



## **EMERGENCY DEPARTMENT ORIENTATION PACKAGE**

A warm welcome is extended to you from the staff in the **Emergency Department** at St. Michael's Hospital.

Your scheduling and vacation requests should be directed to Ms. Lina Lorzano, or in her absence, to the Emergency Medicine Rotation Coordinator, Dr. David MacKinnon. It is important to note that such requests are handled on a "first come, first served" basis. Approval depends on the number of requests received. Please remember that you need to also provide us with information re. "half-days back" and "core days" (**see section on Scheduling on the next page**).

**Emergency Medicine Core Rounds** are held each **Monday and Friday at 0830 hours** in the Emergency Medicine Teaching Room. In addition, Emergency Medicine Department Rounds are held at 0800 hours on the second Wednesday of each month with light breakfast being provided.

### **Staff Emergency Physicians:**

Dr. Bryan Au	Dr. Cathy Longley
Dr. Glen Bandiera (Chief)	Dr. Lingli Ma
Dr. Ross Blundell	Dr. David MacKinnon (Site coordinator, PGY 1&2)
Dr. Daniel Cass	Dr. James Maskalyk
Dr. Douglas Chisholm	Dr. Jennifer Riley
Dr. Jason Falk	Dr. Dale Ryan
Dr. Sara Gray	Dr. Julie Spence
Dr. Laura Hans (Site Coordinator, Medical Students)	Dr. Brian Steinhart (Site Coordinator, Fellows)
Dr. Martin Horak (Site Coordinator, PGY 3, 4 & 5)	Dr. Carolyn Snider
Dr. Reuven Jhirad	Dr. Fernando Teixeira
Dr. Simon Kingsley (Assistant. Chief)	Dr. Margaret Thompson
Dr. Yasmin Khan	Dr. Richard Yu

Ms. Karen Gaunt (Clinical Leader/Manager)  
Mr. Andrew McLeod (Admin. Asst. to Chief)  
Ms. Lina Lorzano (Admin. Assistant)

## **EVALUATION (Dr. David MacKinnon)**

In order to improve our evaluation and feedback system for the ED, all trainees will be given a stack of orange-coloured feedback cards. The card will be given to the Staff Emergency Physician at the end of each shift and discussed. These cards, as well as verbal discussions at monthly staff meetings, will be the basis of your end of rotation ITER. This process will ensure timely feedback and attention to educational needs through the rotation. Questions regarding the educational experience, feedback and evaluation should be directed to **Dr. David MacKinnon** at [crocsmackinnon@hotmail.com](mailto:crocsmackinnon@hotmail.com)

## **SCHEDULING**

As per the PAIRO contract, no more than 60 hours per week of clinical time will be required during your Emergency Department rotation. In fact, **on average** 40 hours per week of clinical time will be scheduled in addition to your program's half-day (and other) requirements.

In response to requests from previous housestaff, we will be reducing shifts from 10 to 8 hours duration. You will be assigned to work your shift in a designated area with a particular Staff Emergency Physician on each day that you are working in the ED. We will attempt to give you a fair distribution of Major, Minor and Intermediate experience. You should report-in with that Emergency Physician on the hour at the start of the shift to take report and should expect to stay for a short time after your shift to sign-over your patients to the next team.

If, for any reason, you are unable to attend a shift, you must arrange a switch with your colleagues and inform the ED **as soon as possible**.

To facilitate scheduling, all housestaff must forward their **requests for any time off at least 4 weeks before the start of that rotation. This includes all half-days that may be arranged by your parent specialty.** Do not assume that your program has communicated these half days to us. All half days will be accommodated **if** we are aware of these as noted above. **There will be no exceptions.** Other requests for specific dates off will be considered only in exceptional circumstances. You may trade shifts with your fellow housestaff to accommodate personal preferences, but **you may NOT trade into an "empty" shift without approval by Dr. David MacKinnon.**

Vacation requests are granted on first come, first served basis. Only one housestaff can be scheduled off at a time. Each vacation week will start on the Monday through to the Friday (5 consecutive days) with either the weekend before or the weekend following added. Only one week's vacation can be requested per rotation. Vacation requests, as per the PAIRO contract, must be submitted by February 15. After that date, no requests will be entertained. **There will be no exceptions.**

Please contact **Dr. David MacKinnon** or **Ms. Lina Lorzano** at [emergadmin@smh.toronto.on.ca](mailto:emergadmin@smh.toronto.on.ca) or (416) 864-5095 with requests.

## **Educational Objectives for the PGY-1 Trainees**

### **Acute Management**

- To develop those skills appropriate to the initial assessment of the undifferentiated patient
- To develop those triage skills appropriate to the management of, as yet undifferentiated patients presenting to the Emergency Department (ED), as well as the prioritization of care to patients already admitted to the ED.
- To rapidly recognize the acutely ill/injured patient and to develop a systematic prioritized approach to his/her assessment, stabilization and treatment.
- To quickly formulate a working differential diagnosis, focusing initially on those most serious conditions which need prompt confirmation or exclusion.
- To recognize the indications, contraindications and complications of invasive and non-invasive procedures.

### **Case Presentations**

- To communicate a succinct patient history, identifying the relevant problems and outlining the proposed plan for investigation and management.
- To develop good habits of charting, with concise recording of pertinent negative and positive findings.

### **Pharmacology**

- To become familiar with the drugs and dosages used in the ED, including contraindications and adverse effects.

### **Emergency Medical Services**

- To acquire an understanding of pre-hospital care, including paramedics, ambulance, first-aid providers, poison control, disaster planning and public education programs.

### **Team Relations**

- To listen to, and effectively communicate with, all members of the health care team, e.g. pre-hospital care providers, nurses, respiratory technologists, radiology and lab technologists, housestaff and consultants.

### **Multidisciplinary Care**

- To demonstrate the ability to co-ordinate care for patients, including appropriate referral to, for example, family doctors, consultants, home care, social services, community agencies, children's aid, physiotherapy, occupational therapy, addiction services, etc.

### **Communications**

- To listen to, and effectively communicate with patients, their families, and other health care workers and to show a compassionate interest in the patient as a person.

**Ethical Issues**

- To recognize the importance of, and to understand the principals of ethical medical treatment, including competency and consent issues.

**Self-Assessment**

- To understand personal capabilities, function within limits of competence and demonstrate a reliability and responsibility to continuous improvement as a physician.

**Procedures**

To recognize the need for technical emergency interventions and over time, to acquire appropriate expertise in relevant Emergency Medicine procedures.

- Ventilatory support; including use of supplemental Oxygen, bag valve mask ventilation and endotracheal intubation
- Placement of NG tubes
- X-ray interpretation
- Intravenous access and central line insertions
- Venipuncture/Arterial blood gas sampling
- Wound management and suturing
- Fracture care and casting/splinting
- Bladder catheterization
- Slit-lamp examination
- Tonometry
- Use of external pacemakers
- Defibrillation/Cardioversion
- Cardio-pulmonary resuscitation
- EKG and rhythm strip interpretation
- Thoracostomy
- Epistaxis care; cauterization and nasal packing.

# KEYS TO SUCCESS IN THE EMERGENCY DEPARTMENT

## ***Ten Commandments to Remember in the ED*** *(Actually 17!)*

1. ED patients may be or may become very sick very quickly, often right in front of you. If you are concerned (even a little bit!) about your patient, bring the situation to the attention of the Staff Emergency Physician (EP) immediately. Sick patients often respond to immediate, aggressive attention.
2. Please ensure that you review all your cases with the attending staff before they are discharged. Never discharge a patient without speaking to the EP.
3. Do not initiate a consultation with another service without speaking to the EP.
4. The chart is your friend! In a medical-legal situation it may be all *you* have to fall back on. Please chart NEATLY, thoroughly and include important positives and negatives in your note (i.e. No neck stiffness!)
5. If you don't know how to do Chlamydia swabs, ASK!
6. ASK!
7. Have fun. You will be talking about this rotation when you are an accomplished Endocrinologist in Napanee, Ontario
8. Be safe. Wear gloves. Don't recap your needles. Keep yourself between the door and the patient if you are intimidated. Don't hesitate to leave if you feel threatened or abused. Call Security or push the yellow stripe on the wall if you need help!
9. Read about the cases you see.
10. Always write your interpretation on the X-ray green interpretation sheet after you look at an X-ray. The Radiologist will let us know if they disagree and we can take corrective action (i.e. we missed a fracture!).
11. Don't sign out your patients to other housestaff. It is too confusing for the EP.
12. Talk to your patient's family. When you have finished your evaluation, make sure you speak to family or visitors who may be in the waiting room (unless your patient does not wish you to). It is important to let them know how your patient is doing and give them an estimate of the anticipated length of stay. Always overestimate the length of stay. Things take longer than you think. Remember that collateral history from family or friends is often helpful.

13. Every patient must be given instructions for follow-up care and referral to a follow-up physician, no matter how trivial the problem (See documentation and charting guidelines)

14. You can learn a lot, even in “minor”!

15. ALWAYS, ALWAYS, ALWAYS note the EP you discussed your case with on the bottom of your chart in the appropriate box.

16. PLEASE TRY to record the time you saw and discharged your patient or consulted another service. You will be glad you did!

17. Learn how to do urine microscopy on your first day!

### **What do I need to know about TRIAGE?**

- Patients in the ED are seen and assessed first by experienced Triage RNs. They are then assigned to one of the three areas of the department (Major, Intermediate or Minor).
- Patients are seen in order of severity of their illness.
- If two patients in the same triage category are waiting to be seen, see the patient who presented first.
- You may discuss which patients will provide the highest educational value with the Staff EP, but in general, patients are to be seen based on their triaged acuity.
- Triage is not a perfect system. The initial assessment is brief and occasionally incorrect. If you are concerned that a patient triaged as low priority may have or be developing a serious condition please IMMEDIATELY notify your attending physician EVEN IF YOU HAVE NOT COMPLETED YOUR ASSESSMENT. It is not uncommon for patients requiring more attention or monitoring to be moved to another higher acuity area of the ED. If this happens you will still be involved in your patient's care.

### **What is the role of the attending Emergency Physician (EP)?**

- The EP is ultimately responsible for all patients who are seen in the ED.
- Every patient **must** be discussed with the EP prior to discharge, admission or transfer.
- It is the responsibility of residents and medical students to ensure that patients are discussed with the EP and are not discharged before she/he has reviewed and evaluated the patient.
- Occasionally, the EP may ask you to discharge a patient after discussing the case with you without actually physically seeing the patient. This may occur when the EP is comfortable with your skills and assessments. Please document that you have discussed this case with the staff.
- When seeing a patient who has been sent by another physician to the ED for assessment, this should be communicated to the EP. Any documentation which accompanies the patient, including referral notes, should be shown to the EP. This helps address the concerns of the referring physician and to provide follow-up.

### **Do I need to discuss every patient with the Emergency Physician?**

- Yes

### **Is there a library I can use during my rotation?**

- Yes. We have a library of standard Emergency and general medical textbooks that we keep in our "Research Office". You are welcome to use them in the department during your rotation. Please do not take them home.
- We maintain a subscription to an electronic library that includes textbooks and many full texts of major journals on-line at [www.mdconsult.com](http://www.mdconsult.com) Ask the EP to sign you in.
- We have Internet access throughout the department. Try [www.emedicine.com](http://www.emedicine.com) . It is a reasonable, free on-line Emergency Medicine reference book.
- A digital camera is available for photographing interesting cases or findings.

## When are rounds?

- Formal *Teaching Rounds* are held Monday and Friday mornings from 8:30-10:00 am.
- Topics vary, but are always on an important topic in Emergency Medicine and are presented by the ED Staff.
- Be there or be square. Attendance is **required and recorded**.
- The resident finishing the night shift prior to Rounds (Sundays and Thursdays) is **responsible for bringing a case to discuss at Rounds on Monday and Friday mornings**.

## What time is lunch?

- Eat when you can... sleep when you can... You know the rest!
- Please go for lunch! Even if it is crazy you should take care of yourself and eat properly. You will be a better, more attentive and alert physician.
- You don't need to "ask" to go to lunch, but let the EP know what's going on with your patients.
- You will find Emergency shifts tiring. Don't plan on being particularly energetic at the end of your shift!

## Psychiatry Patients

- Our responsibility is medical clearance. Psychiatry patients in the ED are "co-managed" by Emergency and Psychiatry staff. It is important to be certain that the patient does not have an acute medical condition that has precipitated and altered mental status (i.e. a delirium).
- Be especially careful with the elderly, patients who may have ingestions or complex medical problems.

## Obstetrical Patients

- Obstetrical patients beyond 20 weeks GA are transferred directly to Labour and Delivery unless they present for a complaint completely unrelated to pregnancy.
- All women of childbearing age should be considered pregnant until proven otherwise.

## Trauma Patients

- St. Michael's Hospital is a designated trauma hospital.
- Patients who meet "Trauma Triage Guidelines" bypass other hospitals and are brought directly by ambulance to St. Michael's.
- "Off the street" trauma patients are initially managed by the Emergency Physician and ED housestaff and may be referred to the Trauma Team. You will be involved in the

care and resuscitation of these patients.

- Trauma patients referred from other hospitals to the Trauma Team are met in the Trauma Room. You may not be involved with these patients on your rotation.

## **Scheduling**

- Your schedule is constructed according to PAIRO guidelines
- You *may* have 1 week of vacation during your rotation. Vacation requests are “first come, first served” and must be made in writing. Vacation requests must be submitted to the Emergency Administration Office.
- If you have questions about your schedule contact Dr. David MacKinnon or Ms. Lina Lorzano in the Emergency Administration.

## **What if I have to miss a shift?**

- You are responsible for finding a replacement if you must miss a shift. Please try to arrange a trade with a colleague if you are unable to meet a shift obligation. We are counting on your help!
- A shift in the ED will be recorded in the same manner as an “on-call” shift.

## **Do I get any feedback or an evaluation?**

- Yes. You will get an evaluation and feedback at the end of your rotation. You will also get ongoing feedback when you give the Staff EP your orange shift evaluation card.
- Your completed orange shift evaluation cards, together with discussion on your performance at the Staff EPs’ meeting will be used to compile your end of rotation ITER.

## **What is the “Rotary Centre”?**

- The Rotary Centre is an area in the hospital (attached to Minor) for patients who may be homeless or underhoused and have been discharged from the ED, but may not be ready to return to the street. The Rotary Club of Toronto donated funds for the facility.
- In the Rotary Centre clients can do laundry, watch TV, get a meal, use the phone or speak to a Social Worker.
- They may stay up to 18 hours in the Rotary Centre.
- The Rotary Centre is NOT a detox facility or a place for abusive, violent or threatening individuals.

### **What do I need to know about Radiology services?**

- We have 24h X-ray service in the Department.
- If we need something other than a plain non-contrast head, renal colic or plain spine CT, we need to speak to the radiologist in the CT suite (Ext. 5663) or after-hours, the Radiology resident to discuss the case.
- We do lots of plain head CTs.
- Ultrasound is available Monday-Friday from 8am – 4pm. If you need an ultrasound, don't miss the 4pm cutoff!!!

### **I have more questions, who should I ask?**

- Ms. Lina Lorzano, the Emergency Medicine Administrative Assistant, can answer most questions about your rotation or direct you to someone who can. She can be reached in the Emergency Administration Offices (Shuter 1-008), at (416) 864-5095 or e-mail ([emergadmin@smh.toronto.on.ca](mailto:emergadmin@smh.toronto.on.ca)).
- If you have an urgent concern, please call the clinical area of the ED (416) 864-5094 and ask to speak to the Emergency Physician on duty.
- If you have suggestions about this package, please e-mail Dr. David MacKinnon ([crocsmackinnon@hotmail.com](mailto:crocsmackinnon@hotmail.com))

## SOME TIPS ABOUT CHARTING

1. Please record times on the chart! They are important for many reasons. Please record:
  - Initial time you saw the patient (there is a box for this at the top of the chart)
  - Discharge time
  - Time you contacted consultants (time you called, time they answered or arrived and *who* you spoke to)
  - Any reassessment times.
2. Read and acknowledge the nursing notes. This is an important method of communication between nurses and physicians. Patients find it annoying when physicians appear not to know why they are in the ED, despite having told their story to two or three other members of the ED staff. Nurses' notes often will provide important information that may otherwise not be appreciated. Be especially careful with your documentation if your assessment differs from the nursing assessment!
3. Pay particular attention to vital signs that have been documented and make sure you have a good explanation for any abnormal signs (especially if you are considering discharging the patient). If vital signs are not on the chart already, do them yourself.
4. Write legibly!
5. Document your history and physical exam carefully, including:
  - Past medical history
  - Risk factors
  - "pertinent negatives"Our charts have limited writing space. If you need more, add a continuation sheet!
6. Do not use abbreviations or document things you did not do:
  - If you did not check for "accommodation" when examining the eyes do not write "PERRLA". If you write "CN II-XII normal" please be prepared to explain in detail in court the names, function and method of testing *all* the cranial nerves.
7. Please record the name of the attending staff EP you discuss the case with. You must discuss your patients before they are discharged or a consultation is sought. You share responsibility for that patient with your attending staff. Remember, the patient may be "registered" under a different MD that the attending staff you review the case with.