

Emergency Medicine Levels of Care

PROCEDURE/SKILL	LEVEL OF CARE	SUPERVISION	MILESTONE	COMPETENCY
Manages and prioritizes critically ill or injured patients	PGY 2	Direct	PC1	PC
Prioritizes critical initial stabilization actions in the resuscitation of a critically ill or injured patient	PGY 2	Direct	PC1	PC
Reassesses after implementing a stabilizing intervention	PGY 2	Indirect	PC1	PC
Prioritizes essential components of a history and physical exam given a limited or dynamic circumstance	PGY 2	Indirect	PC2	PC
Prioritizes essential testing	PGY 2	Indirect	PC3	PC
Uses diagnostic testing based on the pre-test probability of disease and the likelihood of test results altering management	PGY 2	Indirect	PC3	PC
Reviews risks, benefits, contraindications, and alternatives to a diagnostic study or procedure	PGY 2	Indirect	PC3	PC
Uses all available medical information to develop a list of ranked differential diagnoses including those with the greatest potential for morbidity or mortality	PGY 2	Indirect	PC4	PC
Revises a differential diagnosis in response to changes in a patient's course over time	PGY 2	Indirect	PC4	PC
Considers array of drug therapy for treatment. Selects appropriate agent based on mechanism of action, intended effect, and anticipates potential adverse side effects	PGY 2	Indirect	PC5	PC
Identifies which patients will require observation in the ED	PGY 2	Direct	PC6	PC
Monitors a patients' clinical status at timely intervals during their stay in the ED	PGY 2	Indirect	PC6	PC
Formulates and provides patient education regarding diagnosis, treatment plan, medication review and PCP/consultant appointments for complicated patients	PGY 2	Direct	PC7	PC
Involves appropriate resources e.g. PCP, consultants, social work, PT/OT, financial aid, care coordinators) in a timely manner	PGY 2	Indirect	PC7	PC
Makes correct decision regarding admission or discharge of patients	PGY 2	Direct	PC7	PC
Correctly assigns admitted patients to an appropriate level of care	PGY 2	Direct	PC7	PC

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Employs task switching in an efficient and timely manner in order to manage multiple patients	PGY 2	Indirect	PC8	PC
Correctly interprets the results of a diagnostic procedure	PGY 2	Direct	PC9	PC
Uses airway algorithms in decision making for complicated patients employing airway adjuncts as indicated	PGY 2	Direct	PC10	PC
Performs rapid sequence intubation in patients using airway adjuncts	PGY 2	Direct	PC10	PC
Implements post-intubation Management	PGY 2	Direct	PC10	PC
Employs appropriate methods of mechanical ventilation based on specific patient physiology	PGY 2	Indirect	PC10	PC
Performs patient assessment and discusses with the patient the most appropriate analgesic/sedative medication and administers in the most appropriate dose and route	PGY 2	Indirect	PC11	PC
Performs pre-sedation assessment, obtains informed consent and orders appropriate choice and dose of medications for procedural sedation	PGY 2	Direct	PC11	PC
Obtains informed consent and correctly performs regional anesthesia	PGY 2	Indirect	PC11	PC
Ensures appropriate monitoring of patients during procedural sedation	PGY 2	Direct	PC11	PC
Performs goal-directed focused ultrasound exams	PGY 2	Indirect	PC12	PC
Determines which wounds should not be closed primarily	PGY 2	Direct	PC13	PC
Demonstrates appropriate use of consultants for wound repair	PGY 2	Direct	PC13	PC
Identifies wounds that may be high risk and require more extensive evaluation example: x-ray, ultrasound, and/or exploration)	PGY 2	Direct	PC13	PC
Achieves hemostasis in a bleeding wound using advanced techniques such as: cautery, ligation, deep suture, injection, topical hemostatic agents, and tourniquet	PGY 2	Direct	PC13	PC
Inserts a central venous catheter without ultrasound when appropriate	PGY 2	Direct	PC14	PC
Places an ultrasound guided deep vein catheter e.g. basilic, brachial, and cephalic veins)	PGY 2	Indirect	PC14	PC

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KEY
Supervision:
Direct - the supervising physician is physically present with the resident and patient.
A faculty physician, other than another resident, is physically present during the key portions of the procedure or is immediately available.
Indirect - the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.
Oversight - the supervising physician is available to provide review of procedures/encounters with feedback after care is provided.
Core Competencies:
1. Patient Care (PC)
2. Medical Knowledge (MK)
3. Practice-Based Learning & Improvement (PBL)
4. Systems-Based Practice (SBP)
5. Interpersonal & Communication Skills (IC)
6. Professionalism (P)