

ST. LUKE'S EMERGENCY MEDICINE

Location: St. Luke's Regional Medical Center

FACULTY CONTACT:

Gary Brandecker, M.D.

Address:

St. Luke's Regional Medical Center

190 E. Bannock Street

Boise, ID 83702

Phone: 208 344-7437

E-mail: cpinkston@emidaho.com

OVERALL EDUCATIONAL PURPOSE

To learn and/or develop the cognitive, communicative, and procedural skills necessary for the management of internal medicine emergencies.

To learn to stabilize major surgical and psychiatric emergencies.

To learn the presentation, diagnosis and treatment of minor surgical emergencies and psychiatric emergencies.

To learn the issues of cost containment and recognition of medicolegal issues and risk management in the emergency department.

To learn to recognize and deal with ethical problems in emergency care.

TEAM STRUCTURE

ER Attending

R1

PRINCIPAL TEACHING METHODS

There is a full-time faculty attending present in the emergency room who supervises teaching the ER resident; the faculty attending reviews and co-signs every emergency room note and discusses with the resident those with particular teaching value.

EDUCATIONAL CONTENT

Mix of Diseases

Minor trauma including lacerations, contusions and fractures. Minor illness including respiratory infection, diarrheal illness, urticaria. Major illness including non-cardiac and cardiac chest pain, pneumonia, COPD exacerbation, poisonings and intoxications, stroke, sepsis, GI bleeding, soft-tissue infection.

Patient Characteristics

The patient population reflects that of the community, and includes an equal mix of men and

women of all ages, primarily Caucasian.

Types of Clinical Encounters

All patients are seen in the emergency setting.

Procedures

The resident will be ACLS certified and will have the opportunity to perform these procedures: nasogastric intubation, arterial blood gas analysis, suturing, splinting, thoracentesis, paracentesis, central line placement and urethral catheterization.

Services

There is a full complement of specialty consultation available 24 hours per day.

ROTATION SPECIFIC SCHEDULE

The resident works sixteen 12-hour shifts.

Occasional weekend shift, no call.

PRINCIPAL EDUCATIONAL MATERIALS USED

There is a small library available in the Medical Service conference room as well as the emergency room. Additionally the main library with texts and journal holdings is situated in the Learning Resource Center near the general medicine ward. Residents have access to this area 24 hours a day.

There is a complete medical library at the VA Medical Center, as well as St. Luke's Regional Medical Center, St. Alphonsus Regional Medical Center, with texts, journals and available computer access. Point-of-Contact computer reference is available to UW School of Medicine library resources and VAMC on-line reference materials, such as Up-to-Date, Micromedics, PubMed and others.

There is wide availability of personal computers with a network allowing instant access to Medline, Stat Reference, Patient Data and other educational sources.

There are maintained teaching files for particularly demonstrative x-rays, pathologic material, electrocardiograms, echocardiograms, clinical vignettes, etc

METHODS USED IN EVALUATING RESIDENT AND PROGRAM PERFORMANCE

At the end of the rotation, the resident is evaluated in writing and their performance reviewed with them verbally by every attending, fellow or supervising resident he or she has interacted with for a significant amount of time. The evaluator rates each resident on a nine-point scale in each component of clinical competence (i.e. clinical judgment, medical knowledge, clinical skills, humanistic qualities, professional attitudes and behaviors, medical care, educational attitudes, leadership and overall clinical competence).

The resident is given the opportunity to evaluate in writing the quality of the curriculum and the extent to which the educational goals and objectives of the rotation have been met. The

resident also evaluates the teaching competence of each attending, fellow or supervising resident with whom they have interacted for a significant amount of time.

EXPLICIT LINES OF RESPONSIBILITY FOR THE CARE OF PATIENTS ON THIS SERVICE

The resident is the first physician to see the patient in the Emergency Room. The resident initiates diagnostic and therapeutic orders and completes the Emergency Room documents including a brief history, physical examination, assessment, and plan. All patients are then examined by and discussed with the ER attending who co-signs all notes and retains ultimate responsibility for patient care.