

CORD SDOT
Standardized Direct Observational Assessment Tool -- EM Outcomes Assessment
EM-1 Patient Care Milestones 9, 11, 13 – Anesthesia/Wound Management

This assessment tool, the SDOT, is designed to obtain objective data through observation of residents during actual ED patient encounters. Each item should be judged as either: “Needs Improvement (NI),” “Achieved Level (AL),” “Not Observed (NO),”

Resident's Name:

Evaluated by:

Time spent (minutes):

Patient complaint:

EM-1	NI	AL	NO
1. Identifies pertinent anatomy and physiology			
2. Uses appropriate Universal Precautions			
3. Performs patient assessment			
4. Uses medical terminology to clearly describe/classify a wound (e.g., stellate, abrasion, avulsion, laceration, deep vs superficial)			
5. Compares and contrasts modes of wound management (adhesives, steri-strips, hair apposition, staples)			
6. Identifies wounds that require antibiotics or tetanus prophylaxis			
7. Discusses with the patient indications, contraindications and possible complications of local anesthesia			
8. Prepares a simple wound for suturing (identify appropriate suture material, anesthetize wound and irrigate)			
9. Performs local anesthesia using appropriate dose and appropriate technique			
10. Knows the anatomic landmarks for regional anesthesia			
11. Demonstrates sterile technique			
12. Places a simple interrupted suture			
13. Performs post-procedural assessment and identifies any potential complications			
14. Educates patients on appropriate outpatient management of their wound			

GLOBAL ASSESSMENT

Faculty Comments:

Resident Comments (Optional):

Signature (Faculty)

Date

Signature (Resident)

Date

CORD SDOT
Standardized Direct Observational Assessment Tool -- EM Outcomes Assessment
EM-1 Patient Care Milestones 9, 12 – Ultrasound

This assessment tool, the SDOT, is designed to obtain objective data through observation of residents during actual ED patient encounters. Each item should be judged as either: “Needs Improvement (NI),” “Achieved Level (AL),” “Not Observed (NO),”

Resident's Name:

Evaluated by:

Time spent (minutes):

Patient complaint:

EM-1	NI	AL	NO
1. Describes the indications for emergency ultrasound			
2. Identifies pertinent anatomy and physiology			
3. Explains how to optimize ultrasound images			
4. Identifies the proper probe for the focused ultrasound application			
5. Knows indications and anatomic landmarks for ultrasound study			
6. Performs an eFAST			

GLOBAL ASSESSMENT

Faculty Comments:

Resident Comments (Optional):

Signature (Faculty)

Date

Signature (Resident)

Date

CORD SDOT
Standardized Direct Observational Assessment Tool -- EM Outcomes Assessment
EM-2 Patient Care 1-4

This assessment tool, the SDOT, is designed to obtain objective data through observation of residents during actual ED patient encounters. Each item should be judged as either: "Needs Improvement (NI)," "Achieved Level (AL)," "Not Observed (NO),"

Resident's Name:

Evaluated by:

Time spent (minutes):

Patient complaint:

EM-2	NI	AL	NO
1. For the critical patient: Recognizes when a patient is unstable Performs a primary assessment Discerns relevant data to formulate a impression and plan			
2. For the critical patient: Prioritizes critical initial stabilization actions in the resuscitation Reassess after implementing a stabilizing intervention Evaluates the validity of a DNR order			
3. History & physical exam effectively address chief complaint, urgent patient issues			
4. Prioritizes essential components of a history and physical exam			
5. Orders appropriate studies, performs appropriate diagnostic studies/procedures			
6. Testing/Diagnostic studies: Interprets results, recognizes limitations and risks, seeks assistance when needed Reviews risks, benefits, contraindications and alternatives to study/procedure			
7. Differential diagnoses are: Based on greatest likelihood of occurrence Includes diagnoses with greatest potential for morbidity or mortality			
8. Differential diagnoses are: Ranked in order of greatest potential for morbidity or mortality Correctly identifies "sick versus not sick" patients Revises differential diagnosis in response to changes in the patient's course			

GLOBAL ASSESSMENT

Faculty Comments:

Resident Comments (Optional):

Signature (Faculty)

Date

Signature (Resident)

Date

CORD SDOT
Standardized Direct Observational Assessment Tool -- EM Outcomes Assessment
EM-2 Patient Care Milestones 9, 10 – Airway

This assessment tool, the SDOT, is designed to obtain objective data through observation of residents during actual ED patient encounters. Each item should be judged as either: “Needs Improvement (NI),” “Achieved Level (AL),” “Not Observed (NO),”

Resident's Name:

Evaluated by:

Time spent (minutes):

Patient complaint:

EM-2	NI	AL	NO
1. Performs patient assessment and ensures monitoring equipment is in place			
2. Describes the elements of airway assessment			
3. Describes the pharmacology of agents used for RSI			
4. Performs RSI			
5. Determines a backup strategy if initial attempts are unsuccessful			
6. Uses airway algorithms in decision making for complicated patients			
7. Uses airway adjuncts as appropriate			
8. Confirms ET tube placement using multiple modalities			
9. Implements post-intubation management			
10. Employs appropriate methods of mechanical ventilation based on specific patient physiology			

GLOBAL ASSESSMENT

Faculty Comments:

Resident Comments (Optional):

Signature (Faculty)

Date

Signature (Resident)

Date

CORD SDOT
Standardized Direct Observational Assessment Tool -- EM Outcomes Assessment
EM-2 Patient Care Milestones 9, 11, 13 – Anesthesia/Wound Management

This assessment tool, the SDOT, is designed to obtain objective data through observation of residents during actual ED patient encounters. Each item should be judged as either: “Needs Improvement (NI),” “Achieved Level (AL),” “Not Observed (NO),”

Resident's Name:

Evaluated by:

Time spent (minutes):

Patient complaint:

EM-2	NI	AL	NO
1. Performs patient assessment			
2. Uses medical terminology to clearly describe/classify a wound (e.g., stellate, abrasion, avulsion, laceration, deep vs superficial)			
3. Compares and contrasts modes of wound management (adhesives, steri-strips, hair apposition, staples)			
4. Determines which wounds should not be closed primarily			
5. Identifies wounds that may be high risk and require more extensive evaluation (example: x-ray, ultrasound, and/or exploration)			
6. Demonstrates appropriate use of consultants			
7. Identifies wounds that require antibiotics or tetanus prophylaxis			
8. Knows the anatomic landmarks for regional anesthesia			
9. Correctly performs regional anesthesia			
10. Performs complex wound repairs (deep sutures, layered repair, corner stitch)			
11. Performs post-procedural assessment and identifies any potential complications			
12. Educates patients on appropriate outpatient management of their wound			

GLOBAL ASSESSMENT

Faculty Comments:

Resident Comments (Optional):

Signature (Faculty)

Date

Signature (Resident)

Date

CORD SDOT
Standardized Direct Observational Assessment Tool -- EM Outcomes Assessment
EM-2 Patient Care Milestones 9, 12 – Ultrasound

This assessment tool, the SDOT, is designed to obtain objective data through observation of residents during actual ED patient encounters. Each item should be judged as either: “Needs Improvement (NI),” “Achieved Level (AL),” “Not Observed (NO),”

Resident's Name:

Evaluated by:

Time spent (minutes):

Patient complaint:

EM-2	NI	AL	NO
1. Explains how to optimize ultrasound images			
2. Identifies the proper probe for the focused ultrasound application			
3. Knows indications and anatomic landmarks for ultrasound study			
4. Performs goal-directed focused ultrasound exams			
5. Correctly interprets acquired images			

GLOBAL ASSESSMENT

Faculty Comments:

Resident Comments (Optional):

Signature (Faculty)

Date

Signature (Resident)

Date

CORD SDOT
Standardized Direct Observational Assessment Tool -- EM Outcomes Assessment
EM-3/4 Patient Care Milestones 1-4

This assessment tool, the SDOT, is designed to obtain objective data through observation of residents during actual ED patient encounters. Each item should be judged as either: "Needs Improvement (NI)," "Achieved Level (AL)," "Not Observed (NO),"

Resident's Name:

Evaluated by:

Time spent (minutes):

Patient complaint:

EM-3/4	NI	AL	NO
1. For the critically ill patient: Prioritizes initial stabilization actions Reassesses after stabilization interventions Evaluates validity of DNR order			
2. Recognizes in a timely manner when further clinical intervention is futile Integrates hospital support services into a management strategy for a problematic management situation			
3. Prioritizes essential history & physical exam given a limited or dynamic circumstance			
4. Synthesizes essential data necessary for the correct management			
5. Prioritizes essential testing Reviews limitations, risks, and benefits prior to performing study or procedure Interprets results of a diagnostic study, recognizing limitations and risks			
6. Diagnostic tests ordered based on pre-test probability of disease and likelihood of results changing management Practices cost-effective ordering of diagnostic studies Understands implications of false-positives and -negatives for post-test probability			
7. Uses available medical information to construct ranked differential diagnoses including those with greatest potential for morbidity and mortality Correctly identifies "sick" vs "not-sick" patients Revises differential diagnoses in response to a patient's course over time			
8. Synthesizes available data and narrows and prioritizes differential diagnoses			

GLOBAL ASSESSMENT

Faculty Comments:

Resident Comments (Optional):

Signature (Faculty)

Date

Signature (Resident)

Date

CORD SDOT
Standardized Direct Observational Assessment Tool -- EM Outcomes Assessment
EM-3/4 Patient Care Milestones 5-8

This assessment tool, the SDOT, is designed to obtain objective data through observation of residents during actual ED patient encounters. Each item should be judged as either: "Needs Improvement (NI)," "Achieved Level (AL)," "Not Observed (NO),"

Resident's Name:

Evaluated by:

Time spent (minutes):

Patient complaint:

EM-3/4	NI	AL	NO
1. Considers array of drug therapy for treatment Selects appropriate drug based on mechanism of action, intended effect, and anticipates potential side effects Considers and recognizes potential drug-drug interactions			
2. Selects appropriate drug based on mechanism of action, intended effect, possible adverse effects, patient preferences & allergies, potential drug interactions, financial considerations, institutional policies, and clinical guidelines including patient's age and weight			
3. Identifies patients needing observation in ED Evaluates effectiveness of therapies/treatments provided during observation Monitors a patient's clinical status at timely intervals			
4. Considers additional diagnoses and therapies for a patient under observation and changes treatment plan accordingly Identifies and complies with federal requirements for observation patients, including billing			
5. Provides patient education regarding diagnosis, treatment plan, medications, and outpatient appointments Involves appropriate resources (e.g. PCP/consultant, social work, PT) in a timely manner Correctly identifies patients needing admission vs discharge Admits patient to appropriate level of care (e.g. ICU, telemetry, observation)			
6. Develops admission or discharge plan including future diagnostic/therapeutic interventions Engages patient or surrogate to effectively implement discharge plan			
7. Employs task switching in an efficient and timely manner to manage multiple patients			
8. Employs task switching in an efficient and timely manner to manage ED			

GLOBAL ASSESSMENT

Faculty Comments:

Resident Comments (Optional):

Signature (Faculty)

Date

Signature (Resident)

Date

CORD SDOT
Standardized Direct Observational Assessment Tool -- EM Outcomes Assessment
EM-3/4 Patient Care Milestones 9, 14 – Central Venous Catheter

This assessment tool, the SDOT, is designed to obtain objective data through observation of residents during actual ED patient encounters. Each item should be judged as either: “Needs Improvement (NI),” “Achieved Level (AL),” “Not Observed (NO),”

Resident's Name:

Evaluated by:

Time spent (minutes):

Patient complaint:

EM-3/4	NI	AL	NO
1. Inserts a central venous catheter without ultrasound when appropriate			
2. Determines a backup strategy if initial attempts to perform a procedure are unsuccessful			
3. Gains venous access in patients with difficult vascular access			
4. Takes steps to avoid potential complications, and recognizes the outcome and/or complications resulting from the procedure			

GLOBAL ASSESSMENT

Faculty Comments:

Resident Comments (Optional):

Signature (Faculty)

Date

Signature (Resident)

Date