of patients on the inpatient floors and in response to requests from the Emergency Department if necessary. During this rotation the resident will have no primary responsibilities to the Emergency Department. The resident is responsible for direct patient care under the supervision of the Faculty and Senior Level Residents of the Department of Surgery. The resident will have minimal supervisory responsibility over the nursing staff during this rotation. The resident is expected to have responsibility for non-ICU Blue Surgery patients. The resident will have duty hours as defined by the Blue Surgery Service, so long as they do not violate ACGME regulations.

Goals

1. To gain knowledge and experience in evaluation of the acutely injured patient - essential to the practice of Emergency Medicine.
2. Gain longitudinal knowledge and experience caring for acutely injured patients from the Emergency Department through their hospital stay.

Competency Objectives

1. Perform an initial assessment on the critically injured patient (Primary and Secondary Survey) (PC)
2. Identify specific problems and specify a diagnostic or treatment approach to each Problem (PC)
3. Utilize laboratory and imaging techniques in the assessment of the trauma patient (PC)
4. Perform comprehensive physical assessments on the multiply injured patient (PC)
5. Assess and manage inpatient problems that develop in the trauma patient (PC)
6. Compassionately interact with patients and families during the stress of illness and death (PC)
7. Following this rotation, the resident will have gained knowledge in the areas of general trauma management including but not limited to assessment resuscitation, imaging, indications for surgical intervention, blunt chest and abdominal trauma, penetrating neck, chest, and abdominal trauma, orthopedic trauma, vascular trauma, and trauma in pregnancy. (MK)
8. Following this rotation, the resident will have gained knowledge in the areas of central nervous system trauma management including but not limited to closed head injury, airway management for the head injury patient, ICP monitoring, neuroimaging techniques, and brain death and organ donation. (MK)
Trauma Rotation

9. Following this rotation, the resident will have gained knowledge in the areas of Spinal and spinal cord trauma management including but not limited to spinal immobilization, airway management in the patient with cervical spine injury, and neuroimaging for spine and spinal cord trauma. (MK)

10. Following this rotation, the resident will have gained knowledge in the areas of Maxillofacial trauma management including but not limited to blunt trauma to the face and airway management. (MK)

11. Following this rotation, the resident will have gained knowledge in the areas of Pediatric trauma management including assessment and stabilization of the injured child and common injuries in infants and children. (The Trauma Service is an adult service and does not have primary responsibility for the treatment of pediatric trauma. However, there is overlap with regard to older children and the Trauma Service often participates in Trauma Alerts involving pediatric trauma.) (MK)

12. Following this rotation, the resident will be able to perform central venous catheterization, peritoneal lavage, chest tube placement, arterial line insertion, and assist at open chest thoracotomy. (PC)

13. Initiate and execute the appropriate “time out” procedures with the health care team(SBP)

14. Demonstrate the ability to self-reflect on personal learning deficiencies and develop a plan for improvement (PBLI)

15. Communicate essential information to other health care teams to enhance quality of care. (ICS)

Didactics

All residents should attend 5 hours of weekly didactic experience as well as monthly journal clubs if possible. Punctuality and confirmation of attendance is expected at each event and will be documented by the program director or assistant program director. Residents must attend 70% of conferences throughout the residency. This is a hard-target set by the RRC and is non-negotiable.

Core reading is assigned. Residents shall attend Trauma Conference, Surgical M & M, and Grand Rounds if required by the Department of Surgery.

Evaluation process

The resident receives an electronic evaluation from the faculty of Department of Surgery upon completion of the rotation through MedHub. The resident will evaluate the rotation in the same manner.

Feedback mechanisms

The resident receives verbal and written feedback from the individual surgical faculty as needed and the EM program director if required. The residents fill out a written evaluation of the rotation at the end of the month as well as a self-evaluation.
Rotation Description

Second-year residents will rotate through the emergency department at the University of Kentucky in one-month blocks for approximately 8 months during the year. They will work approximately 20 shifts each month. These will usually consist of 9-hour duty periods. The PGY 2 Emergency Medicine Resident will concentrate on expanding and refining the knowledgebase and critical patient care skills begun during the first year. Under the supervision of teaching faculty, the PGY-2 resident begins to focus on developing a more efficient approach to patient care and learns the skills needed to manage several patients simultaneously. Patient load will be determined by the acuity and complexity of cases and the degree to which procedures, diagnostics, etc. are required for each case. He/she is expected to see a larger number of patients to broaden the base of their expertise in depth and breadth. Participation in major medical and trauma resuscitations is increased during the second year of training. PGY-2 residents also begin to learn supervisory skills while working with medical and physician assistant students in the Fast Track of the Emergency Department under the direction of the Faculty.

Residents are allowed to progress to the next training year if he/she has achieved the expected level of competency and progression with Milestone assessment in all clinical and academic assessments as reviewed by Program Leadership and the Clinical Competency Committee.

Goals

Quantity

Develop skills in multi-tasking and efficiency which includes but not limited to above plus:

- Develop proficiency in managing multiple patients at once
- Develop and institute more advanced treatment plans
- Develop advanced resuscitation and procedural skills
- Begin to practice the role of team leader
- Develop communication skills to disseminate information to others
- Develop methods for improving their own practice of emergency medicine
- Refine their history and physical exam skills
- Document the medical record accurately and concisely
- Communicate effectively and professionally with faculty and ancillary staff
- Recognize patients with potentially life-threatening conditions
- Institute immediately life-saving therapy when necessary
- Improve their ability to prioritize their activities and multitask
- Formulate extensive differential diagnoses on their patients
- Plan appropriate work-ups based on their differential diagnoses
- Plan admission, transfer, and discharges for their patients
PGY-2 Emergency Medicine Rotation

- More appropriately utilize specialty consultation
- Function as a team member during resuscitations, and may act in leadership positions in supervised situations

Procedural:

At the completion of this training year, the resident will demonstrate competence in and be able to perform:

- Advanced wound repair
- Removal of foreign bodies
- The 6 ACEP core and advanced applications of point-of-care ultrasound
- Airway assessment and management
- Advanced medical resuscitation with team leadership
- Pediatric resuscitation
- Surgical resuscitation
- Trauma resuscitation
- Central vascular access
- Lumbar puncture
- Most minor surgical procedures
- Chest tubes
- Arterial line placement and measuring
- Basic procedural sedation
- Fracture reductions
- Advanced splint application
- Sexual assault assessment
- Family counseling

Competency Objectives

Medical Knowledge

1. Acquire knowledge of all the critical and emergent conditions listed within the Model of Clinical Practice for Emergency Medicine
2. Properly assimilate data collection in relation to patient management decisions
PGY-2 Emergency Medicine Rotation

Patient Care

1. Gather essential and accurate information from all available sources
2. Will promptly recognize and stabilize the unstable patient
3. Will adequately perform advanced procedures common to the practice of emergency medicine such as but not limited to: needle/tube thoracostomy, central venous access, arterial line placement, rapid sequence intubation, emergency bedside ultrasound, cardioversion, and cardiac pacing, and conscious sedation
4. Direct major trauma and medical resuscitations simultaneously on patients of all ages at a minimum of 1.2 patients per hour

Interpersonal and Communication Skills

1. Demonstrate appropriate conflict resolution skills including but not limited to formally addressing any patient or staff generated complaints regarding the resident
2. Effectively communicate with out-of-hospital personnel as well as non-medical personnel including EMTs, police officers, detectives, social services, etc.
3. Communicate effectively with physicians, other healthcare workers and healthcare agencies
4. Develop ability to compassionately yet clearly deliver distressing news to patients and families
5. Continue to hone ability to perform timely and complete documentation of patient encounters.

Professionalism

1. Exhibit ability to discuss death honestly, sensitively, and compassionately
2. Develop an openness and responsiveness to comments of team members, patients, families, and peers

Systems-Based Practice

1. Appropriately and efficiently use the consultation process within the hospital system and communicate with established primary care or subspecialty providers as necessary
2. Chooses components of a diagnostic workup based on cost-effectiveness and risk-benefit analysis.
3. Contributes to inquiries and analysis and reporting of adverse events to help reduce future risk to patients via participation in monthly morbidity and mortality and medico-legal case conferences
4. Implement a QI Project and enact a plan to improve the EM processes
PGY-2 Emergency Medicine Rotation

Practice-Based Learning and Improvement

1. Identifies deficiencies in knowledge and clinical practice through self-evaluation and debriefings after patient simulator experiences
2. Incorporates this knowledge as well as daily feedback by faculty into practice
3. Analyzes practice and implements changes in order to improve patient care and safety through monthly review of patient follow-up cases, morbidity and mortality cases, and medico-legal cases
4. Utilize reflective practice regularly in their day-to-day clinical practice
5. Implement a QI Project and enact a plan to improve the EM processes

Didactics

All residents will attend 5 hours of weekly didactic experience as well as monthly journal clubs. Punctuality and confirmation of attendance is expected at each event and will be documented by the program director or assistant program director. Residents must attend 70% of conferences throughout the residency. This is a hard-target set by the RRC and is non-negotiable.

Assessment Methods

Multiple assessment methods will be utilized during training in the emergency department. A monthly global evaluation tool will be utilized by the faculty and will be given to the resident on a timely basis. Residents will meet with the program director or assistant program director in person every six months for a cumulative semi-annual evaluation. 360 degree staff evaluations will be performed on each resident on an annual basis. Each resident will take the annual in-service training exam without exception. Residents will be assessed for competence in chief complaint management, team leadership skills, and core knowledge base via observed patient simulation experiences on a monthly basis. A semi-annual assessment of procedural exposure will be performed by the PD to ensure adequate procedure experience. Residents will also participate in simulation exercises and assessments for milestone progression.

Supervision

Residents will be supervised at all times by board certified or board eligible emergency medicine physicians. Please see department policy on resident supervision and progressive responsibility for details.
PGY-2 UK EM Community Emergency Medicine
(Ephraim McDowell, One Month)

Effective May 2017

Rotation Description:

Residents will rotate for 1 month as a PGY-2 at Ephraim McDowell Hospital in the emergency department. They will be supervised by the emergency medicine physicians employed by ICH-EPG Alliance, LLC. Dr. Eric S Guerrant will be the course director for this rotation. The residents will be exposed to the practice of emergency medicine in a rural community setting. This experience will expose them to different patient populations as well as give them experience with patient management and disposition in this setting.

Goals:

1. Become familiar with the practice of emergency medicine in a rural community hospital setting
2. Obtain exposure to the workings of a physician owned, contract management group for the specialty of emergency medicine
3. Achieve comfort with obtaining consultation and a disposition for patients in the rural community setting
4. Continue to develop clinical competence in the practice of emergency medicine
5. Continue to expand medical knowledge base

Competency Objectives:

1. Exhibit data gathering skills utilizing available resources in a rural hospital setting. (PC, SBP)
2. Develop an understanding of typical patient populations seen in a rural community setting versus a university setting. (PC, SBP)
3. Independently develop patient management plans that are consistent with the sometimes limited resources in a rural hospital setting. (PC, MK, SBP)
4. Learn when it is appropriate to transfer patients to a higher level of care. (PC, SBP, MK)
5. Learn alternative methods for patient care used by rural community physicians. (PC, MK, PBLI)
6. Improve knowledge and understanding of disease states more commonly encountered in a community setting such as cardiac disease. (MK, PC)
7. Obtain experience with procedures not commonly performed in university setting such as but not limited to simple fracture reduction. (PC, MK)
8. Continue to improve multi-tasking skills and rate of patient evaluation and disposition while gaining an understanding of the demands placed on rural community EM physicians to hone these skills. (PC, MK, P, SBP)
9. Learn communication methods used in community practice for the consultation and patient disposition process. (ICS, P, SBP)
UK EM Community Emergency Medicine

10. Gain insight into hospital administration and contract management by attending administrative meetings with ICH-EPG Alliance, LLC faculty. (P, ICS, SBP, PBLI)
11. Learn alternate methods of documentation of patient care as well as the importance of quality and efficiency. (PC, SBP, PBLI)
12. Use feedback provided by community physicians on performance in this setting not only to improve clinically but also to perform self-evaluation of future job interests. (ICS, PBLI, P)

Rotation Clinical Expectations:

Residents will work 12 ten-hour shifts, plus attend conference, in addition to having one week of vacation.

Didactics

All residents will attend 5 hours of weekly didactic experience as well as monthly journal clubs. Punctuality and confirmation of attendance is expected at each event and will be documented by the program director or assistant program director. Residents must attend 70% of conferences throughout the residency. This is a hard-target set by the RRC and is non-negotiable.

Assessment Methods

Multiple assessment methods will be utilized during training in the emergency department. A monthly global evaluation tool will be utilized by the faculty and will be given to the resident on a timely basis. Residents will meet with the program director or assistant program director in person every six months for a cumulative semi-annual evaluation. 360 degree staff evaluations will be performed on each resident on an annual basis. Each resident will take the annual in-service training exam without exception. Residents will be assessed for competence in chief complaint management, team leadership skills, and core knowledge base via observed patient simulation experiences on a monthly basis. A semi-annual assessment of procedural exposure will be performed by the PD to ensure adequate procedure experience. Residents will also participate in simulation exercises and assessments for milestone progression.
UK EM Community Emergency Medicine

Supervision

Residents will be supervised at all times by board certified or board eligible emergency medicine physicians. Please see department policy on progressions of resident responsibility and supervision for more detail. Residents will be directly supervised by the ICH-EPG Alliance, LLC Emergency Medicine physician faculty. These faculty must be board eligible or board certified by ABEM. The residents will have no supervisory responsibility. Teaching by the faculty will occur both at bedside as well as away from patients. Bedside teaching will be in the form of direct observation of faculty as well as demonstration of skills by the resident for the faculty. Teaching away from the bedside will be in the form of discussion as well as assistance in interpretation of radiographs and ECGs.

Evaluation Process:
Resident assessment by the faculty will occur through MedHub. The rotation and faculty evaluations will be performed by the residents through the same system. The program director will review all evaluations. Faculty will give daily verbal feedback to the residents and will discuss any serious concerns with the program director directly.

Educational Resources:
Residents will have access to a small library of reference material in the department as well as web-based information sources. They will continue to have access to the full library at the University of Kentucky as well as the University of Kentucky medical library.
UK EM Community Emergency Medicine

Rotation Preparation:

One month prior to your rotation:

1. Download the following Ephraim rotation forms from MedHub Resources and provide the required information and a copy of your immunization records to Ms. Ann Bottom, Ephraim Credentialing Assistant. She will organize your orientation and ensure you have an EMRMC ID, prior to your rotation start date.
   a. Ephraim Checklist
   b. Ephraim Orientation Manual
   c. Ephraim Community Medicine Goals and Objectives.
   d. You can obtain a copy of your immunization records from Medical Records, located on the first floor, at the Student Health Building, 830 South Limestone. They are unable to fax your records. You must sign a release and pick them up. The phone number for Medical Records is (859) 218-3211

2. Email a copy of your CV, your vacation dates, and your phone number to Ms. Shannon Price, IN Compass Patient Care Liaison, at sprice@incompasshealth.com She will provide a work schedule for you.

3. You must enter your vacation dates into MedHub (Monday – Friday) and provide the residency office with a copy of your Ephraim Schedule.

4. The EM Residency office will provide Ms. Bottom with a letter of good standing from the Program Director and will provide Ms. Price with a copy of your COI.

Ann Bottom
Credentialing Systems Specialist
Medical Staff Services
Ephraim McDowell Health
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Danville, KY 40422
(859) 239-2450 office
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IN Compass Health, Inc.
Office: 859-239-5008
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859-239-6793 Fax
sprice@incompasshealth.com
PGY-2 Medical Intensive Care (MICU) – (One Month) Rotation

Rotation Description

The resident will spend one month in the Medical Intensive Care Unit with patient care responsibilities for medical patients in the ICUs. The resident will see assigned patients during this rotation. The resident will be responsible for direct patient care under the supervision of faculty from the Department of Medicine at the University of Kentucky. The resident will have some supervisory responsibility over the nursing and other residents in the ICUs. The resident will be on call at the discretion of the Department of Medicine and following standard duty hour regulations.

Goals

1. The resident is to gain knowledge and experience in the evaluative, cognitive, and procedural skills used in the care of the intensive care unit patient as acute medical problems is important to the practice of emergency medicine.
2. This rotation will foster the knowledge and experience base of the resident as well as provide insight into the practice style of Medical Intensivist colleagues.

Competency Objectives

1. Following this rotation, the resident will be able to assess the patient with respiratory distress, the patient with acute upper gastrointestinal hemorrhage, assess fluid, electrolyte, acid/base, and nutritional status of the medically ill patient, assess shock in the ICU patient, and manage shock using goal directed therapy. (PC)
2. Following this rotation, the resident will have gained knowledge in these areas of respiratory distress and failure (ARDS), mechanical ventilation (various modes, PEEP, and weaning), upper gastrointestinal hemorrhage, causes and treatment of cirrhosis, hepatic failure, and fulminant hepatitis, classification and clinical manifestations of shock fluid, electrolyte, and acid/base disorders of the ICU patient, understand the caloric and nutritional needs of the ICU patient, enteral feedings and parenteral nutrition in the ICU patient and manage intracranial, metabolic, and toxic etiologies for coma and altered mental status in the ICU patient (MK, PC)
3. Understand septic shock and common sites of infection associated with this syndrome and the treatment of septic shock utilizing Goal Directed Therapy (the role of fluid resuscitation, antibiotics, surgical treatment, and inotropic support) (MK)
4. Understand the use of corticosteroids and immunologic treatment for septic shock (MK)
Medical Intensive Care (MICU) – (One Month) Rotation

5. Following this rotation, the resident will be able to insert central venous and pulmonary artery catheters, and understand the indications, complications and data derived from each. (PC)

6. Give formulas and normal values for common hemodynamic parameters derived from PA catheter measurements (PC)

7. Perform endotracheal intubation (PC)

8. Perform chest tube placement (PC)

9. Perform arterial line placement (PC)

10. Initiate and execute the appropriate “time out” procedures with the health care team (SBP)

11. Demonstrate the ability to self-reflect on learning deficiencies and develop a plan for improvement (PBLI)

12. Communicate essential information to other health care teams to enhance the quality of care (ICS)

Didactics

All residents should attend 5 hours of weekly didactic experience as well as monthly journal clubs if possible. Punctuality and confirmation of attendance is expected at each event and will be documented by the program director or assistant program director. Residents must attend 70% of conferences throughout the residency. This is a hard-target set by the RRC and is non-negotiable.

Evaluation process

The resident receives a verbal feedback and a written evaluation from the Pulmonary Critical Care faculty that has contact with that resident during the month.

Feedback mechanisms

The resident receives verbal feedback from the individual Pulmonary Critical Care faculty as needed and the EM program director if required. The resident fills out a written evaluation of the rotation at the end of the month as well as a self-evaluation. MedHub will be utilized for evaluation purposes.
Rotation Description and Pre-Rotation Requirement

The resident will spend one month on the Pediatric Intensive Care Unit Service at the University of Kentucky Hospital. This rotation is part of a fully accredited Pediatric Residency Program. The resident will see and admit patients to the Pediatric ICU during this rotation. The resident will be responsible for direct patient care under the supervision of the Faculty and Senior Level Residents of the Department of Pediatrics. The resident will have some supervisory responsibility over the nursing staff in the ICU. The resident will take call per the PICU Service expectations. Call will be no more frequent than every third night on average.

Prior to your PICU rotation, you will need to make arrangement to take the required Fundamentals of Pediatric Critical Care Course. Please submit your certification card/certificate to the residency office.

Goals

15. Gain knowledge and experience in the evaluative, cognitive, and procedural skills used in the care of the pediatric patient as acute severe illness is important to the practice of emergency medicine.

16. This rotation will foster the knowledge and experience base of the resident as well as provide insight into the practice style of pediatric colleagues.

Competency Objectives

1. Following this rotation, the resident will be able to assess the pediatric patient with acute, severe illness, to identify key problems and identify a differential diagnosis, diagnostic appraisal and therapeutic plan for each problem (PC, MK)

2. Following this rotation, the resident will have gained knowledge in causes of respiratory distress and failure in the pediatric patient, etiology, diagnosis, and treatment of fluid and electrolyte abnormalities seen in the pediatric ICU patient, evaluation and treatment of the pediatric patient with coma, evaluation and treatment of seizures and status epilepticus, classification, diagnosis, and management of pneumonia seen in the Pediatric ICU patient, identify common pathogens and initial treatment for the pediatric patient with meningitis, and understand the syndrome of occult bacteremia and sepsis in the pediatric patient. (MK)
**Pediatric Intensive Care (PICU) - (One Month) Rotation**

3. Following this rotation, the resident will be able to perform endotracheal intubation on infants and children, perform venous and arterial blood sampling, perform lumbar puncture on infants and children, start intravenous catheters on infants and children, and central line placement in infants and children. (PC)

4. Initiate and execute the appropriate “time out” procedures with the health care team (SBP)

5. Demonstrate the ability to self-reflect on learning deficiencies and develop a plan for improvement (PBLI)

6. Communicate essential information to other health care teams in order to enhance the quality of care (ICS)

**Didactics**

All residents should attend 5 hours of weekly didactic experience as well as monthly journal clubs if possible. Punctuality and confirmation of attendance is expected at each event and will be documented by the program director or assistant program director. Residents must attend 70% of conferences throughout the residency. This is a hard-target set by the RRC and is non-negotiable.

In addition, the resident should attend conferences sponsored by the Department of Pediatrics.

On Thursday mornings, the EM resident should pre-round, form a skeleton note, and turn patient over to another resident or mid-level on PICU service, until they return from didactics.

**Evaluation Process**

The resident will receive verbal feedback and written evaluation from all Department of Pediatrics Faculty who have contact with that resident during the month.

**Feedback Mechanisms**

The resident receives verbal feedback from the individual Pediatric faculty as needed and the EM program director if required. The resident fills out a written evaluation of the rotation at the end of the month as well as a self-evaluation. MedHub will be utilized for evaluations.
Rotation Description

Resident will gain further experience of resuscitation as well as inpatient treatment of the acutely injured patient. They will take a more active role in the resuscitation of the trauma patients during the weeks that the Trauma Service is primarily responsible for the directing of resuscitation in the Emergency Department. The resident will gain critical care experience in the patient admitted to the Trauma ICU.

Goals

By the end of the rotation, the resident will be able to:

1. Perform an initial assessment and resuscitation on the critically injured patient (Primary and Secondary Survey)
2. Identify specific problems and specify a diagnostic or treatment approach to each problem
3. Utilize laboratory and imaging techniques in the assessment of the trauma patient
4. Perform comprehensive physical assessments on the multiply injured patient
5. Assess and manage inpatient problems that develop in the trauma patient

Competency Objectives

Following this rotation, the resident will have gained knowledge in these areas:

1. General trauma management (MK, PC)
   a) Assessment
   b) Resuscitation
   c) Imaging
   d) Indications for surgical intervention
   e) Blunt chest and abdominal trauma
   f) Penetrating neck, chest, and abdominal trauma
   g) Orthopedic trauma
   h) Vascular trauma
   i) Trauma in pregnancy
2. Central nervous system trauma management (MK, PC)
   a) Closed head injury
   b) Airway management for the head injury patient
   c) ICP monitoring
   d) Neuroimaging techniques
   e) Brain death and organ donation
UK Trauma Surgery (One Month) Rotation

3. Spinal and spinal cord trauma management (MK, PC)
   a) Spinal immobilization
   b) Airway management in the patient with cervical spine injury
   c) Neuroimaging for spine and spinal cord trauma
4. Maxillofacial trauma management (MK, PC)
   a) Blunt trauma to the face
   b) Airway management
5. Pediatric trauma management (MK, PC)
   (The Trauma Service is an adult service and does not have primary responsibility for the treatment of pediatric trauma. However, there is overlap with regard to older children and the Trauma Service often participates in Trauma Alerts involving pediatric trauma.)
   a) Assessment and stabilization of the injured child
   b) Common injuries in infants and children
6. Understand shock, and the associated syndromes as well as the treatment of shock (MK, PC)
7. Initiate and execute appropriate time out procedures with the health care team (SBP)
8. Demonstrate the ability to self-reflect on learning deficiencies and develop a plan for self-improvement (PBLI)
9. Communicate essential information to other health care providers to enhance quality of patient care (ICS).
10. Following this rotation, the resident will be able to perform the following procedures (PC):
    1) Perform central venous catheterization
    2) Perform chest tube placement
    3) Perform arterial line insertion
    4) Assist at open chest thoracotomy

Description of clinical experiences

The resident will spend one month on the Trauma Service at the University of Kentucky. This rotation is part of a fully accredited General Surgery Residency Program at the University of Kentucky. The University of Kentucky Hospital is designated by the American College of Surgeons as a Level 1 Trauma Center with demonstrated clinical, educational and research capabilities. The resident will assist with management of patients on the inpatient floors and in the Emergency General Surgery and Trauma ICUs of the hospital and in response to consults from the Emergency Department. During this rotation the resident will have no primary responsibilities to the Emergency Department. The EM-2 resident is expected to contribute more significantly to the clinical programs of the Trauma Service, participate more actively in data management, and assume a leadership role in trauma resuscitation and stabilization. The resident is responsible for direct patient care under the supervision of the Faculty and Senior Level Residents of the Department of Surgery. The resident will have minimal supervisory responsibility over the nursing staff during this rotation. The resident will have supervisory responsibility over the PGY-1 residents covering the ICUs during this rotation. The resident will take call at the discretion of the Trauma Service.
UK Trauma Surgery (One Month) Rotation

**Didactics**

There are weekly scheduled emergency medicine conferences (5 hours per week), which the residents shall attend, if possible. Core reading is assigned. Residents shall attend Trauma Conference, Surgical M & M, and Grand Rounds if required by the Department of Surgery.

**Evaluation process**

The resident receives an electronic evaluation from the faculty of Department of Surgery upon completion of the rotation through MedHub. The resident will evaluate the rotation in the same manner.

**Feedback mechanisms**

The resident receives verbal and written feedback from the individual surgical faculty as needed and the EM program director if required. The residents fill out a written evaluation of the rotation at the end of the month as well as a self-evaluation.
PGY-3 UK Chandler Emergency Medicine Rotation

Rotation Description

Third-year residents will rotate through the emergency department at the University of Kentucky in one-month blocks for approximately 11 months during the year. They will work approximately 18 shifts each month. These will usually consist of 9-hour duty periods. The third year Emergency Medicine Resident will concentrate on broadening exposure to all EM patients and their varied presentations, maximizing efficiency, and preparation for the independent practice of Emergency Medicine. Under the supervision of the teaching faculty, the PGY 3 resident assumes additional responsibility in teaching and precepting junior residents, off-service residents, and medical students by guiding their patient management and work-ups. The resident is primarily responsible for the most critically ill patients in the section of the Emergency Department to which he/she has been assigned and directs or supervises all medical resuscitations. This includes demonstrating mastery in core EM clinical procedures, including advanced airway management and medical, surgical, trauma, and pediatric resuscitations. The PGY 3 resident will function as an integral member of the trauma resuscitation team, performing initial evaluation and critical life-saving procedures. In addition, the resident can, under direction of the teaching faculty, accept transfers to the University of Kentucky Hospital from other hospitals. PGY-3 residents assume more academic responsibilities, providing lectures and conferences as part of their regularly scheduled academic requirements. In addition, while under direct supervision of the teaching faculty, the resident assumes more responsibility supervising junior residents. During this training year, the PGY-3 resident builds the confidence, expertise, and competence required to participate in the instruction of others (eg. junior residents and students) in patient management, identifying complications, and recognizing when more senior or attending level input is required. In addition to mastery of the core concepts in Emergency Medicine, a key learning objective for this level of training is to learn to balance patient care; supervision of ancillary staff, PAs and junior residents; departmental administration of the clinical area; and teaching responsibilities.

Goals

Clinical Competence
Develop skills and clinical competence administrative management which will include but are not limited to the above plus:

- Demonstrate competence in performing all core EM procedures and selecting the best procedure/approach for each patient
- Proficiency in managing multiple patients at once
- Demonstrate overall excellence in clinical practice of emergency medicine
- Perform rapid, accurate histories and physical diagnoses on all patients presenting to the emergency department
- Demonstrate excellent emergency department administrative skills
- Function as team leader or supervise all EM and trauma resuscitations
- Demonstrate excellent supervisory and teaching skills
UK Chandler EM Rotation

- Demonstrate superior professional, interpersonal, and communication skills in all interactions
- Create an carry out treatment and disposition plans for all EM patients
- Supervisor activity of junior residents assigned to their area
- Conduct teaching and ED management rounds as required in the clinical area
- Director supervise all resuscitation situations and emergency department and manage the critically ill and injured patient
- Communicate effectively and professionally with faculty and ancillary staff
- Formulate extensive differential diagnoses on their patients
- Further the advancement of knowledge within the practice of emergency medicine

Procedural:
At the completion of this training year, the resident will demonstrate competence in the performance and the supervision of:
- All Core EM Procedures
- Advanced wound repair
- The 6 ACEP core and advanced applications of point-of-care ultrasound
- Advanced airway management including use of rescue devices management
- Resuscitation team leadership for all resuscitations in the ED
- Central vascular access
- Minor surgical procedures
- Chest tubes
- Arterial line placement and measuring
- Complicated procedural sedation
- Fracture reductions
- Advanced splint application
- Family counseling

Competency Objectives

Medical Knowledge

1. Demonstrate a thorough knowledge of all conditions listed within the Model of Clinical Practice for Emergency Medicine
2. Generate expanded differential diagnoses including uncommon diagnoses and atypical presentations
3. Demonstrate advanced interpretation skills for ECGs, radiographs, and laboratory data.
UK Chandler EM Rotation

Patient Care

1. Institute appropriate advanced treatment plans autonomously
2. Will adequately perform all procedures pertinent to the practice of emergency medicine including rarely performed procedures such as: ED thoracotomy, pericardiocentesis, cricothyroidotomy, and advanced rescue techniques for the failed airway
3. Demonstrate the ability to see all patient acuities simultaneously and effectively adjust to the patient care needs of the department particularly during surges in census

Interpersonal and Communications Skills

1. Work effectively with others in the emergency department in the role of team leader
2. Perform timely and complete documentation with less than 10 late dictations and down codes combined per month
3. Continue to hone written communication skills by developing educational lectures and grand rounds presentations

Professionalism

1. Demonstrate accountability to patients, society, and the profession of emergency medicine
2. Demonstrate a responsiveness to patient needs that supersedes self

Systems-Based Practice

1. Describes basic concepts and patterns of physician billing, coding and reimbursement across settings
2. Understands different medical practice models and delivery systems and how to best utilize them to care for a patient through monthly review of ED patient visits and follow-up of their ultimate disposition
3. Develops an awareness of the overall state of the emergency department and works effectively in conjunction with ED attending, charge nurse, and hospital administrators to improve flow and manage overcrowding
4. Develops and implements a project that improves patient care in the emergency department
UK Chandler EM Rotation

Practice-Based Learning and Improvement

1. Demonstrates the ability to supervise clinical trainees (e.g., medical students, residents, and other health care professionals) and give constructive feedback
2. Participates in the education of others through various teaching venues such as ACLS and ATLS instructorship, core content lectures, and grand rounds
3. Becomes adept at evaluating study design and understanding statistical methods to appraise the medical literature and ultimately use evidence-based medicine to improve medical practice
4. Presents original QI Project with multidisciplinary input
5. Identifies deficiencies in knowledge and clinical practice through self-evaluation and debriefings after patient simulator experiences

Didactics

All residents will attend 5 hours of weekly didactic experience as well as monthly journal clubs. Punctuality and confirmation of attendance is expected at each event and will be documented by the program director or assistant program director. Residents must attend 70% of conferences throughout the residency. This is a hard-target set by the RRC and is non-negotiable.

Assessment Methods

Multiple assessment methods will be utilized during training in the emergency department. A monthly global evaluation tool will be utilized by the faculty and will be given to the resident on a timely basis. Residents will meet with the program director or assistant program director in person every six months for a cumulative semi-annual evaluation. 360 degree staff evaluations will be performed on each resident on an annual basis. Each resident will take the annual in-service training exam without exception. Residents will be assessed for competence in chief complaint management, team leadership skills, and core knowledge base via observed patient simulation experiences on a monthly basis. A semi-annual assessment of procedural exposure will be performed by the PD to ensure adequate procedure experience. Residents will also participate in simulation exercises and assessments for milestone progression.

Supervision

Residents will be supervised at all times by board certified or board eligible emergency medicine physicians. Residents will have the responsibility to supervise medical students in the department as PGY 3 residents. Please see department policy on resident supervision and progressive responsibility for more details.
Rotation Description

The academic resident rotation is a PGY3 rotation, formed to give all residents a chance to be directly involved in medical student education. The rotation is combined with an EM month. Of the approximately 17 shifts, 8 will be academic shifts. These may be spread throughout the month at the discretion of the administrative chief and 4th year clerkship director.

The resident is to help in evaluating the students at the end of the rotation they worked with, as well as be evaluated by these students. Residents will lecture to 4th year medical students on key aspects of Emergency Medicine. This is to be done during a shift after discussing case with the student, as well as in the classroom. Each resident is to lecture for approximately 4 hours to medical students as part of the rotation. The resident will guide 4th year medical students in procedural competency including airway, thoracostomy, central line, arterial line, suturing, incision and drainage, ultrasound, lumbar puncture or any other common ED procedures. Each patient seen by a student with academic resident is to have note done by resident. This requires each of these patients to also be seen and examined by the resident. The resident is to facilitate the student presenting the patient to the attending, and facilitate order entry as well. Though residents are primarily assisting and teaching students during these shifts, they can also be asked to see some patients independently if ED is extremely busy, per ED attending discretion. The resident is expected to assist all 4th year students present during the resident’s shift, both pediatric and adult. The attending may also request this resident to help other residents (in particular interns and off service residents) with occasional patient care. Other residents may also offer procedures/learning opportunities to this resident for them to teach the students.

Goals

1. To develop skills teaching students how to interact, obtain information, examine, and perform procedures on patients. (IPC)(MK) (PC)
2. To actively discuss emergency medicine evaluation with students after each encounter. (PC) (IPC)
3. Work effectively with students in the emergency department in the role of team leader (PBL)
4. Perform timely and complete documentation. (SBL)
5. Continue to hone written communication skills by developing educational powerpoint lectures and hands on lectures geared towards medical student level education. (MK) (IPC)
Academic Emergency Medicine Rotation

Didactics

The ACGME Emergency Medicine Residency Review Committee (RRC) states residents must actively participate, on average, in at least 70 percent of the planned didactic experiences offered. (IV.A3.c)(5) and programs may utilize individualized interactive instruction, such as web-based learning, for up to 20 percent of the planned education experiences or didactics (i.e., on average, one hour out of the five hours per week of planned educational activity). EM FAQ updated 02/2017

All residents will attend 5 hours of weekly didactic experience as well as monthly journal clubs. Residents must attend 70% of conferences throughout the residency. This is a hard-target set by the RRC, as noted above, and is non-negotiable. The resident will also be expected to teach students for approximately 4 hours a month in the classroom with either lecture and/or on skills labs.

Evaluation process

The resident receives an electronic evaluation from the Surgery faculty upon completion of the rotation through Medhub. The resident will evaluate the rotation in the same manner.

Feedback mechanisms

The resident receives verbal and written feedback from the individual Surgery faculty as needed and the EM program director if required. The resident fills out a written evaluation of the rotation at the end of the month as well as a self-evaluation.
Rotation Description

Injuries to the hand and wrist constitute a large number of the daily cases seen by EM physicians in both community and academic practice. The goal of this rotation is to increase EM residents’ exposure to acute care presentations related to injuries and infections of the hand so that they gain competence managing various hand-related emergencies.

This is a two-week rotation to be combined in the PGY-1 year during the same month as the EM-based Orthopedics Rotations. This rotation may also service for a two-week elective experience in the PGY-3 year.

The residents will work under the supervision of the attending physicians and senior residents on the combined orthopedic/plastic surgery Hand Service. As part of this multidisciplinary team the EM resident will perform ED consults and procedures, evaluate patients in the outpatient clinic, assist attending physicians in the OR and attend Hand Service weekly didactics.

Resident Hand Service Rotation Work Schedule

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>12pm-10pm</td>
<td>Hand service consults</td>
</tr>
<tr>
<td>Tuesday</td>
<td>7am-12pm</td>
<td>EM weekly didactics</td>
</tr>
<tr>
<td></td>
<td>12pm-8pm</td>
<td>Hand service consults</td>
</tr>
<tr>
<td>Wednesday</td>
<td>10am-8pm</td>
<td>Hand service consults</td>
</tr>
<tr>
<td>Thursday</td>
<td>6:30am-7:30am</td>
<td>Hand service conference</td>
</tr>
<tr>
<td></td>
<td>7:30am-12pm</td>
<td>OR with Dr. Rinker</td>
</tr>
<tr>
<td></td>
<td>12pm-5pm</td>
<td>Hand service consults</td>
</tr>
<tr>
<td>Friday</td>
<td>8am-12pm</td>
<td>Hand clinic</td>
</tr>
<tr>
<td></td>
<td>12pm-6pm</td>
<td>Hand service consults</td>
</tr>
</tbody>
</table>

The Hand service pager is 330-2501. On the first day of the rotation, you can page the service pager to meet up with the team. If that doesn’t work, page the chief resident directly. Failing that you may call Dr. Rinker, your faculty attending, at 859-494-7846.

Hand Service Reading List

4. Injury to the Hand and Digits – Tintinalli  p2665-2674
5. Wrist Injuries – Tintinalli  p 2674-2684
6. The Hand: Anatomy, Examination, and Diagnosis, 4th Ed. Rayan & Akelman - *The department has purchased one copy of this textbook. Please hand the textbook off to the next resident on rotation or leave it with Residency Staff.*
UK EM Hand Service with Plastic Surgery Elective

Rotation Goals

Quality:

Develop the clinical skills associated with the diagnosis, workup, and treatment of common hand injuries presenting to the emergency department.

- Perform an appropriate focused history and physical exam on patients presenting with hand injuries
- Formulate appropriate workup plans for these patients
- Recognize fracture patterns and common injuries associated with various mechanisms of injury
- Understand the need for hand specialist intervention on various hand-related nonsurgical/medical issues
- Appropriately order and utilize laboratory data and ancillary studies
- Develop and carry out basic treatment plans through admission or discharge
- Understand the need to consult subspecialty services appropriately in the immediate and delayed settings
- Develop skills for proper repair, infection control and splinting of hand injuries
- Function as a team member on the hand service, in the outpatient hand clinic as well as in the operating room in patients with hand injuries
- Demonstrate competency in garnering resources for patients with hand injuries
- Exhibit basic communication skills and professional behavior
- Prioritize their activities and multitask

Procedural:

At the completion of this rotation, the resident will demonstrate initial competency in the performance of the following:

- Understanding of complex anatomy of the hand
- Assessment of hand injuries and infections requiring immediate and delayed consultation
- Basic procedural competency in the following presentations:
  - Wound closure and management techniques
  - Amputations
  - Incision and drainage (abscess, felon, paronychia)
  - Nailbed injuries and trephination
  - Local and regional anesthesia
  - High pressure injection injuries
  - Lacerations/transections of tendons
  - Assessment of neurovascular injury
  - Management of fracture/dislocations and crush injuries (open and closed)
  - Evaluation for compartment syndrome
  - Advanced splint application and fracture reduction
UK EM Hand Service (2 week) Elective

Competency Objectives

Medical Knowledge

11. Acquire knowledge of hand-related conditions listed within the Model of Clinical Practice for Emergency Medicine.
12. Describe the anatomy of the hand and related structures.
13. Generate an appropriate and complete differential diagnosis for presenting complaints.
15. Demonstrate basic radiographic (plain film and CT) interpretation skills.

Patient Care

11. Perform an appropriate focused history and physical exam
12. Develop a basic treatment plan
13. Deliver patient care in a humane and compassionate manner
14. Adequately perform basic procedures, such as, but not limited to, suturing, splinting, foreign body removal, incision and drainage, reduction of dislocations, nail removal/trephination, nail bed repair, tendon evaluation and repair
15. Understand and practice good pain management strategies

Interpersonal and Communication Skills

9. Demonstrate effective communication with patients, families, and other health care workers
10. Appropriately consent patients for procedures
11. Develop effective written communication skills, including, but not limited to, complete and timely consultation completion in SCM, appropriate prescriptions, and complete discharge instructions
12. Perform timely and complete documentation of patient encounters.

Professionalism

9. Exhibit compassion, integrity, and respect for others
10. Respect patient privacy and autonomy
11. Exhibit sensitivity to a diverse patient population
12. Practice effective pain control strategies
UK EM Hand Service Elective

Systems-based Practice

7. Advocate for quality patient care
8. Understand the basic resources available for the follow-up of patients with hand injuries being discharged from the emergency department, clinic or inpatient setting
9. Show an ability to coordinate patient care within the health care system including utilization of outpatient clinic systems, long-term care facilities, substance abuse treatment programs, social services, etc

Practice-based Learning and Improvement

5. Set learning and improvement goals through quarterly self-reflection and self-directed reading
6. Utilize the medical literature and information technology appropriately and efficiently to assist in the care and management of orthopedic patients in the emergency department

Didactics

7. Attendance at weekly EM didactic conference.
8. Attendance at weekly Hand Service conference.
9. Completion of required hand-specific readings.

Evaluation

The resident will receive verbal feedback and a MedHub evaluation from Plastic Surgery faculty who have contact with that resident during the rotation.

The resident will complete a MedHub evaluation form of the rotation at the end of the rotation.
Summary of Rotation and Activities at a Glance

1. Hands on scanning with Ultrasound director, faculty or fellow – At least 20 hours for month. 
2. Presentation – Resident will pick one non-core topic and prepare 30 minute talk to be delivered at conference at end of month. See below for details
3. Administration- At least 20 hours for month overseen by director. Dedicated time spent directed towards administrative management of Emergency Ultrasonography.

Rotation Description

The purpose of this rotation is to provide an intensive exposure to all aspects of emergency ultrasound furthering technical skills obtained in Res 2 rotation.

Elective month is further directed towards providing the learner the opportunity to expand knowledge in the administrative and political workings of emergency ultrasonography. i.e. protocol, billing, etc.

The rotation will be one month in length consisting of 40 hours per week of learning, made up of online lectures, reading, and hands-on scanning. Scanning will take place in the University of Kentucky emergency department. The resident will report to the ultrasound director for the month. The resident should email Jacob Avila the week before their rotation begins to schedule their hands on scanning and administrative discussions. (j.owen.avila@gmail.com). Once times are established, then the resident will complete the readings and be given access to online lectures to supplement the reading and hands on scanning. A full list of requirements for completion of the rotation is listed below and must be turned in upon completion of the month.


Goals:

1. Demonstrate understanding of the physics of ultrasound
2. Demonstrate understanding of the role ultrasound plays in the specialty of emergency medicine
3. Demonstrate competency in the performance and interpretation of emergency ultrasound
UK EM Ultrasound Elective

Physics and instrumentation


1. Define ultrasound (MK)
2. Describe the properties of sound waves (MK)
3. Discuss image production (MK)
4. Define the piezoelectric effect (MK)
5. Compare and contrast transducer types (MK)
6. Demonstrate ability to adjust knobs to produce a quality image (MK)
7. Discuss common techniques (MK)
8. Describe techniques utilized in proper transducer hand control (MK)

FAST Exam


1. Discuss interpretation of the FAST exam (MK)
2. Compare negative vs. positive FAST exam (MK)
3. Describe the sonographic windows that make up the FAST exam (MK)
4. Describe and demonstrate proper technique for each sonographic window (PC)
5. Discuss clinical application of the FAST exam (MK)
6. Identify key structures visualized during the FAST exam (PC)

First Trimester OB exam


4. Describe and demonstrate proper techniques utilized in the performance of a bedside 1st trimester study (PC)
5. Identify key structures visualized during the exam (MK)
6. Describe sonographic findings of a normal exam (MK)
7. Define pregnancy failure and discuss the possible sonographic findings associated with it (MK)
8. Describe sonographic findings of an ectopic pregnancy (MK)
9. Identify limitations of ultrasound in the evaluation of the patient with an early pregnancy (MK)
10. Discuss appropriate use of beta-hCG testing in the first-trimester patient (MK, SBP)
UK EM Ultrasound Elective

Aorta Exam


1. Describe and demonstrate proper technique for performance of emergent ultrasound exam of the aorta (PC)
2. Discuss clinical application of bedside ultrasonography in patients with suspected AAA (MK)
3. Identify key structures visualized during the emergent exam (MK)
4. Discuss pearls/pitfalls associated with the exam (MK, PBLI)
5. List sonographic criteria for diagnosing AAA (MK)

Gallbladder Exam


1. Describe and demonstrate proper techniques utilized in the performance of a bedside gallbladder exam (PC)
2. Identify key structures visualized during the exam (MK)
3. Describe sonographic findings of cholelithiasis (MK)
4. List sonographic criteria for diagnosing acute cholecystitis (MK)

Cardiac Exam


1. Describe and demonstrate proper techniques utilized in the performance of a bedside cardiac exam (PC)
2. Be able to obtain subcostal, parasternal, long axis, parasternal short axis, and apical views (PC)
3. Identify cardiac anatomy on ultrasound (MK)
4. Describe findings of tamponade (MK)
5. Describe findings of pulmonary embolism (MK)

Lower extremity scan for DVT


1. Describe and demonstrate proper techniques utilized in the performance of a lower extremity compression ultrasound (PC)
2. Identify key structures visualized during exam (MK)
3. List sonographic findings of a DVT (MK)
4. Contrast the sonographic findings of an acute vs. chronic DVT (MK)
40. Identify limitations of the compression ultrasound exam in patients with suspected DVT (MK)
UK EM Ultrasound Elective

Vascular Access


1. Describe and demonstrate proper techniques utilized in the performance of an ultrasound-guided vascular access procedure (PC)
2. Identify key structures visualized during exam (MK)
3. List sonographic findings of a DVT (MK)
4. Compare and contrast long-axis, short-axis, and oblique vessel approaches (PC)
5. Discuss needle visualization with ultrasound (MK)
6. Discuss the benefits of timely diagnosis and treatment of the critically ill
7. Discuss the effect of timely diagnosis and treatment on department throughput.
8. Discuss the financial benefits to the EM physician and group, through establishment of proper protocols, billing, and reimbursement.

Didactics

Residents will attend all Thursday morning conferences and all regularly scheduled emergency medicine didactics sessions.

Hands on Scanning:
Resident will scan for a total of at least 20 hours, ideally more, over the course of the month. This schedule will be worked out with the resident prior to the start of the rotation.

Administrative Didactics:
Resident will dedicate a total of at least 20 hours to developing their knowledge of administration of Emergency Ultrasonography.

Evaluation methods
Residents will be evaluated by the ultrasound director, via MedHub, direct observation, practical examination, and by administrative ultrasound presentation. Scans will be reviewed by the ultrasound director for quality assessment. Resident will evaluate the rotation via electronic form through MedHub.
UK EM Ultrasound Elective

Requirements

1. Notify ultrasound director and program director at the beginning of the month of which they are to start the rotation
2. Meet with ultrasound director on the first day of the rotation for orientation and initial observation period
3. Resident will further scanning skills from previous rotation, emphasizing skills that they lack.
4. Provide documentation of exams with medical record numbers. The exams you perform should be logged in New Innovations procedure logger.
5. Have Jacob Avila sign-off on scans at end of rotation
6. Complete assigned readings
7. Give end of rotation talk - focused on the administrative aspect of emergency ultrasonography.
APPENDIX

EM 2017-2018 Master Rotation Schedule
EM Elective Request Form
Quality Improvement (QI) Project Description
Quality Improvement (QI) Project Form
Scholarly Project Completion Form
EMS Ride Along Request Form
EMS Ride Along Documentation Form
EMS HazMat/SORT OR Mass Gathering Form
EMS Personnel Lecture Form
EMS Literature Review Forms
EMS Review of Standard Operating Protocol Form
ACLS Teaching Documentation Form
Resident Teaching Documentation Form
UK Absence Record
Resident Wellness Resources
EM 2017-2018 Master Rotation Schedule

<table>
<thead>
<tr>
<th>POY 3</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
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*Yellow Months Denote Vacation*  
*SGB (Trauma with General Surgery)*  
*ED-2 (ED & 2 wk Elective)*  
*EPH-Epiphalin McDowell Community Medicine*  
*SICU (Surgery ICU)*
EM Elective Request Form

ELECTIVE REQUEST FORM
Emergency Medicine Residency Program

At least 4 weeks prior to the beginning of this elective, please discuss and complete your elective plans with Drs. Doty or Bronner.

Resident Name: ____________________________________________

Program Year:  □ PGY-1  □ PGY-2  □ PGY-3

Subject or Title of Elective: ______________________________________

Preceptor(s) Name: ____________________________________________

Elective Dates: _______________________________________________

Dates of leave during this rotation (vacation, etc.) ______________________

PLEASE SUBMIT THE FOLLOWING WITH THIS REQUEST FORM:

☐ Goals and Objectives
  Established elective rotation goals and objectives are available on the EM website and New Innovations. If this is a new elective, on the back of this form or on attached sheet, outline your plan for the elective (please include goals/objectives/evaluation methods for the rotation).

☐ Leave of absence form(s), if applicable

☐ Signed copies of other Dept. elective rotation approval forms, if applicable (such as Dept. of Radiology)

Preceptor Signature: ________________________________________ Date: ____________

Please submit your completed form(s) to:
Paula Keyes, Program Administrator, Room M-53D

Program Director Signature: ___________________________ Date: ____________

Sameer Desai, MD

X:\Residency\Reiew\Forms\Elective Request Form
Quality Improvement (QI) Project Description

All residents in ACGME accredited residency programs are required to actively participate in emergency department continuous performance quality improvement programs. Residents must demonstrate evidence of development, implementation, and assessment of a project to improve care. This project may include but is not limited to the development of a clinical pathway, a patient satisfaction survey, or improvement of a recognized problem area.

To ensure satisfaction of this requirement, all residents must complete the “Quality Improvement Project Form” which consists of three parts. The first two parts require that the resident, under the supervision of a faculty project mentor, plan and complete a proposal for a QI project by May 15th of their PGY1 year. The third part requires that the resident complete their QI project by March 31st of the PGY3 year.

While the requirement may be fulfilled at anytime during the residency prior to the deadlines listed above (i.e. a QI research project or RIE completed during the PGY 2 year), all parts must be signed by the resident, project mentor, and the program director by the stated timeframes to satisfy completion of this residency requirement.
Quality Improvement (QI) Project Form

University of Kentucky
Emergency Medicine Residency Program
Quality Improvement (QI) Project Form:

As a requirement of the RRC, all residents must complete a quality improvement project during their residency. This project must be found satisfactory by the program director or his/her designee. In order to verify completion of this requirement, all 3 parts of this form must be submitted by the stated timeframes. Part 1 is presented with part 2 and will help form your project.

Your Name: ________________________________________________

Part 1: Planning – Please address all questions below

A. What is it that you want to change?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

B. What is the target improvement?
   ☐ Patient Safety    ☐ Patient Flow    ☐ Patient Education    ☐ Work Process
   ☐ Staff Education    ☐ Staff Efficiency    ☐ Health Care Quality    ☐ Supervision
   ☐ Other – please indicate here: ____________________________

C. Who are other stakeholders in this process? ________________

D. Do the other stakeholders have input useful to you? What did you learn from them?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

E. Potential Obstacles?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
Part 2: QI project proposal – Must be completed by May 15th of your PGY1 year.

Resident Name: ________________________________

Project Mentor: ________________________________

Title of project: ________________________________

Description of proposed project:

________________________________________________________________________

________________________________________________________________________

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This proposal satisfies Parts 1 and 2 of the residency requirement for involvement in a quality improvement project.

Resident Signature ________________________________ Date __________

Project Mentor Signature ________________________________ Date __________

Program Director Signature ________________________________ Date __________
Part 3: QI project completion – Must be completed before March 31st of the PGY3 year.

Resident Name: ________________________________________________

Project Mentor: ________________________________________________

Summary of completed project:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Date of QI project completion: ________________________________

This project satisfies all parts (1-3) of the residency requirement for participation in a quality improvement project.

Resident Signature __________________________ Date ______________

Project Mentor Signature ______________________ Date ______________

Program Director Signature ______________________ Date ______________

Please submit your written project with your completed QI Form.

Please consider publishing of this project. Dr. Desai or Doty will assist you.
Quality Improvement (QI) Project Form

UK Department of Emergency Medicine
Scholarly Project Completion Form

Name: __________________________

All residents are required to complete a scholarly project during their residency. This project must be found satisfactory by the Program Director or his/her designee.

Title of Project:

________________________________________________________________________

Description:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Faculty or Mentor Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Project Completed Date:

Was this project of publishable quality? □ Yes □ No

Was this project published? □ Yes □ No

If so, where?

Congratulations on your successful completion of the Scholarly Project!

Resident Signature Date ________________

Faculty Mentor Signature Date ________________

This project should be entered under the following WebADS Scholarly Activity category:

_____ PMID publication

_____ Abstracts, posters, and presentations

_____ Chapters or Textbooks

_____ Funded or non-funded Basic Science or Clinical Outcomes Research Project

_____ Lecture or Presentation (such as grand rounds or case presentations)

Residency Director Signature Date ________________

Residency Review Forms/Scholarship Project Completed
EMS Ride Along Request Form

LEXINGTON-PAYETTE URBAN COUNTY
DIVISION OF FIRE AND EMERGENCY SERVICES

REQUEST FOR RIDE-A-LONG PROGRAM
University of Kentucky: Emergency Medicine Residents
ATT: Lieutenant Chris Martin
Email to: martineo@lexingtonky.gov

DATE: ____________________

NAME ____________________ AGE: _____ DOB: ________________

ADDRESS: ____________________ CITY: ____________________

STATE: _____ ZIP: __________

PHONE: _______________ EMAIL: __________________________

EMERGENCY CONTACT: ______________________________

ADDRESS: ____________________ PHONE: __________________

REASON FOR RIDE-A-LONG: UK Emergency Medicine Residency Program Requirements

EM 1st Year Resident requirements: 5 ride alongs
Residents may do 1 flight shift instead of ground (they will then do 4 shifts with Lexington Fire)
Residents will be assigned to several different ambulances to experience volume and variety.

DATE AND TIME TO RIDE:

____________________________

(Give at least 2 weeks’ notice. List optimal dates - Will be assigned according to availability)

Ride-A-Long dress code:

➢ Males shall wear clean and neat shirts (with collar), slacks, and dress style shoes.
➢ Females shall wear slacks and a blouse or jacket with shoes.
➢ Shorts, blue jeans, and logo t-shirts are prohibited.
➢ Medical personnel may wear their work uniform (scrubs, etc.)
➢ Dress appropriately for weather conditions

Approved dates of ride-a-long:

1. ______________ 2. ______________ 3. ______________ 4. ______________ 5. ______________

Approval Signature: ________________________________
EMS Ride Along Documentation Form

Pre-Hospital / EMS Rotation
Ride Along Documentation Form

Ride Along with Lexington Fire:
You are to arrange three EMS ride along times with Lexington Fire. You need to sign up for 3 shifts with Lexington fire during your assigned EMS rotation.
You must have the officer or acting officer in charge of the vehicle you are assigned to sign off on your documentation sheet upon completion of your ride along.

Rural and Flight Ride Alongs:
The two remaining ride along shifts will need to either be performed with one of our contiguous rural EMS services (Frankfort, Winchester, Georgetown / Scott County, Madison County)
Locations and contact information to arrange the ride along times is located in your EMS Goals and Objectives.

Resident Name: ____________________________________________

Type of Ride Along:

 Lex Fire / EMS Ride Along  Date: __________________________
 Rural Ride Along  Date: __________________________
 Flight Ride Along  Date: __________________________

Write a summary of your experience:

__________________________________________________________________________

Print Name of Shift Supervisor: ______________________________________________

Shift Supervisor Signature: ______________________________________________

Residency Review/Forms/Ride Along Documentation Form
Please complete this documentation form when you complete the task below. Turn it in to the program coordinator.

Name: ____________________________________________

Date of Meeting/Drill: _______________________________

Type of Event:

ED Hazmat / SORT Meeting :: Mass Gathering

ED Hazmat Drill :: Type of Gathering (UK Game, Rolex, etc.):

Write a summary of your experience

______________________________

Print Name of Facilitator: ____________________________

Facilitator’s Signature: ______________________________

Date: ____________________________________________

Residency Review Forms/EMS SORT or Mass Gathering Event Documentation Form
EMS Personnel Lecture Form

EMS Lectures:
You will be expected to participate in EMS education, which should be 2 lectures to EMS personnel in your time as a resident. Residents will be assigned one lecture in their first year to give to the Lexington Fire Paramedic class. You will be provided PowerPoint slides to utilize, although it is a much more enjoyable experience for you and the students if you don’t simply read the slides to them. Other lecture options to EMS focused audiences are available, and the schedule is overall wide ranging. Ideally, this lecture will be given in the 2nd or 3rd year of residency as part of the UK EMS Grand Rounds program, which occur monthly here on campus and are Simulcast to a regional audience. Contact Dr. Labert to schedule. Generally, lectures outside the paramedic classes should be original lectures or significant change and research from an existing lecture.

Name: ____________________________________________________________

Date of Lecture: ____________________________________________________

Lecture Details:

Title of Your Lecture: ____________________________________________

Audience: ________________________________________________________

Description of the content of your lecture:

_________________________________________________________________

Print Name of Facilitator: __________________________________________

Facilitator’s Signature: ____________________________________________
EMS Literature Review Forms

Emergency Medicine
EMS Literature Review Presentation Form

Please submit completed form to the Residency Office.

Name: ____________________________________________

Date: ____________________________________________

Article Topics that you reviewed/presented:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

______________________________
Walt Lubbers, MD, EMS Rotation Director

Documents/Forms/EMS Forms/Documentation of EMS Literature Review/Presentation
EMS Review of Standard Operating Protocol Form

See the EMS Resident Protocol Instructions located in MedHub under Resources/Documents/EMS Info and Forms/EMS Protocols.

Please complete and submit this form to the residency office.

Name:__________________________________________________________

Protocol Topic Reviewed:________________________________________

Dated Completed:_______________________________________________

Brief Title/Description of your Protocol. Please attach a copy to this form.

______________________________________________________________

Dr. Lubber’s Signature:________________________________________

Date:__________________________________________________________

Residency Review/Forms/EMS Standard Operating Protocol Review Documentation
ACLS Teaching Documentation Form

Please complete this form to document your participation in ACLS Teaching and submit to the residency coordinator.

Name: ____________________________________________

ACLS Topics You Taught: _____________________________

Please attach a copy of the course schedule.

Write a summary of the section you taught.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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Course Director's Name: ____________________________________________

Course Director's Signature: _________________________________________
Resident Teaching Documentation Form

Please complete this form to document your Teaching Activities (other than ACLS), such as workshops/suturing, etc. Submit the form to the residency or upload it into your MedHub Portfolio, under General Entry, and send an email to the residency office to let us know so we can place a copy in your file.

Name: ________________________________

PGY Yr: ________________________________

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Resident’s Signature: ____________________________________________

Attending’s Signature: ____________________________________________
# UK Absence Record

## University of Kentucky Absence Record

**Dept/Div Name:**

**Emp Name** | **Person ID**
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**Employee comments (optional):**

**Funeral Leave**

- **Relationship to deceased:**

**Official Travel**

- **Specify destination and purpose of travel:**

- **Expenses being requested:**

- **FML**

**Employer’s Signature**

**Supervisor’s Signature**

*Rev 3/23/13*
Resident Wellness Resources

THE LEXINGTON MEDICAL SOCIETY
PHYSICIAN WELLNESS PROGRAM

How PWP Works
We have contracted our program with The Woodland Group. The Woodland Group will provide counseling to active physicians and residents of the Lexington Medical Society and UK Graduate Medical Education residents and fellows. Non-emergency sessions will be scheduled during regular business hours. Emergency sessions can be scheduled on a 24-hour, 7 days a week basis.

Seven licensed psychologists make up the Woodland Group and have been vetted by LMS, Steven Smith, Ph.D. and Sandra Hough, Ph.D., as our program coordinators and will serve as points of contact to access PWP. The Woodland Group will maintain a confidential file for each physician, but no insurance will be billed and “IWS” will not be given any information about those who utilize the program. As such, this program is completely confidential, which is crucial to its success. LMS will pay The Woodland Group a monthly bill based on the number of sessions provided. The Woodland Group will submit an invoice to the LMS webpage.

TO MAKE YOUR APPOINTMENT
1) Call the confidential hotline at 1-800-360-8439 and leave a message in either Dr. Smith’s or Dr. Hough’s voice mailbox.
2) They will call you back to schedule an appointment. This is that simple.

PWP BENEFITS
6 free sessions each calendar year
Complete confidentiality
Easy access
Convenient location (535 W. 2nd Street, Suite 207)
24/7 availability

TAKING CARE OF YOUR PATIENTS
BY TAKING CARE OF YOURSELF

The Physician Wellness Program (PWP) was designed as a safe harbor for physicians to address normal life difficulties in a confidential and professional environment.

WHY WAS THIS PROGRAM CREATED?
Being a physician isn’t easy. Difficulties with the current healthcare delivery system, maintaining a healthy work-life balance, and dealing with the normal stresses of everyday life can take their toll on physicians.

We serve not only our treating physicians but many families as counselors to patients who turn to us for guidance. Who do we turn to when we need to talk through an issue or get some coaching on how to handle stress in our life? Too often the answer is “no one,” and that is regrettable because it is imperative that we be as healthy as possible in our role as healthcare providers.

We deserve to function at our best in all areas of our life. By addressing areas of difficulty, we can decrease our stress levels and increase our levels of resilience.

SOME EXAMPLES OF THOSE DIFFICULTIES INCLUDE:

- Family issues
- Relationship problems
- Work-related difficulties
- Alcohol/drug abuse
- Depression & anxiety
- Difficulty managing stress
- Mood swings
- Suicidal thoughts

UK Emergency Medicine
House Staff:

Whether related to clinical practice or personal matters, health care professionals often bear a heavy load related to stress. Sometimes it gets to the point where we need an outlet beyond ourselves.

GME has partnered with the Lexington Medical Society (LMS) to offer a completely free and confidential counseling service that is not connected to UK or your health insurance. Individuals accessing this resource will remain anonymous to GME and LMS; there is no way for GME, your program, or any UK entity to identify who seeks counseling.

Lexington Medical Society Physician Wellness Program
To schedule an appointment, call 1-800-350-6438. You will be asked to leave a voicemail message and your call will be returned within the same day.

- Any UK GME resident or fellow can access (not just physicians)
- Free and confidential counseling service not connected to UK or your health insurance
- 6 free counseling sessions a year via The Woodland Group, a Lexington psychologist practice
- Resource is available 24/7 for any support need
- Whether related to depression or anxiety, work related stressors, relationship concerns or just difficulty coping with the demands of residency or fellowship.
- Individuals utilizing this service will remain anonymous to GME and LMS
- Refer to attached flyer for additional information

Additional Non-emergent Counseling Options

UK Work-Life Counseling: http://www.uky.edu/hr/work-life/counseling/worklife-connections-counseling

Individual Counseling for life stress, work performance, substance abuse concerns, mental health

REFER Program: http://www3.ca.uky.edu/hr/carecenter/referprogram.htm UK Family Center Counseling focused upon personal, couple, or family concerns

UK Department of Psychiatry Outpatient Clinic call 323-6021. Follow prompts for the Outpatient Clinic. Business hours, five days per week.

Emergent Psychiatric Care
**24/7 assistance is available via The Ridge Behavioral System: call 859-268-6400. Ask for the Assessment Office and identify yourself as a UK resident/fellow needing immediate evaluation. If
Residents:

Recently national EM organizations have been focused on resident stress, depression, resilience, and burnout. The residency office has cataloged the resources that are available to our residents for building resiliency and coping with difficult situations, depression, and stress. Please be aware of the resources that we have to assist you should you need or want to use them. The residency office and the Program Directors are always available to discuss ANY of these issues with you at ANY time. Specifically, how the program can support you in times of need and what options are available should you desire wellness resources and counseling. I am ALWAYS available to help you with issues that you are facing. Your issues are my issues. My personal cell is 859-940-1989 -- Christopher Doty, MD

Resident Wellness Resources from the 2015-2016 GME Resident Handbook

COUNSELING Non-Emergent Psychiatric Help: Under the auspices of the Department of Psychiatry, access to confidential consultation regarding the need for psychiatric services is available through the UK Outpatient Clinic during business hours, five days per week. The telephone number is 859-321-6021. Follow prompt for the Outpatient Clinic.

Resident Crisis Referral Program: Under the auspices of the Department of Psychiatry, access to confidential consultation regarding the need for emergency psychiatric services is available to residents 24 hours per day, seven days a week through the admissions office at the Ridge Behavioral System. The telephone number to call is 268-6400. The resident is to ask for the 8 [Page Assessment Office and identify him/herself as a UK resident needing immediate evaluation. If admission is required, the caller will be asked to go directly to the Ridge, bypassing evaluation in the UK ER.

The Impaired Physicians Program (IPP) of the Kentucky Physicians Health Foundation: (or equivalent for other specialties): The IPP assists in the recovery of physicians who have substance abuse problems. It provides evaluation, referral for treatment and ongoing aftercare including regular meetings and compliance monitoring. It also serves as an advocate for the recovering physician with the Kentucky Board of Medical Licensure and other appropriate agencies. Help for oneself or a peer can be obtained confidentially by calling 502-425-7761.

Employee Assistance Service: Residents may also avail themselves of the University’s Employee Assistance Program, REFER. The initial problem assessment/consultation session is free to all employees. Fees and expenses incurred as a result of referrals are the responsibility of the employee. You can contact REFER at 859-357-1467.

Lexington Medical Society: The LMS has a free service that is completely separate from GME infrastructure. There is no reporting back to UK about who uses this service, only that a UK resident used the service. To access this, call 1-800-350-6438 and leave a message for Dr. Hough or Dr. Smith that you want to be seen. They will call you to set up an appointment. There are 6 free sessions each calendar year and is completely confidential. Please see the attached PDF.

The National Crisis Helpline: 1-800-777-8000. It is available 24 hours a day and is a safe source of support for individuals in crisis. You can also text “go” to 741741 to get a counselor anytime.

If you are in crisis, anyone can call the Program Directors anytime, for any reason at all.

UK EM Resident Wellness Resources, 7/1/2016