

GUNDERSEN

MEDICAL FOUNDATION

**Emergency Medicine Physician Assistant
Fellowship Program**

Fellow Handbook

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Mission

Gundersen Health System's Emergency Medicine Physician Assistant Fellowship Program offers a unique opportunity for highly qualified physician assistant (PA) fellows to advance their knowledge and skills in emergency medicine.

Program Goals

The Emergency Medicine Physician Assistant (EMPA) Fellowship Program at Gundersen Medical Center seeks to provide the best possible training and education in emergency medicine with a commitment to academic excellence and high-quality patient care. The training program aspires to have graduates who are enthusiastic about their career in emergency medicine, are committed to continued learning, and are highly skilled and compassionate caregivers. The program aims to maintain faculty, facilities and affiliations that achieve the training program objectives and meet all standards set forth by the Society of Emergency Medicine Physician Assistants (SEMPA) and the American College of Emergency Physicians (ACEP).

Program Objectives

Education

- The program will provide adequate resources for the graduating physician assistant to be well prepared for independent practice in any emergency department
- Program graduates will become CAQ-certified in emergency medicine
- Fellows should become competent in Practiced-Based Learning and Improvement
- Fellows should become competent in System-Based Practice
- Fellows should consistently demonstrate that they desire to increase their knowledge

Patient care

- Graduates should be enthusiastic about their career path and the opportunities in emergency medicine
- Fellows should become competent in Patient Care as defined in the core competencies
- Fellows should become competent in Professionalism as defined in the core competencies
- Fellows will incorporate patient safety measures into their practices
- Fellows will incorporate quality measures into their practices

Research

- All fellows will be involved in at least one scholarly activity
- Recommended activity is a quality improvement project that pertains to the practice of emergency medicine

Service

- Graduates should be involved in enriching the lives of the community in which they eventually practice
- Graduates should participate in alumni surveys

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Competencies

The EMPA postgraduate program will integrate the following ACGME competencies into the curriculum:

Patient Care and Procedural Skills

EMPA fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. EMPA fellows must demonstrate proficiency in:

- Synthesizing essential data necessary for the correct management of a patient with multiple chronic medical problems and, when appropriate, comparing with a prior medical record and identifying significant differences between the current presentation and past presentations;
- Generating an appropriate differential diagnosis;
- Applying the results of diagnostic testing based on the probability of disease and the likelihood of test results altering management;
- Narrowing and prioritizing the list of weighted differential diagnoses to determine appropriate management based on all the available data;
- Implementing an effective patient management plan;
- Selecting and prescribing appropriate pharmaceutical agents based upon relevant considerations, such as: allergies; clinical guidelines; intended effect; financial considerations; institutional policies; mechanism of action; patient preferences; possible adverse effects; and potential drug-food and drug-drug interactions; and effectively combining agents and monitoring and intervening in the advent of adverse effects in the emergency department;
- Progressing along a continuum of managing a single patient, to managing multiple patients and resources efficiently within the emergency department;
- Providing health care services aimed at preventing health problems or maintaining health;
- Working with health care professionals to provide patient-focused care;
- Identifying life-threatening conditions and the most likely diagnosis, synthesizing acquired patient data, and identifying how and when to access current pertinent medical information;
- Establishing and implementing a comprehensive disposition plan that uses appropriate consultation resources, patient education regarding diagnosis, treatment plan, medications, and time and location specific disposition instructions;
- Re-evaluating patients undergoing emergency department observation (and monitoring) and using appropriate data and resources, and determining the differential diagnosis, treatment plan, and disposition.

Additionally, EMPA fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. EMPA fellows must demonstrate proficiency in:

- Performing diagnostic and therapeutic procedures and emergency stabilization;
- Managing critically ill and injured patients who present to the emergency department, prioritizing critical initial stabilization action, mobilizing hospital support services in the resuscitation of critically ill or injured patients and reassessing after a stabilizing intervention;

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Properly sequencing critical actions for patient care and generating a differential diagnosis for an undifferentiated patient;

- Mobilizing and managing necessary personnel and other hospital resources to meet critical needs of multiple patients;
- Performing invasive procedures, monitoring unstable patients, and directing major resuscitations of all types on all age groups;
- Must perform indicated procedures on all appropriate patients, including those who are uncooperative, at the extremes of age, hemodynamically unstable and who have multiple co-morbidities, poorly defined anatomy at high risk for pain or procedural complications, or require sedation, and take the steps to avoid potential complications; and recognize the outcome and/or complications resulting from the procedures; and
- Must demonstrate competence in performing the following key index procedures:
 1. Adult and pediatric medical resuscitation;
 2. Adult and pediatric trauma resuscitation;
 3. Anesthesia and pain management;
 4. EMPA fellows must provide safe acute pain management, anesthesia, and procedural sedation to patients of all ages regardless of the clinical situation.
 5. Cardiac pacing;
 6. Chest tubes;
 7. Cricothyrotomy;
 8. Dislocation reduction;
 9. Emergency department bedside ultrasound;
 - a) EMPA fellows must use ultrasound for the bedside diagnostic evaluation of emergency medical conditions and diagnoses, resuscitation of the acutely ill or injured patient, and procedural guidance;
 10. Intubations;
 - a) EMPA fellows must perform airway management on all appropriate patients, including those who are uncooperative, at the extremes of age, hemodynamically unstable and who have multiple comorbidities, poorly defined anatomy, high risk for pain or procedural complications, or require sedation); take steps to avoid potential complications; and recognize the outcome and/or complications resulting from the procedures;
 11. Lumbar puncture;
 12. Pericardiocentesis;
 13. Procedural sedation;
 14. Vaginal delivery;
 15. Vascular access on all patient types;
 16. Wound management on all patient types

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Medical Knowledge

EMPA fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. EMPA fellows:

- Must demonstrate appropriate medical knowledge in the care of emergency medicine patients; and,
- Must demonstrate knowledge of the scientific method of problem solving, evidence-based decision-making, a commitment to lifelong learning, and an attitude of caring derived from humanistic and professional values.

Practice-based Learning and Improvement

EMPA fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

EMPA fellows are expected to develop skills and habits to be able to meet the following goals:

- Identify strengths, deficiencies, and limits in one's knowledge and expertise;
- Set learning and improvement goals;
- Identify and perform appropriate learning activities;
- Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- Incorporate formative evaluation feedback into daily practice;
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- Use information technology to optimize learning and improve patient care;
- Participate in the education of patients, families, students, EMPA residents/fellows and other health professionals;
- Apply knowledge of study design and statistical methods to critically appraise medical literature; and

Interpersonal and Communication Skills

EMPA fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

EMPA residents/fellows are expected to:

- Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- Communicate effectively with physicians, other health professionals, and health related agencies;
- Work effectively as a member or leader of a health care team or other professional group;

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- Act in a consultative role to other clinicians and health professionals;
- Maintain comprehensive, timely, and legible medical records, if applicable;
- Communicate sensitive issues or unexpected outcomes, including:
 - Diagnostic findings;
 - End-of-life issues and death;
 - Medical errors; and,
- Lead patient care teams, ensuring effective communication and mutual respect among team members.

Professionalism

EMPA fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

EMPA fellows are expected to demonstrate:

- Compassion, integrity, and respect for others;
- Responsiveness to patient needs that supersedes self-interest;
- Respect for patient privacy and autonomy;
- Accountability to patients, society, and the profession; and,
- Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Professional Expectations

Each fellow is responsible for conducting themselves in a professional way. The following are *Professional Behavior Standards for Fellows* at GHS (Gundersen Health System) EMPA.

1. I will treat my patients, colleagues, and supervisors with respect in all that I do.
2. I will contribute to workplace safety by reporting impairment in others whether it relates to fatigue, substance use, medical condition, or a knowledge deficit.
3. I will be mindful of my own health and ability to provide safe, high-quality care, and will be open to the concerns of others. If I question my own abilities, I will seek counsel from a supervisor.
4. I will display compassionate behaviors and sensitivity to the needs of others in all facets of my work.
5. I will be conscientious and open to feedback regarding how my dress and physical presentation may affect workplace safety, therapeutic relationships with patients, and others.
6. I will complete fellow administrative responsibilities in a timely and thorough manner including patient care, patient care documentation, duty-hours attestation, scheduling requests, evaluations, and other educational documentation.
7. I will contribute to an efficient workplace team by promptly responding to phone calls, pages, emails, and electronic health messages.
8. I will be truthful and forthcoming in my professional interactions.
9. I will attend and fully engage in my assigned duties, whether clinical rotations, didactic seminars, scholarly activities, self-guided learning or continuing medical education.

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10. I will recognize and avoid conflicts of interest that put my own needs ahead of others. I will be wary of gifts from vendors and industry, gifts of significant value from patients, and care plans that are not patient-centered.
11. I will be responsive to the needs of my patients, society, and the profession by advocating for individual patients and the communities I serve.
12. I will be cognizant of how my attitude and behaviors impact the workplace environment as well as the patients we serve.
13. As a fellow, I recognize the importance of lifelong learning and will seek out opportunities to improve and expand my skill set.

I recognize that honoring these professional behaviors standards will result in excellent patient care and an optimal educational experience for me and my colleagues. These standards will contribute to improvement in my program, and a positive fellowship experience.

Fellows are expected to present a professional image. This includes appropriate attire and a nametag for identification.

Systems-based Practice

EMPA fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

EMPA fellows are expected to:

- Work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- Coordinate patient care within the health care system relevant to their clinical specialty;
- Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
- Advocate for quality patient care and optimal patient care systems;
- Work in interprofessional teams to enhance patient safety and improve patient care quality;
- Participate in identifying system errors and implementing potential systems solutions;
- Participate in performance improvement to optimize self-learning, emergency department function, and patient safety; and,
- Use technology to accomplish and document safe health care delivery.

Rights & Responsibilities

This document and other house staff documents you receive are meant to provide you with important information about the program but also to make you aware of rights and responsibilities. You are expected to prepare for, attend and participate in scheduled academic activities unless specifically excused. You are expected, by this time in your career, to be able to maintain a schedule of self-directed study in relevant areas of emergency medicine. You are expected to participate in program, rotation, didactic, simulation, and faculty evaluations.

Issues and problems - Interpersonal conflicts and fairness issues should first have attempted resolution among the fellows. The Program Director and/or Medical Director can be involved at any time to resolve issues or problems. Problems with Attending Staff should be reported to the Program Director and/or Medical Director.

The Program Director will discuss fellow expectations and responsibilities during fellow orientation and throughout fellowship training.

Overview of the 18 Month Program

The yearly schedule is 13 four-week blocks. The start and end of rotation blocks will not exactly match the monthly calendar.

Orientation: Each fellow will participate in an orientation course to take place during their first month to orient him/her to the basic skills necessary for working in the emergency department. During this block, they will also work shifts in the main ED in La Crosse.

Anesthesia: Each fellow will participate in a two-week anesthesia rotation in the fall of their first year. This will take place in the OR at Gundersen Medical Center in La Crosse. Fellows will rotate with the anesthesiologists with a goal of performing at least twenty endotracheal intubations, as well as various other airway techniques.

Trauma service: Each fellow will carry a trauma pager on their shift in the emergency department. Per our agreement with the trauma service, fellows will be intimately involved in all traumas. Fellows fill an assigned role during each trauma as established on a patient-by-patient basis with the trauma team. Documentation of all resuscitations and procedures in MedHub will be the fellow's responsibility.

La Crosse Emergency Services: This is the main emergency department in which most clinical training will take place. Each fellow will work up to a maximum of 50 hours per week of scheduled clinical time in the emergency department; with an average of 45 clinical hours per week.

Regional Emergency Departments: Once orientation is complete each fellow will begin to rotate through at least one or two of Gundersen's affiliated critical access hospitals' emergency departments on a regular monthly basis for up to two (12 hour) shifts per block. The critical access hospitals include but are not limited to Tomah Memorial Hospital in Tomah, WI; Tri-County Memorial Hospital in Whitehall, WI.

Rotations: To augment the exposure, knowledge, and skills of the fellow additional rotations will be arranged. The standard rotations include Anesthesia, EMS, Interventional Radiology, Obstetrics, Medical/Surgical Intensive Care Unit, and Neonatal/Pediatric Intensive Care Unit. These may vary slightly in any given year due to the availability of adequate staffing to accommodate all rotating residents and fellows.

Didactics: One day per week, there will be a 4-hour didactic session of various topics in emergency medicine. Once per month, in place of the weekly didactic session, there will be a 3-4 hour session in the ICE House simulation center where both common and rare procedures will be taught and practiced. Each fellow is also expected to complete at least one hour per week of Rosh Review topics. Near the program's completion, fellows will have the opportunity to participate in the didactic instruction of other learners.

Certification Requirements

ATLS, ACLS, PALS, and NRP

- Fellows should be continually certified in ATLS and ACLS
- If not already certified in PALS and NRP, the fellow should take and pass these during the program
- All expenses associated with these certifications are covered if taken through Gundersen
- ATLS will be offered in the spring and fall at Gundersen
- ACLS, PALS, NRP are offered throughout the year at Gundersen

Procedural Requirements

Fellows must maintain MedHub logs and provide documentation of procedural and clinical activity

Procedure	Minimum
Endotracheal intubation	15
Central line	10
Bedside ultrasound	10 each type
Paracentesis	3
IO placement	2
Laceration repair	25
Joint / fracture reduction	10
Arthrocentesis & Injections	5
Slit Lamp	15
Lumbar puncture	8
Abscess incision & drainage	10
Procedural sedation	5
Chest tube insertion	3
Adult resuscitation (trauma & medical)	10
Pediatric resuscitation (trauma & medical)	5
Splinting	10 each extremity
Cricothyroidotomy	3

Arterial line placement	4
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Research / Scholarly Projects

Gundersen's Institutional Review Board (IRB) requires that all research personnel (Principal Investigators, Co-Investigators, anyone involved in obtaining a patient's informed consent, and anyone who will have be working with the patient directly or with the patient's medical information) complete **Human Subjects Ethics Training**.

This training can be accomplished on the Internet Website noted below. It will take about 60 minutes to complete. If you are interrupted, you can use the username and password that you created to re-enter the tutorial at any time. When you complete the training, a certificate of completion can be printed. This is a one-time training, and the certificate can be used for future studies.

<http://phrp.nihtraining.com/users/login.php>

This must be completed, and a copy of your certificate given to the Program Director by January of your 1st year.

Site and Rotation Descriptions

La Crosse Emergency Services

The La Crosse Emergency Services department (Pods A, B, C, and D) at Gundersen is the primary training site for the program.

Schedule:

- 10-hour shifts
- Average of 45 ED specific clinical hours per week
- Minimum of 1 day per calendar week of zero on-campus responsibilities

Roles and Responsibilities of fellow:

- Will not be scheduled to work in the department during the weekly EMPA didactic sessions.
- Supervise rotating PA students
- The EMPA fellow will be the primary ES provider for every patient they care for
- The EMPA fellow will perform appropriate history and exam of every patient seen, place orders, perform necessary procedures, consult appropriate specialists, discuss transfer of care to admitting services, and arrange outpatient follow up as needed.
- The EMPA fellow will discuss all patients seen with either a board-certified emergency physician or a physician assistant who holds a CAQ in emergency medicine.
 - As a general rule, the supervising attending physician should personally assess all patients seen by the EMPA fellow. However, as the fellow progresses through the program and gains experience, it is the responsibility of the supervising physician to determine the level of detail that they assess each patient.
 - All patient notes need to be co-signed / attested by the supervising clinician
- During the first six months of the program, the fellow should attempt to see one patient per hour. During the second six months of the program, the fellow should be increasing their efficiency and work toward seeing about two patients per hour. During the final six months of the program, the fellow should be able to see more than two patients per hour.
- The fellow will not be expected to see complicated patients during the final hour of their shift.
- All ED provider notes should be completed and signed prior to leaving the department at the end of the fellow's shift
- Procedure logs will be kept (see handbook on specific procedures)
- All resuscitations and procedures must be logged by the fellow into the MedHub system
- At the end of each shift a brief discussion with an attending is strongly recommended. This will not be tracked and is a way for the fellow to obtain feedback on their patient care, efficiency, areas of improvement.

Procedures: See procedural requirements on page 10-11.

Learning Outcomes

Learning outcomes for the primary clinical setting of your fellowship are based on milestones developed by the ACGME to guide skill development and assessments for emergency medicine residency programs.

1. Emergency Stabilization (PC1) – Fellow prioritizes critical initial stabilization action and mobilizes hospital support services in the resuscitation of a critically ill or injured patient and reassesses after stabilizing intervention.
2. Performance of Focused History and Physical Exam (PC2) – Fellow abstracts current findings in a patient with multiple chronic medical problems and, when appropriate, compares with a prior medical record and identifies significant differences between the current presentation and past presentations.
3. Diagnostic Studies (PC3) – Fellow applies the results of diagnostic testing based on the probability of disease and the likelihood of test results altering management.
4. Diagnosis (PC4) - Based on all available data, fellow narrows and prioritizes the list of weighted differential diagnoses to determine appropriate management.
5. Pharmacotherapy (PC5) – Fellow selects and prescribes, appropriate pharmaceutical agents based upon relevant considerations such as mechanism of action, intended effect, financial considerations, possible adverse effects, patient preferences, allergies, potential drug-food and drug-drug interactions, institutional policies, and clinical guidelines; and effectively combines agents and monitors and intervenes in the advent of adverse effects in the ED.
6. Observation and Reassessment (PC6) – Fellow re-evaluates patients undergoing ED observation (and monitoring) and using appropriate data and resources, determines the differential diagnosis and, treatment plan, and disposition.
7. Disposition (PC7) - Fellow establishes and implements a comprehensive disposition plan that uses appropriate consultation resources; patient education regarding diagnosis; treatment plan; medications; and time and location specific disposition instructions.
8. Multi-tasking (Task-switching) (PC8) – Fellow employs task switching in an efficient and timely manner in order to manage the ED.
9. General Approach to Procedures (PC9) – Fellow performs the indicated procedure on all appropriate patients (including those who are uncooperative, at the extremes of age, hemodynamically unstable and those who have multiple co-morbidities, poorly defined anatomy, high risk for pain or procedural complications, sedation requirement), takes steps to avoid potential complications, and recognizes the outcome and/or complications resulting from the procedure.
10. Airway Management (PC10) – Fellow performs airway management on all appropriate patients (including those who are uncooperative, at the extremes of age, hemodynamically unstable and those who have multiple co-morbidities, poorly defined anatomy, high risk for pain or procedural complications, sedation requirement), takes steps to avoid potential complications, and recognize the outcome and/or complications resulting from the procedure.
11. Anesthesia and Acute Pain Management (PC11) – Fellow provides safe acute pain management, anesthesia, and procedural sedation to patients of all ages regardless of the clinical situation.
12. Other Diagnostic and Therapeutic Procedures: Goal-directed Focused Ultrasound (Diagnostic/Procedural) (PC12) – Fellow uses goal-directed focused Ultrasound for the bedside diagnostic evaluation of emergency medical conditions and diagnoses, resuscitation of the acutely ill or injured patient, and procedural guidance.
13. Medical Knowledge (MK) – Fellow demonstrates appropriate medical knowledge in the care of emergency medicine patients.
14. Professional values (PROF1) – Fellow demonstrates compassion, integrity, and respect for others as well as adherence to the ethical principles relevant to the practice of medicine.

15. Patient Centered Communication (ICS1) – Fellow demonstrates interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.

Regional Emergency Services

Tomah Memorial Hospital in Tomah, WI
Tri-County Memorial Hospital in Whitehall, WI

These are secondary training sites for the EMPA program. Each fellow will rotate through these critical access hospitals at a rate of no more than 24 clinical hours per 4-week block. The main goal for these shifts is to gain experience working in an environment in which there is limited “backup” and limited access to on-site sub-specialty consultative services.

Schedule:

- 12-hour shifts in Tomah.
- 12-hour shifts in Whitehall
- Shifts will be interspersed while working in Emergency Services in La Crosse, not to exceed 50 clinical ED hours per week, averaged over a four-week block
 - Each shift in regional ED’s will replace a shift in La Crosse

Roles and Responsibilities of fellow:

- Will not be scheduled to work in the department during the weekly EMPA didactic sessions
- The EMPA Fellow will be the primary ES provider for every patient that they care for
- The EMPA fellow will perform appropriate history and exam of every patient seen, place orders, perform necessary procedures, consult appropriate specialists, discuss transfer of care to admitting services, and arrange outpatient follow up as needed.
- The EMPA fellow will discuss all patients seen with the physician, physician assistant, or nurse practitioner working in the ED
 - All patient notes need to be co-signed and/or attested by the supervising clinician. In the case of staffing with a physician assistant the note will be signed by the supervising physician of record.
- All ED provider notes should be completed and signed prior to leaving the department at the end of your shift
- All resuscitations and procedures must be logged by the fellow into the MedHub system

Procedures: See procedural requirements on page 10-11.

Learning Outcomes: Same as “La Crosse Emergency Services”

Trauma

Gundersen Lutheran Medical Center in La Crosse, WI is an ACS-verified level II trauma center. Gundersen Health also has an ACGME accredited general surgery residency program. Your experience with trauma patients will consist of a few different experiences.

La Crosse Emergency Services:

- While working shifts in Emergency Services in La Crosse, the fellow will be expected to participate in as many trauma activations as feasible while continuing to care for the rest of their patients in the ED
 - The EMPA fellow should participate at least until the primary resuscitation is completed
- The EMPA fellow will also have many patients who have significant traumatic injuries that will not meet criteria for trauma activation (i.e., minor MVC, ground level falls, etc.).
 - The EMPA fellow is expected to be the primary provider with these patients and will participate in all aspects of their care while in the emergency department

Regional Emergency Services:

- While working regular shifts in the regional emergency departments, the EMPA fellow should take primary responsibility for all trauma patients.
- The EMPA fellow should be as involved as possible in any procedure that is necessary in these patients
- All resuscitations and procedures must be logged by the fellow into the MedHub system

Procedures: See procedural requirements on page 10-11.

Learning Outcomes

- Learning outcomes for trauma are contained within the milestone learning outcomes defined in the “La Crosse Emergency Services” section of this document. Specifically, trauma will focus on PC1, PC9, PC10, PC11, & PC12.

Anesthesia Rotation

Early in the fellowship program, each fellow will rotate with the Anesthesiology department at Gundersen Lutheran Medical Center in La Crosse to gain experience with airway management in a controlled setting.

Schedule:

- 2-week block
- Monday through Friday daytime hours

Roles and Responsibilities:

- Work directly with the Anesthesiologists & CRNAs to perform as many endotracheal intubations and other procedures as they become available.
- Introduce yourself and your role to everyone you meet in each OR room (after patient is sedated) and you will find more opportunities arise.
- You are encouraged to ask questions and solicit feedback after every intubation
- To prepare for your anesthesia experience it is recommended to:
 - review induction drugs, dosing, and side effects
 - ET tube sizing, airway adjuncts

Procedures:

- Every procedure is logged but you do not indicate your supervisor for the procedure (this applies to anesthesia only)
- Twenty successful endotracheal intubations
- If the opportunity arises:
 - Fiberoptic, nasal intubation and airway adjuncts

Learning Outcomes:

- Fellow procedurally manages patients with progressive responsibility and independence.
- Fellow demonstrates sufficient knowledge to competently perform endotracheal intubation.
- Fellow works effectively as a member within the interprofessional team to ensure safe patient care.
- Fellow maintains appropriate professional relationships with patients, families, and staff.

EMS Rotation

Schedule:

- 2-week block
- Monday through Friday, business hours

Roles and Responsibilities:

- Attend weekly didactics of the EMPA program
- Ground ambulance ride-alongs
- GundersenAIR medical helicopter ride-alongs
- Shadow emergency medical dispatchers at the ROCC
- Shadow La Crosse Fire department
- Shadow La Crosse County Tactical EMS
- Participate with mass casualty incident training if schedule allows
- Creation of a lecture to be given to the paramedics and pre-hospital personnel at the quarterly PACE conferences

Procedures: Not part of this rotation.

Learning Outcomes:

- Fellow will demonstrate professionalism in interactions with EMS coworkers, patients, and families.
- Fellow will achieve competency in knowledge acquisition, system understanding, personnel, methods of transportation in the pre-hospital setting.
- Fellow will deliver an informative and accurate presentation to EMS personnel on an approved topic demonstrating their knowledge acquisition, system understanding, personnel, methods of transportation in the pre-hospital setting.

Interventional Radiology Rotation

Summary:

The interventional radiology rotation will allow the EMPA fellow to practice performing procedures that are lower volume in the emergency department. While on this rotation, the fellow should be able to attend the EMPA weekly Thursday didactic sessions.

Schedule:

- 1-week block

Procedures performed in this department:

- Diagnostic and therapeutic paracentesis
- Diagnostic and therapeutic thoracentesis
- Feeding tube placement
- Vascular access line placement
 - PICC lines, tunneled dialysis catheters, port placements
- Ultrasound guided abscess drainage

Learning Outcomes:

- Fellow demonstrates appropriate care and assessment of patients pre/post procedurally.
- Fellow performs expected interventional procedures and demonstrates knowledge of relevant anatomy.
- Fellow demonstrates effective work as a member within the interprofessional team to ensure safe patient care.

Obstetrics (OB) Labor & Delivery (L&D) Rotation

Each fellow will participate in a curated rotation through the obstetrical clinic as well as labor and delivery. The obstetrics clinic portion will include exposure to high-risk pregnancy and routine prenatal care. The labor and delivery portion of the rotation will include delivery, & complications of pregnancy.

Schedule:

- 1-2-week block

Roles and Responsibilities:

- Work directly with clinicians in OB as well as L&D to care for the perinatal patient population.
- Introduce yourself and your role to members of the care team, patients, and their families.
- You are encouraged to ask questions and solicit feedback

Procedures performed in this department:

- Every procedure is logged
- Procedure & presentation exposure possibilities
 - Deliveries with multiple presentations

- Vaginal bleeding in pregnancy
- High risk pregnancy evaluation and management
- Cesarean delivery
- Hypertension in the gravid patient
- Postpartum hemorrhage

Learning Outcomes:

- Fellow manages patients with progressive responsibility and independence.
- Fellow demonstrates sufficient knowledge to competently care for patients in the perinatal period.
- Fellow works effectively as a member within the interprofessional team to ensure safe patient care.
- Fellow maintains appropriate professional relationships with patients, families, and staff.

Medical and Surgical Intensive Care Unit (MICU/SICU) Rotation

This rotation usually occurs near or after the midpoint of the fellow’s program. This is to ensure increased procedural knowledge acquisition and synthesis of longitudinal care related concepts.

Schedule:

- 2-week block
- Monday through Friday daytime hours

Roles and Responsibilities:

- Work directly with intensive care physicians for care of the MICU/SICU patient population
- Introduce yourself and your role to members of the MICU/SICU care team, patients, and their families.

Procedures:

- Every procedure is logged
- Perform available procedures
 - Intubation, extubation, airway adjuncts, troubleshooting, ventilation management
 - Chest tube insertion, management, troubleshooting, and removal
 - Central and peripheral line site selection, technique for insertion, and troubleshooting
 - Arterial line site selection, technique, placement, and troubleshooting

Learning Outcomes:

- Fellow procedurally manages patients with progressive responsibility and independence.
- Fellow demonstrates sufficient knowledge to identify and treat medical conditions that require intensive care.
- Fellow demonstrates provision of appropriate perioperative assessment and care.
- Fellow works effectively as a member within the interprofessional team to ensure safe patient care.
- Fellow maintains appropriate professional relationships with patients, families, and staff.

Pediatric Intensive Care (PICU) Rotation - Exposure

- This rotation is usually later in the fellow's program. This is to ensure increased procedural knowledge acquisition and synthesis of longitudinal care related concepts as they relate to the care of the critically ill pediatric patient. Intended as exposure to augment, not replace learning in the emergency department proper.

Schedule:

- 2 days

Roles and Responsibilities:

- Work directly with the PICU attending to care for the PICU patient population
- Introduce yourself and your role to members of the PICU care team, patients, and their families.
- Attend all educational offerings while on this rotation

Procedures:

- Every procedure is logged
- Perform available procedures
 - Airway management (intubation, extubation, airway adjuncts, ventilation management)
 - Line placement (central, peripheral, umbilical vascular access)

Learning Outcomes:

- Fellow procedurally manages patients with progressive responsibility and independence.
- Fellow demonstrates sufficient knowledge to identify and treat medical conditions that require intensive care.
- Fellow works effectively as a member within the interprofessional team to ensure safe patient care.
- Fellow maintains appropriate professional relationships with patients, families, and staff.

Formative and Summative EMPA Fellow Evaluations

Formal formative evaluation will be conducted by the clinical competency committee (CCC). You will be evaluated by the fellowship program director with input from the Emergency Services faculty and other Emergency Services Staff. The CCC will utilize data obtained from milestone assessments, ROSH Review analysis, rotation assessments, and fellow surveys. Evaluations may occur more frequently if needed. Your evaluations will be maintained in your fellowship folder that is in a locked cabinet in the Medical Education Office. You may have access to your folder, but it may not be removed from the Medical Education Office. The fellowship program director obtains written evaluations from the Emergency Services faculty to perform the evaluations. Those evaluations are not maintained in your record and are not available for your review unless special circumstances warrant it. At the completion of your training, you receive a summative evaluation. The summative evaluation is the culmination of the clinical competency committee meeting assessments, completion of ROSH questions, completion of quality improvement project, and completion of all procedural requirements. The summative evaluation will be reviewed by the CCC and a recommendation for completion of the program for each individual fellow will be put to a

vote. If the motion is approved, the program completion recommendation will move to the Medical Education Office monthly non-ACGME meeting where it will once again be moved to a vote. If approved, the recommendation for completing the program and summative evaluation will become a permanent part of your record.

EMPA postgraduate Program Evaluation and Improvement

Each EMPA fellow is required to sit on the postgraduate program evaluation committee (PEC). This committee is appointed by the program director and meets annually. It will consist of EMPA fellows, and at least two faculty members. It will assess the program in areas of didactics, curriculum, faculty development, and fellow experience. It will provide written recommendations to be presented to the program director and medical director. Anonymous feedback is allowed for this committee to encourage honest feedback without concern for retribution. The PEC recommendations and assessment will then be reviewed with leadership from the Medical Education Office (MEO). It is the responsibility of the PD and MD of the EMPA Fellowship to enact these recommendations in a continuous process improvement of the program.

Non-ACGME and ACGME Committee Meetings

Fellows will appoint a representative to attend the Non-ACGME and ACGME Committee Meetings to represent the fellows and residents in the organization. Appointed fellows should make every effort to attend each meeting assigned and engage with the committee to provide insight and feedback to improve their experience and the overall educational program experience.

Moonlighting

After successful completion of nine months of the program, and after approval of the program director the fellow may choose to apply for moonlighting privileges at Onalaska Urgent Care or La Crosse Urgent Care. The fellow shall not work more than sixty clinical hours per week, inclusive of moonlighting time. Refer to policy on moonlighting from the MEO for further information regarding Moonlighting for fellows and residents.

Post-Graduation

It is fully expected that all graduates of the Gundersen training program will pursue and achieve CAQ certification in emergency medicine. Fellows are strongly encouraged to prepare for and take the CAQ exam soon after graduation. We ask that fellows kindly inform the program of the exam outcome as this is a metric we track and report to ensure the program's integrity.

You may be asked to participate in surveys following graduation to help us with outcomes assessment and program evaluation. The first will likely be after one year when details about the training program are still fresh in your mind and you have had an opportunity to apply the training to your practice. We welcome your input and feedback at any other time as well.