

Ronald Reagan UCLA Medical Center /Olive View-UCLA Medical Center Emergency Medicine Residency
Rotation Curriculum

Rotation: **Emergency Medicine** (PGY1, PGY2, PGY3, PGY4)

Site: Ronald Reagan UCLA Medical Center (RRMC)
757 Westwood Plaza
Los Angeles, CA 90095

Contacts: **Rotation Director**

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Schedule: https://rm.verinform.com/pm/pm_start.phtml?db=ucla

Enter assigned user name and password. Under the “Schedules” section:

PGY1 Select “EMC Rotator Schedule”

PGY2-4 Select “Resident Schedule”

Shifts

UA 8:00 AM to 8:00 PM (This shift is covered by at least one senior resident.)

UX 10:00 AM to 7:00 PM

UY 6:00 PM to 4:00 AM

UP 8:00 PM to 8:00 AM (This shift is covered by at least one senior resident.)

The scheduling of shift is variable and averages 4.0 - 4.5 shifts per week in any given block. On average over four weeks, residents should not be schedule for more than five shifts in seven days. Residents may not work more than 12 consecutive hours in the ED and must have the same time off duration of the shift prior to beginning the next assigned shift.

Description of Rotation:

The patient population in the Emergency Department (ED) at the Ronald Reagan UCLA Medical Center (RRMC) reflects the medical center's role in serving as an international referral center and a community hospital for the population of the west side of metropolitan Los Angeles. In addition,

the facility is a Level 1 trauma center with a large catchment area. This results in a clinical experience characterized by patients with complex problems from wide geographic, ethnic, and socioeconomic backgrounds. Complex transplant patients, critically ill trauma patients, and a broad range of geriatric, adult, and pediatric patients are all represented.

Rotation assignments:

- PGY1 – 12 weeks
- PGY2 – 15 weeks
- PGY3 – 17 weeks
- PGY4 – 15 weeks

Responsibilities:

The major duty of EM residents is to see patients on a primary basis. Additional responsibilities to teach more junior trainees and manage the ED are added with each year of training. EM residents are directly supervised by EM faculty at all times. Residents are expected to be active participants in daily morning rounds at shift change. EM senior residents direct morning rounds in conjunction with the EM faculty. Evening sign out also is supervised by the faculty.

Goals and Objectives

Please refer to attached chart at the end of this document for more details.

Assessment

Please refer to attached chart at the end of this document for more details.

| GOALS AND OBJECTIVES | COMPETENCIES ADDRESSED | SKILL LEVEL | | | | ASSESSMENT/ EVALUATION TOOLS |
|---|------------------------|--------------|-------------|-------------|---------|------------------------------|
| | | Introduction | Familiarity | Proficiency | Mastery | |
| 1.0 SIGNS, SYMPTOMS, AND PRESENTATIONS | | | | | | |
| Recognize the level of acuity of patients presenting the ED including critical, emergent, and low acuity. | PC,MK,SBP | PGY1 | | PGY2 | PGY3 | FE, PE, OE, NE |
| Prioritize sequence of physician tasks based on patient acuity. Physician tasks include: <ul style="list-style-type: none"> • emergency stabilization • focused history and physical • diagnostic studies • therapeutic interventions including pharmacotherapy | PC,MK, SBP | PGY1 | PGY2 | PGY3 | PGY3 | FE, P E, OE, NE |

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|---|-------------|------|------|------|------|---------------|
| <ul style="list-style-type: none"> • observation and reassessment • consultation • disposition • documentation and • multi-tasking • team management | | | | | | |
| Able to risk stratify patients presenting with complaints including chest pain and shortness of breath using current evidence. | PC, MK, PBL | PGY1 | PGY2 | PGY3 | PGY4 | OE, FE, PE |
| Utilizes an evidenced based approach in the management of pediatric fever. | PBL,MK,PC | PGY1 | | PGY2 | PGY3 | FE,OE,PE |
| 2.0 ABDOMINAL AND GASTROINTESTINAL DISORDERS | | | | | | |
| Diagnosis and manage of acute abdominal presentations including: <ul style="list-style-type: none"> • appendicitis • diverticulitis • pancreatitis • biliary disease • abdominal aortic aneurysm | PC,MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| 3.0 CARDIOVASCULAR DISORDERS | | | | | | |
| Recognize and manage patients requiring cardiac pacing. | PC,MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| Diagnosis and management of acute coronary syndromes. | PC,MK,SBP | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE,NE |
| Recognize and manage presentations associated with congenital disorders of the cardiovascular system. | PC, MK,SBP | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| Recognize and manage cardiac dysrhythmias including ventricular and supraventricular conduction disorders. | PC,MK, SBP | PGY1 | PGY2 | PGY3 | PGY3 | FE,PE, OE |
| Recognize and manage diseases of the myocardium including congestive heart failure, cardiomyopathy including ischemic cardiomyopathy, and myocarditis | PC,MK,SBP | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| Recognize and manage hypertensive disease presenting to the ED including asymptomatic hypertension, and hypertensive emergency. | PC,MK,SBP | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |

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| 4.0 CUTANEOUS DISORDERS | | | | | | |
| Recognize and manage common cutaneous disorders including: <ul style="list-style-type: none"> • skin cancer • decubitus ulcers • dermatitis, • infections • maculopapular lesions • vesicular lesions. | MC,MK,SBP | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| 5.0 ENDOCRINE, METABOLIC, AND NUTRITIONAL DISORDERS | | | | | | |
| Recognize and manage common endocrine and metabolic disorders including: <ul style="list-style-type: none"> • acid-base disturbances • adrenal diseases • fluid and electrolyte disturbances • complications of diabetes including diabetic ketoacidosis and hypoglycemia • thyroid disorders | MC,MK,SBP | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| 6.0 ENVIRONMENTAL DISORDERS | | | | | | |
| Recognize and manage common environmental disorders including: <ul style="list-style-type: none"> • bites and envenomations • radiation emergencies • dysbarism • electrical injuries • high-altitude illness • submersion injuries • temperature related illness | MC,MK,SBP | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| 7.0 HEAD, EAR, EYE, NOSE, THROAT DISORDERS | | | | | | |
| Recognize and manage common Head, Ear, Nose, and Throat disorders including: <ul style="list-style-type: none"> • ear foreign bodies • dental disorders • otitis media • otitis, externa • perforated tympanic membrane | PC, MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |

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|---|--------|------|------|------|------|------------|
| <ul style="list-style-type: none"> • epistaxis • sinusitis • Ludwig’s Angina • sialolithiasis • parotitis • epiglottitis • pharyngitis, and retropharyngeal abscesses | | | | | | |
| <p>Recognize and manage common traumatic and nontraumatic ophthalmologic presentations including:</p> <ul style="list-style-type: none"> • conjunctivitis • corneal abrasions • foreign bodies • glaucoma • hyphema • iritis • orbital cellulitis • ruptured globe | PC, MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| <p>Perform ophthalmologic examination techniques including slit lamp examination, fundoscopy, and tonometry.</p> | PC, MK | PGY1 | PGY2 | PGY3 | PGY4 | FE |
| 8.0 HEMATOLOGIC DISORDERS | | | | | | |
| <p>Recognize and manage common hematologic disorders including:</p> <ul style="list-style-type: none"> • transfusion reactions • sickle cell anemia • coagulation defects • thrombocytopenia • disseminated intravascular coagulation • anemia • methemoglobinemia • leukemia, and lymphoma | P, MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| 9.0 IMMUNE SYSTEM DISORDERS | | | | | | |

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|---|-----------|------|------|------|------|------------|
| Recognize and manage the manifestations and complications of Human Immunodeficiency Virus (HIV) | PC, MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| Recognize and manage allergic reactions, anaphylaxis, angioedema and drug allergies | PC,MK | PGY1 | PGY2 | PGY3 | PGY4 | FE,PE.OE |
| Recognize and manage presenting to the ED with complications of bone marrow and solid-organ transplantation including rejection and immunosuppression. | PC,MK,SBP | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| Recognize and manage collagen vascular disorders including: <ul style="list-style-type: none"> • reactive arthritis • rheumatoid arthritis • scleroderma • systemic lupus erythematosus • vasculitis. | PC,MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| 10.0 SYSTEMIC INFECTIOUS DISORDERS | | | | | | |
| Recognize and manage bacterial infections including: <ul style="list-style-type: none"> • sepsis • tuberculosis, • chlamydia and gonococcal infections • endocarditis, • syphilis • tetanus • meningococemia | PC,MK | PGY1 | PGY1 | PGY3 | PGY4 | FE, PE, OE |
| Recognize and manage the manifestations of exposure to biologic weapons. | MC,MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| Recognize and manage tick-borne illness including Lyme Disease and Rocky Mountain Spotted Fever, | MC,MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| Recognize and manage viral infections including: <ul style="list-style-type: none"> • Mononucleosis • Influenz • Hantavirus • Herpes Simplex • Chicken pox and herpes zoster | MC,MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |

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| <ul style="list-style-type: none"> • Rabies • Roseola • Rubella | | | | | | |
| Recognize and manage protozoan infections including malaria and toxoplasmosis | MC, MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| 11.0 MUSCULOSKELETAL DISORDERS (TRAUMATIC AND NONTRAUMATIC) | | | | | | |
| Recognize and manage common adult and pediatric orthopedic injuries including open and closed fractures, sprains and infections. | PC, MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| Recognize and manage joint disorders including: <ul style="list-style-type: none"> • gout • septic arthritis • adult and juvenile rheumatoid arthritis • osteoarthritis | PC, MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| Recognize and manage soft tissue infections including: <ul style="list-style-type: none"> • cellulitis • fasciitis • felon • paronychia • gangrene • tenosynovitis | PC, MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| 12.0 NERVOUS SYSTEM DISORDERS | | | | | | |
| Recognize and manage nervous system disorders including: <ul style="list-style-type: none"> • Bell's palsy • trigeminal neuralgia • multiple sclerosis • headache • Hydrocephalus • dementia • Parkinson's disease • pseudotumor cerebri • meningitis | PC, MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |

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|---|-----------|------|------|------|------|------------|
| <ul style="list-style-type: none"> • myelitis • dystonias • Guillain-Barre syndrome • myasthenia gravis • peripheral neuropathy • seizure disorders including febrile seizures and status epilepticus • spinal cord disorders including compression | | | | | | |
| Recognize and manage patients presenting with an acute stroke who may benefit from neuro-interventional procedures. | PC,MK,SBP | PGY1 | | PGY2 | PGY4 | FE, PE, OE |
| 13.0 OBSTETRICS AND GYNECOLOGY | | | | | | |
| Recognize and manage complications of pregnancy including: <ul style="list-style-type: none"> • Abortion • Ectopic pregnancy • Abruptio placentae • Placenta previa • Preeclampsia, eclampsia, and HELLP syndrome • Infections • Rh isoimmunization. | PC, MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| Perform an emergency vaginal delivery including recognizing and managing complications including: <ul style="list-style-type: none"> • malposition of fetus • nuchal cord • prolapse of cord • endometritis • hemorrhage • uterine rupture | PC,MK | PGY1 | PGY2 | PGY3 | | FE, PE, OE |
| Recognize and manage disorders of the female genital tract including: <ul style="list-style-type: none"> • pelvic inflammatory disease and tubo-ovarian abscess | PC, MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |

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| <ul style="list-style-type: none"> • ovarian cyst • ovarian torsion • Bartholin's abscess • vaginitis • vaginal bleeding. | | | | | | |
| 14.0 PSYCHOBEHAVIORAL DISORDERS | | | | | | |
| Recognize and manage psychobehavioral disorders including: <ul style="list-style-type: none"> • alcohol dependence • eating disorders • acute psychosis • bipolar disorder • depression • suicide risk, • schizophrenia • drug-seeking behavior • anxiety disorder • delirium • dementia | PC, MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| Recognizes patterns of and utilizes appropriate resources in the management of child abuse, intimate partner violence, elder abuse, and sexual assault | PC,MK,SBP | PGY1 | | PGY2 | PGY3 | FE,NE,OE |
| Perform a medical screen examination on psychiatric patients in the ED and transition care to the psychiatric team. | SBP, MK, PC | PGY1 | | PGY2 | PGY3 | FE,PE |
| 15.0 RENAL AND UROGENITAL DISORDERS | | | | | | |
| Recognize and manage renal and urogenital disorders including: <ul style="list-style-type: none"> • acute and chronic renal failure • complications of hemodialysis • urinary tract infection including pyelonephritis • glomerulonephritis • nephrotic syndrome • prostatitis • benign prostatic hypertrophy and urinary | PC, MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |

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| retention <ul style="list-style-type: none"> • testicular torsion • Fournier’s gangrene • nephrolithiasis • balanitis • phimosis and paraphimosis • priapism | | | | | | |
| 16.0 THORACIC-RESPIRATORY DISORDERS | | | | | | |
| Recognize and manage pulmonary disorders including: <ul style="list-style-type: none"> • pulmonary embolism • pneumonia • pneumothorax • chronic obstructive pulmonary disease • asthma • airway foreign bodies • septic emboli • mediastinitis • pertussis • croup and bronchitis • pulmonary hypertension | MK,PC | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| 17.0 TOXICOLOGIC DISORDERS | | | | | | |
| Recognize and manage patients with a suspected poisoning or overdose including: <ul style="list-style-type: none"> • Acetaminophen • Alcohols • Anticoagulants • Anticonvulsants • Antidepressants • Antihistamines • Antipsychotics • Carbon monoxide • Cardiovascular drugs • Caustic Agents • Cocaine • Cyanides | MK,PC,SBP | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |

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|---|-----------|------|------|------|------|-----------------|
| <ul style="list-style-type: none"> • Hallucinogens • Heavy Metals • Herbicides • Hydrocarbons • Iron, • Isoniazid • Lithium • Mushrooms • Neuroleptics • Opiates • Organophosphates • Salicylates • Sedatives/Hypnotics | | | | | | |
| 18.0 TRAUMATIC DISORDERS | | | | | | |
| Manage adult and pediatric traumatic resuscitations | PC, MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, NE, OE, PE, |
| Communicates effectively as Leader of Trauma Team Leader. | ICS ,SBP | | PGY2 | PGY3 | PGY4 | FE,NE,OE,PE |
| Recognize and manage adult and pediatric traumatic disorders including: <ul style="list-style-type: none"> • abdominal penetrating and blunt injuries • thoracic blunt and penetrating injuries • pericardial tamponade • pneumothorax • facial fractures • dental fractures • genitourinary trauma • head trauma • spinal injuries • amputations | PC, MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE |
| Stratify by severity and manage patients presenting with chemical, electrical and thermal burns. Initiates transfer to burn center when | SBP,MK,PC | PGY1 | PGY2 | PGY3 | PGY4 | FE, OE, PE |

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| indicated. | | | | | | |
| Understand the principles of Medical Direction and Triage during a Mass Casualty Incident | SBP,MK,PC | PGY2 | PGY3 | | | |
| PROCEDURAL SKILLS | | | | | | |
| Perform ED trauma procedures including: <ul style="list-style-type: none"> • tube thoracostomy • lateral canthotomy • central venous access • thoracotomy • intraosseous venous access | PC, MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, OE, PE |
| Manage the patient with an uncomplicated airway by endotracheal intubation. | PC, MK | PGY1 | | PGY2 | PGY3 | FE, OE, PE |
| Manage the patient with an uncomplicated airway by endotracheal intubation. Manage the patient with the difficult airway using: <ul style="list-style-type: none"> • laryngeal mask airway techniques • fiberoptic laryngoscopy • gum elastic bugie • cricothyroidotomy | PC, MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, OE, PE |
| Perform rapid sequence intubation (RSI) including the use of paralytic and induction agents. | PC,MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, OE, |
| Manage patients with non-invasive ventilation techniques including CPAP (Continuous Positive Airway Pressure) and BiPAP (Bi-level Positive airway Pressure) | PC,MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, OE, |
| Close simple lacerations. | PC,MK | | PGY1 | PGY2 | PGY4 | FE |
| Close complex lacerations | PC,MK | | PGY2 | PGY3 | PGY4 | FE |
| Perform bedside Ultrasonography for indications including: <ul style="list-style-type: none"> • trauma (FAST) • biliary disease • hydronephrosis • vascular access • cardiac function | PC, MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, |

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| <ul style="list-style-type: none"> pericardial disease deep vein thrombosis (DVT) | | | | | | |
| INTERPERSONAL AND COMMUNICATION SKILLS | | | | | | |
| Performs a focused EM history | PC, MK,C | | PGY1 | | PGY2 | FE,OE, |
| Communicates presentation effectively to attending physician. | PC, MK,C | | PGY1 | | PGY2 | FE,OE, |
| Communicates effectively with other members of the ED team including techs, nurses, scribes and clerks. | ICS | | | PGY1 | | FE,NE,PE |
| Communicates Effectively as Paramedic Base Station Physician | C,SBP,MK,PC | PGY2 | PGY3 | | | NE,FE, |
| Utilizes translation services effectively when taking care of non-English speaking patient. | PC,ICS, SBP,P | | | | PGY1 | FE,PE,NE |
| Effectively communicates bad news including death telling. | ICS | | PGY2 | PGY3 | PGY4 | FE,NE,OE,PE |
| PROFESSIONALISM | | | | | | |
| Maintain patient privacy and confidentiality in the ED. | P | | | PGY1 | | NE,PE,FE |
| Maintains professional standards for residents including promptness and proper dress in the ED. | P | | | PGY1 | | FE,NE,PE |
| SYSTEM-BASED PRACTICE SKILLS | | | | | | |
| Understand and apply the principles of ED operations such as information management, patient throughput and crowding, safety and security. | SBP | PGY3 | PGY4 | | | FE, PE, PE |
| Work efficiently in the ED to ensure efficient patient flow. | SBP | PGY1 | PGY2 | PGY3 | PGY4 | FE,NE,PE |
| Provides cost effective care in the ED when ordering diagnostic tests. | SBP, PBL | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, OE,NE |
| Effectively communicates patient hand-offs with ED residents at shift change, and in disposition of care to other services. | P, ICS, SBP | | | PGY1 | PGY2 | FE,PE,OE |
| Utilizes a scribe in effective patient charting. | ICS, SBP | | | PGY3 | | NE,FE |
| Apply the principles of patient safety in the ED | SBP,PC | | PGY1 | | PGY2 | FE, PE |
| Teach medical students, and other residents in the ED. | ICS , MK | | PGY1 | PGY2 | PGY4 | FE,PE |

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| Understand the principles of end-of-life care including advanced directives and palliative care. | SBP,PC,MK | PGY1 | PGY2 | PGY3 | PGY4 | FE, PE, NE, OE |
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PC Patient Care

MK Medical Knowledge

PBL Practice Based Learning and Improvement

ICS Communication

P Professionalism

SBP System Based Practices

FE Faculty Evaluations

PE Peer Evaluation

NE Nursing Evaluation

OE Oral Examination