

<b>Course Name:</b>	Observation and Clinical Decision Unit Medicine
<b>Department:</b>	Department of Emergency Medicine
<b>Faculty Coordinators:</b>	Drs. Gilberto Salazar, Mani Alavi, and John Pease
<b>Hospital:</b>	Emergency Department Observation Unit, Parkland Memorial
<b>Periods offered:</b>	1-12
<b>Number of students:</b>	2
<b>Length:</b>	4 weeks
<b>First Day Contact:</b>	Adrienne Valtierra ( <a href="mailto:adrienne.valtierra@utsw.edu">adrienne.valtierra@utsw.edu</a> ) (214) 648-2679
<b>First Day Time:</b>	0700
<b>First Day Location:</b>	2SS ED Observation Unit Conference Room

## **I. Course Description**

This rotation is designed to introduce a fundamental understanding of observation and clinical decision units in evolving health care environments. Utilizing skills and knowledge learned in core clerkships, the MSIV student will be exposed to incompletely differentiated patients being managed by evidence-based, protocol-driven care plans. A distinct appreciation of the bridge between acute outpatient presentations and inpatient care can be accomplished through a multi-disciplinary team based approaches.

## **II. Course Goals and Objectives**

### **a. Patient Care**

#### **i. Goals**

1. Students will learn how to use goal-based care protocols in the management of admitted patients from ED and other outpatient based services.
2. Observation of natural history of disease from undifferentiated state through final decision making using temporal landmarks of up to 24 hours.

#### **ii. Objectives**

1. Assist ED observation unit providers, residents, and faculty in care of admitted patients under current observation unit protocols.

### **b. Medical Knowledge**

#### **i. Goals**

1. Understand the basic formulation, structure and management of observation and clinical decision units.

2. Recognize application of specific evidence based protocols for commonly admitted medical problems to these units.
  3. Learn to adapt, revise and review currently accepted protocols to local institutional services and capabilities.
- ii. Objectives
1. Demonstrate and explain the utility and limitations of the most common observation conditions and protocols, specifically:
    - Congestive Heart Failure
    - Asthma/COPD
    - Cellulitis
    - Chest Pain
    - Community Acquired Pneumonia (CAP)
    - Electrolyte Disturbances
    - Pyelonephritis
    - Dehydration
  2. Demonstrate the utility and limitations of institution specific protocols such as:
    - Post procedure care
    - Anemia
    - Crotalid Snakebite
    - Pancreatitis
    - Gastrointestinal Bleed
    - Diverticulitis
    - Minor Intracranial Hemorrhage (ICH)
    - Syncope
    - Aseptic Meningitis
    - Concussion
    - Transient Neurological Attack
    - Toxicology Admission
- c. Practice-Based Learning and Improvement
- i. Goals
    1. Systematically use CQI methods and personal feedback performance as a basis for improving self-knowledge regarding observation medicine.
    2. Develop methods of assimilating cutting edge topics in observation medicine using evidence-based medicine review, online resources and peer-reviewed journals.
  - ii. Objectives
    1. Participate and contribute to scheduled QA review of all pertinent cases done with providers, residents, and faculty during bimonthly conferences.
    2. Mastery of utilizing references including core text specifically Rosen's Chapter 195 *Observation and Clinical Decision Units*,

*and Graff's The Textbook of Observation of Medicine: The Healthcare System's Tincture of Time*, along with other provided resource materials.

3. Participate in real time and scheduled evaluation sessions by observation unit providers, residents, and faculty.
- d. Interpersonal and Communication Skills
- i. Goals
    1. Communicate with patients, family, and staff throughout length of stay for patients on unit.
    2. Develop effective written and verbal skills with observation unit providers, faculty, and consulting services regarding all patient care.
  - ii. Objectives
    1. Perform history and physical examinations while developing care plans along side of observation unit providers and faculty.
    2. Assist providers and faculty in appropriate verbal and written disposition of patients throughout and in conclusion of observation period.
- e. Professionalism
- i. Goals
    1. Develop behaviors respectful of patient comfort, safety and privacy while present on the observation unit.
    2. Present self as professional health care team member assisting and interacting with other members of the multi-disciplinary observation unit team.
  - ii. Objectives
    1. Demonstrate professional appearance and behaviors toward patients and medical colleagues
- f. System-Based Practice
- i. Goals
    1. Understand the value and use of observation units locally within a solitary institution and globally across health care systems.
    2. Learn about the integration of observation medicine services from economic, personnel management and strategic planning perspectives.
  - ii. Objectives
    1. Demonstrate examples and applications of observation medicine in the U.S. and other parts of the world.

2. Provide real evidence of economic, safety and quality effects regarding patients, payers, and expected clinical outcomes utilizing observation medicine principles.

### **III. Methods of Instruction**

#### **a. Didactic**

- i. Attend scheduled student observation medicine principles and clinical lectures.
- ii. Participate in observation medicine journal club by reviewing and critiquing at least one recent, relevant article at monthly ED observation operations meeting.
- iii. Read and review in their entirety provided core texts and web-based resources in observation medicine.
- iv. Complete online course competency badge exercises provided in Moodle.
- v. Participate in system CQI sessions with ED observation providers, residents, and faculty as scheduled. In addition, Lead Observation Unit faculty (Pease, Salazar) may invite students to attend other hospital based quality assurance events regarding observation medicine service area. These monthly meetings include Adverse Event and EMTALA committees that concern observation unit medicine functions.
- vi. Attendance at Emergency Medicine conferences Thursdays 0800-1200 on weekly basis.

#### **b. Practical Learning**

- i. Participation in bedside walking rounds with ED observation providers, residents, and faculty as they occur daily.
- ii. Patient contact hours spent on the ED observation unit, which includes the total of assisting providers in addition to hours under the direct supervision of observation unit residents and faculty.

### **IV. Schedule**

- a. Day one of each block will include orientation to the unit.
- b. 9-hour clinical shifts spread out over 28 day block.
- c. 14 shifts required.
- d. Shift times are 0630-1530 or 1430-2330.
  - i. Pre-round prior to AM attending performing their clinical teaching rounds.

- ii. Accompany providers in evaluations of patients physically brought to the observation unit.
- iii. Performing and charting initial interview with patients in queue to come to the observation unit from the ED.
- iv. Participate in ongoing patient care from admission to discharge from the observation unit.
- v. Specialty service consultation (i.e. Cardiology, Neurosurgery, etc.) will create additional student learning experiences as the student confers/interacts/rounds with these specialty services on individual observation unit patients.
- vi. Participate in the stabilization of decompensating observation unit patients with multi-disciplinary providers (EM Attendings, Rapid Assessment, Code and MICU teams).

## **V. Course Requirements**

- a. Completion of all 3<sup>rd</sup> year clerkships.
- b. Attendance and participation at all structured observation medicine meetings and EM residency conferences.
- c. Review one core and one institutional protocol and provide the following in written form to observation faculty. These two protocol reviews need to be submitted prior to the completion of the 4 week period for faculty to assess and provide feedback regarding the submissions.
  - i. Evidenced-based literature support for such a protocol
  - ii. Discussions about the economic, quality and safety aspects of said protocols
  - iii. Provide and propose future directions and modifications based on research regarding existing protocols.
- d. Assist all providers, residents, and attendings in the care and management of patients on the ED observation unit for required patient contact hours.
- e. Critically appraise, present and discuss an article relevant to observation medicine at monthly observation services Nurse Practitioner meeting.

## **VI. Method of Evaluation of the Student**

- a. Pass/Fail grading structure
- b. Completion of written scholarly review of one common and one institution specific protocols. To be evaluated and feedback provided by the observation unit faculty.

- c. Students will be assigned a grade [Pass/Fail] based on attendance, participation, case presentations, and interactions with ED observation providers, residents, faculty, staff, and patients. Specific criteria such as engagement of student, overall student attitude, and contribution to the learning milieu, improvement, timeliness, and reliability will be used as factors in grade assignment.
- d. Real time daily feedback and weekly written evaluations will be discussed with each student.

**VII. Required reading:**

- a. Emory Clinical Decision Unit Manual Emory University School of Medicine, Department of Emergency Medicine: CDU Manual Ross MA, Wheatley M, Leach G, O'Malley R, Osborne A. electronic media, Macintosh i-Book. 2012.
- b. Emergency Medicine Clinics of North America: Emergency Observation Medicine Ross MA, Graff LG, Editors, WB Saunders, Philadelphia PA, Volume 19; Number 1; Feb 2001 (258 pages).
- c. Graff LG. Observation Medicine: The Healthcare System's Tincture of Time. (online textbook)
- d. Ross MA, LG Graff "Principles of observation medicine." Emerg Med Clin North Am 19(1): 1-17. 2001
- e. Observation Units: Implementation and Management Strategies Graff, LG ed. American College of Emergency Physicians, Texas, 1998.