

## Emergency Medicine Orientation Orlando Health

- I. ACGME Essentials
  - a. ACGME Outcome Project
  - b. ACGME Competency Full Text Outcome Project
  - c. Methods to Evaluate EM Residents Attainment of Competencies
    - i. Competency Assessment Methods
    - ii. Evaluation Tool
- II. Milestone Valuation Methods and Tools
  - a. EM Milestones
    - i. ABEM Final
  - b. Milestone Processes and Evaluation Methods
    - i. End of Shift Evaluations (CORD)
      - 1. EM 1
      - 2. EM 2-4
    - ii. Procedural Competencies
      - 1. General Approach and Procedural Competency Evaluation
      - 2. Airway Management
      - 3. Anesthesia-Acute Pain Management and Procedural Sedation
      - 4. Wound Management Procedure Milestone
      - 5. Vascular Access Milestone Procedural Evaluation
      - 6. Summary Milestone Tracking
    - iii. Sample Milestone Report (New Innovations)
    - iv. Additional Procedural Evaluations
      - 1. Resuscitation Competency
        - a. Medical-Trauma Resuscitation
      - 2. ORMC Specific Evaluations
        - a. CVA
          - i. CVA Form
        - b. US
          - i. US Log Cards
    - v. July Checklist
      - 1. July Level 1 Checklist (copy attached)
      - 2. Level 1 Milestone Overview (copy attached)

- vi. Additional Tools
    - 1. SDOT
    - 2. 360 Degree Evaluations
    - 3. Quarterly EM Faculty Evaluation
    - 4. Press Ganey
  - vii. Miscellaneous Material
    - 1. New RRC-EM Program Requirements
- III. PGY 1 Essentials
  - a. Program Goals and Objectives
  - b. PGY Annual Objectives
  - c. Off-Service Measurable Objectives
    - i. PGY 1
      - 1. Anesthesia and Pediatric Airway
      - 2. Anesthesia
      - 3. Internal Medicine
      - 4. Medical Intensive Care Unit
      - 5. OB Gyn
      - 6. Orthopedics
      - 7. Trauma General Surgery
      - 8. Ultrasound
    - ii. PGY 2
      - 1. EMS
      - 2. NICU
      - 3. PICU
      - 4. Trauma Surgical Critical Care
    - iii. PGY 3
      - 1. Community Hospital
      - 2. Emergency Department Administration
      - 3. Teaching Resident
  - d. 2013 EM Model of the Clinical Practice of EM
  - e. Residency Requirements
    - i. Orlando Health Code of Conduct
    - ii. Entering Duty Hours in NI
    - iii. OH IHI Requirement
    - iv. IHI Course Catalog

- IV. Semi Annual Evaluation
  - a. Semi-Annual Evaluation Template PGY 1
  - b. Dashboards BLINDED
  - c. Procedures by Resident 3 Year Report
- V. Residency Office Contact Information
- VI. Program Disclosures
- VII. Program Requirements
  - a. Things That You Are Required to Do
  - b. ORMC Residency Requirements (copy attached)
  - c. Resident Summary Report (copy attached)
  - d. Scholarly Activity Report
  - e. Faculty Scholarly Project Summary
  - f. EM Academic Accolades
  - g. CORD Practice Tests
  - h. Procedure Log (copy attached)
  - i. Summary Milestone Tracking (copy attached)
  - j. Procedure Log-How to in New Innovations
  - k. Patient Follow Up Form Sunrise Version
  - l. Resident Portfolio
  - m. Ultrasound Mandatory Requirements
  - n. US Core Topics
  - o. Ultrasound Report
  - p. Evidence-based EM M&M
  - q. Evidence-based EM Journal Club
  - r. Collective Peer-Reviewed Publications – Detailed Report
- VIII. Resident Credentialing
  - a. Emergency Medicine Resident Credentialing
  - b. XA Privileges List
  - c. POCT Credentialing ED Provider Waived POCT Instructions
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- IX. Colorado Compendium and Peer 8
  - a. Colorado Compendium
  - b. Peer 8 Answer Sheet
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## July Orientation Level 1 Milestone Assessments

Resident Name: \_\_\_\_\_

*Below are level 1 milestones for the PGY 1 residents during July. Enter the date and your initials for each observation consistently and directly done. Observations can be made in the ED or during simulation.*

Patient Care Sub-categories	Level 1 Milestones	Observation date/ Faculty initials	Comments
<b>1. Emergency Stabilization</b>			
PC1	Recognizes abnormal vital signs		
<b>2. Performance of Focused H&amp;P</b>			
PC2	Performs and communicates a reliable, comprehensive history and physical exam		
<b>3. Diagnostic Studies</b>			
PC3	Determines the necessity of diagnostic studies		
<b>4. Diagnosis</b>			
PC4	Constructs a list of potential diagnoses based on chief complaint and initial assessment		
<b>5. Pharmacotherapy</b>			
PC5	Knows the different classifications of pharmacologic agents and their mechanism of action		
PC5	Consistently asks patient for drug allergies		
<b>6. Observation and Reassessment</b>			
PC6	Recognizes the need for patient re-evaluation		
<b>7. Disposition</b>			
PC7	Describes basic resources available for care of the emergency department patient		
<b>8. Multi-tasking (Task-switching)</b>			
PC8	Manages a single patient amidst distraction		

**Overall Comments:**

**July Orientation Level 1 Milestone Assessments**

Resident Name: \_\_\_\_\_

<b>Procedural Sub-categories</b>	<b>Level 1 Milestones</b>	<b>Observation date/ Faculty initials</b>	<b>Comments</b>
<b>9. General Approach to procedures</b>			
PC9	Identifies pertinent anatomy and physiology for a specific procedure		
PC9	Uses appropriate universal precautions		
<b>10. Airway Management</b>			
PC10	Describes upper airway anatomy		
PC10	Performs basic airway maneuvers or adjuncts (jaw thrust/ chin lift/ oral airway/ nasopharyngeal airway) and ventilates /oxygenates patient using BVM		
<b>11. Anesthesia and Acute Pain Management</b>			
PC11	Discusses with the patient indications, contraindications and possible complications of local anesthesia		
PC11	Performs local anesthesia using appropriate doses of local anesthetic and appropriate technique to provide skin to sub-dermal anesthesia for procedures		
<b>12. Goal Directed Focused US</b>			
PC12	Describes the indications for emergency ultrasound		
<b>13. Wound Management</b>			
PC13	Prepares a simple wound for suturing (identify appropriate suture material, anesthetize wound and irrigate		
PC13	Demonstrates sterile technique		
PC13	Places simple interrupted suture		
<b>14. Vascular Access</b>			
PC14	Performs venipuncture		

**July Orientation Level 1 Milestone Assessments**

Resident Name: \_\_\_\_\_

Non-Patient Care Sub-categories	Level 1 Milestones	Observation date/ Faculty initials	Comments
<b>15. Medical Knowledge</b>			
MK	Passes initial licensing examinations, e.g. USMLE Step 1 and Step 2 or COMLEX Level 1 and Level 2		
<b>16. Professional values</b>			
PROF 1	Demonstrates behavior that conveys caring, honesty, genuine interest and tolerance when interacting with a diverse population of patients and families		
<b>17. Accountability</b>			
PROF 2	Demonstrates basic professional responsibilities such as timely reporting for duty, appropriate dress/grooming, rested and ready to work, delivery of patient care as a functional physician		
PROF 2	Maintains patient confidentiality		
PROF 2	Uses social media ethically and responsibly		
PROF 2	Adheres to professional responsibilities, such as conference attendance, timely chart completion, duty hour reporting, procedure reporting		
<b>18. Patient Centered Communication</b>			
ICSI 1	Establishes rapport with and demonstrates empathy toward patients and their families		
ICS 1	Listens effectively to patients and their families		
<b>19. Team management</b>			
ICS 2	Participates as a member of a patient care team		
<b>20. Practice-based Performance Improvement</b>			

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**July Orientation Level 1 Milestone Assessments**

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**PBLI**

Describes basic principles of evidence-based medicine

**21. Patient Safety**

**SBP 1**

Adheres to standards for maintenance of a safe working environment

**SBP 1**

Describes medical errors and adverse events

**22. Systems-based Management**

**SBP 2**

Describes members of ED team (e.g. nurses, technicians, security)

**23. Technology**

**SBP 3**

Uses the Electronic Health Record (EHR) to order tests, medications and document notes, and respond to alerts

**Overall Comments:**

	<b>Level 1</b>
<b>1. Emergency Stabilization</b>	
PC1	Recognizes abnormal vital signs
<b>2. Performance of Focused H&amp;P</b>	
PC2	Performs and communicates a reliable, comprehensive history and physical exam
<b>3. Diagnostic Studies</b>	
PC3	Determines the necessity of diagnostic studies
<b>4. Diagnosis</b>	
PC4	Constructs a list of potential diagnoses based on chief complaint and initial assessment
<b>5. Pharmacotherapy</b>	
PC5	Knows the different classifications of pharmacologic agents and their mechanism of action
PC5	Consistently asks patient for drug allergies
<b>6. Observation and Reassessment</b>	
PC6	Recognizes the need for patient re-evaluation
<b>7. Disposition</b>	
PC7	Describes basic resources available for care of the emergency department patient
<b>8. Multi-tasking (Task-switching)</b>	
PC8	Manages a single patient amidst distraction
<b>9. General Approach to Procedures</b>	
PC9	Identifies pertinent anatomy and physiology for a specific procedure
PC9	Uses appropriate universal precautions
<b>10. Airway Management</b>	
PC10	Describes upper airway anatomy



PC10	Performs basic airway maneuvers or adjuncts (jaw thrust/ chin lift? Oral airway/ nasopharyngeal airway) and ventilates /oxygenates patient using BVM
<b>11. Anesthesia and Acute Pain Management</b>	
PC11	Discusses with the patient indications, contraindications and possible complications of local anesthesia
PC11	Performs local anesthesia using appropriate doses of local anesthetic and appropriate technique to provide skin to sub-dermal anesthesia for procedures
<b>12. Goal Directed Focused US</b>	
PC12	Describes the indications for emergency ultrasound
<b>13. Wound Management</b>	
PC13	Prepares a simple wound for suturing (identify appropriate suture material, anesthetize wound and irrigate
PC13	Demonstrates sterile technique
PC13	Places simple interrupted suture
<b>14. Vascular Access</b>	
PC14	Performs venipuncture
PC14	Places peripheral intravenous line
PC14	Performs an arterial puncture
<b>15. Medical Knowledge</b>	
15. MK	Passes initial licensing examinations, e.g. USMLE Step 1 and Step 2 or COMLEX Level 1 and Level 2
<b>16. Professional values</b>	
16. PROF 1	Demonstrates behavior that conveys caring, honesty, genuine interest and tolerance when interacting with a diverse population of patients and families
<b>17. Accountability</b>	

<b>17. PROF 2</b>	Demonstrates basic professional responsibilities such as timely reporting for duty, appropriate dress/grooming, rested and ready to work, delivery of patient care as a functional physician
<b>17. PROF 2</b>	Maintains patient confidentiality
<b>17. PROF 2</b>	Uses social media ethically and responsibly
<b>PROF 2</b>	Adheres to professional responsibilities, such as conference attendance, timely chart completion, duty hour reporting, procedure reporting
<b>18. Patient Centered Communication</b>	
<b>18. ICSI 1</b>	Establishes rapport with and demonstrates empathy toward patients and their families
<b>18. ICS 1</b>	Listens effectively to patients and their families
<b>19. Team management</b>	
<b>19. ICS 2</b>	Participates as a member of a patient care team
<b>20. Practice-based Performance Improvement</b>	
<b>20. PBLI</b>	Describes basic principles of evidence-based medicine
<b>21. Patient Safety</b>	
<b>21. SBP 1</b>	Adheres to standards for maintenance of a safe working environment
<b>21. SBP 1</b>	Describes medical errors and adverse events
<b>22. Systems-based Management</b>	
<b>22. SBP 2</b>	Describes members of ED team (e.g. nurses, technicians, security)
<b>23. Technology</b>	
<b>23. SBP 3</b>	Uses the Electronic Health Record (EHR) to order tests, medications and document notes, and respond to alerts
<b>23. SBP 3</b>	Reviews medications for patients

CVC=Central Line Access training  
Wound=Wound Management  
skills lab  
Conf=planned didactic sessions  
Orient=July orientation  
JC=Journal Club  
Sim=Simulation

**Milestone Opportunities**

ED	Sim	Conf			
ED	Sim	Conf			
ED	Sim	Conf			
ED	Sim				
ED	Sim	Conf	ACLS	PALS	FCCS
ED	Sim				
ED	Sim				
ED	Sim	Conf			
ED	Sim				
ED/Sim	ACLS	FCCS	ATLS	US	CVC
ED/Sim	ACLS	FCCS	ATLS	US	CVC
ED/Sim	ACLS	FCCS	ATLS		

ED/Sim	ACLS	FCCS	ATLS		
ED/Sim	Wound	ATLS	FCCS		
ED/Sim	Wound				
ED/Sim	US				
ED/Sim	Wound				
ED/Sim	Wound				
ED/Sim	Wound				
ED/Sim					
ED/Sim					
ED/Sim					
USMLE					
ED	Sim				

ED	Conf	Sim			
ED	Sim				
ED	Sim				
ED	Conf	Orienta	Sim		
ED	Sim				
ED	Sim				
ED	Sim				
ED	JC	Sim			
ED	Sim				
ED	Sim				
ED	Sim				
ED	Sim	Orient			
ED	Sim				

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**ORMC Emergency Medicine Residency Requirements**

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**Milestone / Competency Evaluations**

Form/Process	Frequency
SDOT	➤ Target Goal: 1 every ED month
Patient evaluation of resident	➤ Target Goal: 1 every ED month
Resident evaluation of resident	➤ Twice per year
Level 1 orientation evaluation	➤ Every day [complete checklist in July]
Milestone end-of-shift evaluation <sup>1</sup>	➤ Every ED shift
Procedural milestone evaluations: <input type="checkbox"/> General approach to procedures <input type="checkbox"/> Airway management <input type="checkbox"/> Anesthesia and acute pain management (procedural sedation) <input type="checkbox"/> Ultrasound <input type="checkbox"/> Wound management <input type="checkbox"/> Vascular access	➤ There are procedural evaluation forms corresponding to every procedural milestone, and a form should be completed every time one of these procedures are performed
Resuscitation	➤ 1 per year for each of the following: <input type="checkbox"/> Adult Medical <input type="checkbox"/> Adult Trauma <input type="checkbox"/> Pediatric Medical <input type="checkbox"/> Pediatric Trauma
General approach and procedural competency	➤ 1 per year for each tracking procedure <sup>2</sup>
Follow-up process	➤ Target Goal: 1 per ED shift <sup>3</sup>
Procedure tracking log <sup>4</sup>	➤ Entered in New Innovations monthly

1. Please hand faculty an evaluation form at the ~~beginning~~ end of every shift; (feedback will be provided at the end of every shift)
2. Tracking procedures include resuscitation (adult and pediatric, medical and trauma), cardiac pacing, chest tube, cricothyrotomy, dislocation/reduction, lumbar puncture, pericardiocentesis, vaginal delivery, plus the six procedural milestones; 1 US form for each corresponding US exam
3. A representative sample from ED rotations is acceptable, including senior interesting case conference. Documentation is optimal via a patient list created in Sunrise.
4. Place patient stickers in log books for all procedures performed (even if an evaluation form was completed). For procedures performed during conference labs or simulation sessions, write date and event in log books.

**NOTE:** for any procedure scored “below expectations”, re-evaluation of that procedure during the same post-graduate year is required.

## Additional Requirements

Form/Process	Frequency
IHI Modules	<ul style="list-style-type: none"> <li>➤ 6 Modules in July:               <ul style="list-style-type: none"> <li><b>A. Quality Improvement</b> <ul style="list-style-type: none"> <li>1. Q1 102: The Model for Improvement: Your Engine for Change</li> <li>2. QI 103 Measuring for improvement</li> <li>3. QI 104 Putting it all together</li> </ul> </li> <li><b>B. Patient Safety</b> <ul style="list-style-type: none"> <li>4. PS 103 Teamwork and Communication</li> <li>5. PS 104 Communicating after adverse events</li> <li>6. PS 105: Communicating with Patients after Adverse Events</li> </ul> </li> </ul> </li> <li>➤ Completion of all throughout residency (5 additional modules in each category)</li> </ul>
ICD-10 Modules	<ul style="list-style-type: none"> <li>➤ ICD-10 and Emergency Medicine</li> <li>➤ Precyse ICD-10: Documenter               <ul style="list-style-type: none"> <li>• ICD-10 and the Physician</li> <li>• Day in the Life of ICD-10</li> <li>• Prologue to ICD-10-CM for Non-Coders</li> <li>• Prologue to ICD-10-PCS for Non-Coders</li> <li>• Documenting in ICD-10-CM</li> <li>• Documenting in ICD-10-PCS</li> <li>• The Language of ICD-10: Specificity and Granularity</li> </ul> </li> </ul>
	➤ 1 project during the program
CORD exams	➤ Optional, but encouraged completion
Conference attendance <sup>6</sup>	➤ 70% cumulative
Didactic presentations	➤ Every PGY
Duty hours <sup>7</sup>	➤ Every day on duty
Formative evaluations <sup>8</sup>	➤ Twice per year
Summative evaluation	➤ Once just prior to graduation
BloodBorne Pathogens	➤ Annual Update
CARE	➤ Annual update
C. difficile module	➤ Annual update

5. A written manuscript or product, of publishable quality, is required.
6. Residents are required to attend at least 70% of the planned emergency medicine educational conferences offered (excluding vacations). Attendance will be tracked and distributed to everyone monthly.
7. Duty hours must be logged into New Innovations at least monthly.
8. Milestone feedback will be provided at formative evaluations





# ORLANDO HEALTH

Date of Review: 6/19/14

.M.D.

PGY-1

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**Conference Attendance:** (Requirement:  $\geq 70\%$ )

- Your 2013-14 Attendance = 78
- Your Cumulative Attendance = 78 %
- 2013-14 Class Average = 76
- Cumulative Class Average = 76%

**Certification:** (expired, expiring soon, or needed): CARE 2014 , CVA

**Follow-Up Forms:** (Required: 1/ED shift should have 285-300 by graduation)

- Your PGY Year Total = 42
- Your Cumulative = 42

**SDOT:** (Required: 1/ED month: 5/PGY-1 6/PGY-2 8/PGY-3)

- Your PGY Year Total = 0
  - Your Cumulative = 0
- \*\* Should have accumulated a minimum of **19** by graduation

**Resuscitation Evaluations 2013-14:** (\* Requirement 1ea type per yr)

- \*Peds Medical Resuscitation = 4
- \*Peds Trauma Resuscitation = 0
- \*Adult Medical Resuscitation = 1
- \*Adult Trauma Resuscitation = 1

**Procedure Evaluations 2013-14:** (\*Requirement:1 each/year)

- \*Wound Management = 1
- \*Endotracheal Intubation 1
- \*General = 2
- \*Anesthesia/Procedural Sedation = 0
- \*Vascular = 1

**360 Patient:** (Required: 1/ED month: 5/PGY-1 6/PGY-2 8/PGY-3)

- Your PGY Year Total = 3
  - Your Cumulative = 3
- \*\* Should have accumulated a minimum of **19** by graduation

**EMS:** (complete or incomplete) (Note: Credit for rotation is dependent on completion of all assignments.)

- Evidence Based Protocol Review: Incomplete
- Teaching/Lecture: Incomplete

**Scholarly Project** = Not completed

**Ultrasound:** (# Required Cumulative)

- Total Ultrasound = 262
- Aorta (25) = 33
- FAST (50) = 40
- GB (25) = 29
- OB-TA (25) = 13
- OB-TV (25) = 1
- Cardiac (25) = 39
- Renal (25) = 42
- US access = 6
- DVT = 6
- Soft tissue = 4
- PTX = 39
- Testicular = 2
- Ocular = 2



# ORLANDO HEALTH

Date of Review: 6/19/14

- Other misc = 6

**ABEM In-Training Examination:**

2014 % Score: 73 PGY 1 %tile: 59

**Physician Production Dashboard YTD:** This will be reported Quarterly starting on Oct. Report

Time	ORMC Ind. Pts/hr	ORMC Class Avg. Pts/hr	ORMC Ind. RVU/hr	ORMC Class Avg. RVU/hr	APH Ind. Pts/hr	APH Class Avg. Pts/hr	APH Ind. RVU/hr	APH Class Avg. RVU/hr
Jul-Sept	0.00}	0.00}	0.00}	0.00}	0.00}	0.00}	0.00}	0.00}
Jul-Dec	0.00}	0.00}	0.00}	0.00}	0.00}	0.00}	0.00}	0.00}
Jul-Mar	0.70}	0.70}	3.40}	3.20}	1.00}	1.00}	3.20}	2.80}
Jul-Jun								

**IHI Training Required Courses**

Complete or Incomplete (Note Certificate of Completion must be turned in to receive credit.)

QI 103: Measuring for Improvement: COMPLETE

PS 103: Teamwork and Communication: COMPLETE

QI 104: Putting It All Together: How QI Works in Real Health Care Settings: COMPLETE

PS 105: Communicating with Patients After Adverse Events: COMPLETE

IHI Root Cause & System Analysis: COMPLETE

IHI The Model for Improvement: Your Engine for Change: COMPLETE

ICD 10: COMPLETE

Precyse ICD Documenter: COMPLETE

July Milestone Checklist: (Requirement: 1ea)

- PC1: 1
- PC2: 1
- PC3: 1
- PC4: 1
- PC5.1: 1 PC5.2: 1
- PC6: 1
- PC7: 1
- PC8: 1
- PC9.1: 1 PC9.2: 1
- PC10.1: 1 PC10.2: 1
- PC11.1: 1 PC11.2: 1
- PC12: 1
- PC13.1: 1 PC13.2: 1 PC13.3: 1
- PC14: 1
- MK: 1
- PROF 1: 1
- PROF 2A: 1 PROF 2B: 1 PROF 2C: 1 PROF 2D: 1
- ICSI 1A: 1 ICSI 1B: 1
- ICSI 2: 1
- PBLI: 1
- SBP 1A: 1 SBP 1B: 1
- SBP 2: 1
- SBP 3: 1



Name		Summary Procedural Tracking			
Milestone Level	AIRWAY COMPETENCY Milestone behavior markers	PGY 1 # of Evaluations	PGY 2 # of Evaluations	PGY 3 # of Evaluations	CUMMULATIVE TOTAL
1	Describes upper airway anatomy				0
1	Performs basic airway maneuvers or adjuncts (jaw thrust / chin lift / oral airway / nasopharyngeal airway) and ventilates/oxygenates patient using BVM				0
1.5-2*	Describes elements of airway assessment and indications impacting the airway management				0
1.5-2*	Describes the pharmacology of agents used for rapid sequence intubation including specific indications and contraindications				0
1.5-2*	Performs rapid sequence intubation in patients without adjuncts				0
1.5-2*	Confirms proper endotracheal tube placement using multiple modalities				0
2.5-3*	Uses airway algorithms in decision making for complicated patients employing airway adjuncts as indicated				0
2.5-3*	Performs rapid sequence intubation in patients using airway adjuncts				0
2.5-3*	Implements post-intubation management				0
2.5-3*	Employs appropriate methods of mechanical ventilation based on specific patient physiology				0
3.5-4*	Performs airway management in any circumstance taking steps to avoid potential complications, and recognizes the outcome and/or complications resulting from the procedure				0
3.5-4*	Performs a minimum of 35 intubations				0
3.5-4*	Demonstrates the ability to perform a cricothyrotomy				0
3.5-4*	Uses advanced airway modalities in complicated patients				0
5	Teaches airway management skills to health care providers				0
Level	Wound Management Milestone behavior markers	1	2	3	ALL
1.1	Prepares simple wound for suturing				0
1.2	Demonstrates sterile technique				0
1.3	Places simple interrupted suture				0
1.5-2*	Uses medical terminology to clearly describe/classify a wound				0
1.5-2*	Classifies burns with respect to depth and body surface area				0
1.5-2*	Compares and contrasts modes of wound management				0
1.5-2*	IDs wounds that require antibiotics or tetanus prophylaxis				0
1.5-2*	Educates patients on appropriate outpatient management of their wound				0
2.5-3*	Performs complex wound repairs				0
2.5-3*	Manages a severe burn				0
2.5-3*	Determines which wounds should not be closed primarily				0
2.5-3*	Demonstrates appropriate use of consultants				0
2.5-3*	IDs wounds that may be high risk and req more eval				0
3.5-4*	Achieves hemostasis in a bleeding wound using advanced techniques				0
3.5-4*	Repairs wounds that are high risk for cosmetic complications				0
5	Performs advanced wound repairs				0
Level	Anesthesia/Acute Pain Management and Procedural Sedation Markers(PC 11)	1	2	3	ALL
1	Knows the indications, contraindications, potential complications and appropriate doses of analgesic / sedative medications				0

	1 Knows the anatomic landmarks, indications, contraindications, potential complications and appropriate doses of local anesthetics used for regional anesthesia				0
	2 Knows the indications, contraindications, potential complications and appropriate doses of medications used for procedural sedation				0
	2 Performs patient assessment and discusses with the patient the most appropriate analgesic/sedative medication and administers in the most appropriate dose and route				0
	2 Performs pre-sedation assessment, obtains informed consent and orders appropriate choice and dose of medications for procedural sedation				0
	2 Obtains informed consent and correctly performs regional anesthesia				0
	2 Ensures appropriate monitoring of patients during procedural sedation				0
	3 Performs procedural sedation providing effective sedation with the least risk of complications and minimal recovery time through selective dosing, route and choice of medications				0
	4 Develops pain management protocols/care plans				0
<b>Level</b>	<b>General Approach Milestone (PC 9.) and Procedural Competency Evaluation</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>ALL</b>
	1 Performs patient assessment, obtains informed consent and ensures monitoring equipment is in place in accordance with patient safety standards				0
	1 Knows indications, contraindications, anatomic landmarks, equipment, anesthetic and procedural technique, and potential complications for common ED procedures				0
	1 Performs the indicated common procedure on a patient with moderate urgency who has identifiable landmarks and a low-moderate risk for complications				0
	1 Performs post-procedural assessment and identifies any potential complications				0
	2 Determines a backup strategy if initial attempts to perform a procedure are unsuccessful				0
	2 Correctly interprets the results of a diagnostic procedure				0
	3 Performs indicated procedures on any patients with challenging features (e.g. poorly identifiable landmarks, at extremes of age or with co-morbid conditions)				0
	3 Performs the indicated procedure, takes steps to avoid potential complications, and recognizes the outcome and/or complications resulting from the procedure				0
	4 Teaches procedural competency and corrects mistakes				0
<b>Level</b>	<b>Patient Care 14. Vascular Access Evaluation</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>ALL</b>
1.1	Performs venipuncture				0
1.2	Places peripheral intravenous line				0
1.3	Performs an arterial puncture				0
1.5-2*	Describes the indications, contraindications, anticipated undesirable outcomes and complications for the various vascular access modalities				0
1.5-2*	Inserts an arterial catheter				0
1.5-2*	Assesses the indications in conjunction with the patient anatomy/pathophysiology and select the optimal site for a central venous catheter				0
1.5-2*	Inserts a central venous catheter using ultrasound and universal precautions				0
1.5-2*	Confirms appropriate placement of central venous catheter				0
1.5-2*	Performs intraosseous access				0
2.5-3*	Inserts a central venous catheter without ultrasound when appropriate				0
2.5-3*	Places an ultrasound guided deep vein catheter (e.g. basilic, brachial, and cephalic veins)				0
3.5-4*	Successfully performs 20 central venous lines				0
3.5-4*	Routinely gains venous access in patients with difficult vascular access				0
5	Teaches advanced vascular access techniques				0