Trainees working with Reuben Strayer in the ED

Every attending has different expectations - a challenging situation for you as an inexperienced provider. This document is intended to make your life a little easier when working with me.

* If you are ever seeing a patient whom you are concerned might be unstable or in need of immediate intervention, find me or a senior resident. No one will ever criticize you for being overcautious; medical students and interns who try to handle situations above their level of training run into trouble very quickly.

* Review all your old patients before presenting a new case with me. Take a moment to check in on them and see how they're doing, then review their results for anything new, and consider what we're waiting on. Is there anything else we need to do for this patient?

* Before you walk over to see a new patient, assuming they don't require resuscitation (i.e. the patient wasn't triaged to the resus bay), it is essential to review the chart prior to assessing the patient.

* Read the triage note. If the triage note does not jive with your findings, this must be addressed. Many patients have a note from the triage physician–read this. It's in the progress notes section.

* **Review prior visits to the ED and hospital**. If the patient was recently seen by a medical provider, consider either looking up what was done for the patient or calling the provider to get more history.

After you assess the patient, write the chart. You can leave the I/P section blank until after you talk to me, if you wish. EM residents: fill it out. It's ok if I disagree. Learning how to chart as part of the patient encounter is essential (vs. the awful habit of waiting until the end of the shift to chart) and committing your assessment to the chart is a crucial mechanism for learning.

<u>In the HPI section</u>:

1. Age / gender / **chief complaint** / duration of chief complaint

2. **Past medical history** - make a numbered list. After each condition, indicate any disease-specific medications and if the patient is actively followed by any physicians for the given disease. Does the patient have a primary physician? Where does the patient usually get medical care? Please ask about family history (required documentation).

3. **Medications** not mentioned in PMH. **Have there been any medication changes recently**? Is the patient taking medications as prescribed?

4. **Allergies** to medications, and what that allergic reaction is.

5. **Social status**, including
a. Home environment - who does the patient live with? is the patient homeless?
b. Level of function - is the patient fully functional, or does the patient require assistance with ADLs? Who looks after the patient, if the patient requires looking after? What does the patient do during the day (work, school, take care of children)?
c. Bad habits - ethanol, tobacco, other drugs.
d. Which language does the patient speak? How good is the patient's English?
e. Who is with the patient in the ED right now?

6. **Prior medical encounters**, especially recent admissions to the hospital, clinic visits, and, most importantly, prior presentations to the ED. Note pertinent labs, imaging, and treatments. If the patient has never been seen here, please note this.

7. **HPI** - this should be chronological, usually starting with “the patient was in her usual state of health until...” If you want more detailed instructions on how to document a proper HPI, use this document.

8. **Exam**: general appearance, vitals, mental status (if you think the mental status is normal, say "normal." if it's not normal, describe how it is abnormal), general exam (how does the patient look overall?), then head to toe exam.

9. **ED course** - what has already been done for the patient, if anything, and what results have come back.

10. **Impression and plan**. this has five components. (i) a summary of the pertinent features of the case (ii) what you think is the cause of the patient's symptoms (iii) which dangerous conditions or complications could be causing or associated with the patient's symptoms (iv) which tests, if any, are indicated to rule out these dangerous conditions (v) any therapies, including symptom relief, that are indicated. Don't hold back on your assessment and plan - the way you learn is to commit to decisions. We may not go forward with your plan, but that's okay, that's why you're here.

* When discharging a patient, make sure you include indications for immediate return to the ED and specific follow-up instructions

* If you have a problem with anyone you worked with on your shift, or if you have any concerns or questions that arise at any time, tell me during the shift or email me after the shift. If you have a concern about me, talk to the rotation supervisor. If you want anonymity, find a trusted resident to deliver a concerning message to me or the rotation supervisor on your behalf. The hospital ombudsman is also available to you.

Lastly, in addition to learning from my colleagues and patients on every shift, I want to learn from my trainees on every shift. If you have a fact or insight to share, please do. Moreover: I make mistakes on every shift, and I hope that my trainees (and colleagues, and patients) have my back! Tell me if you think something isn’t right.

HOW TO PRESENT A CASE to an EM ATTENDING: a 30 second primer. For more detail: emupdates.com/present

1. **Frame First**: age/gender/chief complaint or 1-sentence summary of why they came to the ED.
2. **PMH**, starting with most relevant elements, including key medications.
3. HPI & ROS
    a. Chronological patient **complaints/concerns**, starting with “usual state of health until…” this should be responses to open-ended questions (“why did you come to the hospital today?”).
    b. Pertinent **positives**
    c. Pertinent **negatives**
4. Exam, always starting with general appearance and vitals. Quickly describe non-obvious areas of exam, then **finish with the area of interest**, in more detail.
5. ED **Progression**: results (labs, ECG, xrays, other imaging), therapies ordered/given, anything else that’s happened in the ED up to this point.
6. Your **assessment** and plan

Thanks for reading all these demands. If you try to follow them, you will not only have a more productive and easier shift with me, but you will be doing better for your patients. I'm very easy to work with as long as you see 6 patients per hour without making any mistakes. -reuben