Rural Emergency Medicine Elective – Ketchum, Idaho

Emergency Medicine Residency

Advocate Christ Medical Center

Rotation Description

The Rural Emergency Medicine Elective in Ketchum, Idaho provides Emergency Medicine residents with focused experience in the delivery of emergency care in a rural, geographically isolated, and resource-limited healthcare environment. Residents work alongside Emergency Physicians caring for a broad spectrum of medical, surgical, traumatic, and environmental emergencies while practicing in a setting with limited specialty resources and prolonged transfer times.

This elective emphasizes independent clinical decision-making, patient stabilization, transfer coordination, resource stewardship, and adaptation of Emergency Medicine principles to rural and frontier practice environments.

Residents gain exposure to the unique challenges of practicing Emergency Medicine in communities where specialty consultation, advanced diagnostics, and definitive care may not be immediately available.

Educational Goals

1. Develop an understanding of rural and frontier Emergency Medicine practice.
2. Demonstrate independent clinical decision-making in resource-limited environments.
3. Recognize challenges associated with delayed specialty consultation and prolonged transfer times.
4. Develop competency in patient stabilization prior to transfer.
5. Demonstrate understanding of rural healthcare systems and critical access resources.
6. Utilize resource-conscious diagnostic and treatment strategies.
7. Develop familiarity with rural transport and transfer processes.
8. Recognize healthcare disparities affecting rural populations.
9. Demonstrate adaptability in environments with limited resources.
10. Demonstrate professionalism and accountability within rural healthcare settings.

Educational Methods

Direct clinical patient care, faculty supervision and mentorship, case-based learning, rural Emergency Department experiences, transfer and transport discussions, bedside teaching, independent reading, reflective learning, and faculty feedback.

Clinical Responsibilities
Participate in direct patient care activities, evaluate and manage patients with limited specialty support, participate in stabilization and transfer decisions, coordinate care with referral centers and transport services, participate in clinical teaching and case discussions, and demonstrate professionalism within rural healthcare environments.

Patient Care Objectives
1. Evaluate and manage patients presenting with common rural Emergency Department complaints. (PC1, PC4)
2. Demonstrate effective stabilization of critically ill and injured patients prior to transfer. (PC1, PC7)
3. Develop diagnostic and treatment plans in environments with limited specialty resources. (PC6, MK1)
4. Demonstrate understanding of transfer criteria and regionalized care systems. (PC6, SBP2)
5. Utilize resource-conscious clinical decision-making. (PC6, SBP2)
6. Recognize patients requiring higher levels of care and coordinate appropriate transfers. (PC6, SBP1)
7. Apply Emergency Medicine principles in rural and frontier healthcare settings. (PC4, SBP3)

Medical Knowledge Objectives
Rural Emergency Medicine:
• Rural healthcare delivery
• Frontier medicine
• Critical access hospitals
• Healthcare access barriers

Patient Stabilization and Transfer Medicine:
• Transfer decision-making
• Interfacility communication
• Transport considerations
• Prolonged stabilization

Resource-Limited Clinical Care:
• Diagnostic stewardship
• Resource allocation
• Clinical decision-making with limited specialty support

Rural Health and Population Health:
• Rural healthcare disparities

• Access to care
• Community health challenges
• Social determinants of health

Systems-Based Practice Objectives
1. Demonstrate understanding of rural healthcare systems and regionalized care networks. (SBP2)
2. Coordinate effectively with referral centers, transport services, and consulting specialists. (SBP1, ICS2)
3. Recognize barriers to healthcare access in rural communities. (SBP2)
4. Utilize systems thinking to optimize care delivery in resource-limited environments. (SBP3)
5. Advocate for patients facing geographic and healthcare access barriers. (SBP3)

Interpersonal & Communication Skills Objectives
1. Communicate effectively with patients, families, consultants, and transport teams. (ICS1, ICS2)
2. Demonstrate effective communication during transfer coordination and patient handoffs. (ICS2)
3. Participate in multidisciplinary discussions regarding patient management and disposition. (ICS2)
4. Develop collaborative relationships with rural healthcare providers and referral centers. (ICS2)

Professionalism Objectives
1. Demonstrate professionalism, accountability, and adaptability in rural healthcare environments. (PROF1, PROF2)
2. Demonstrate respect toward patients, families, and multidisciplinary team members. (PROF1)
3. Recognize limitations of local resources and seek assistance appropriately. (PROF2)
4. Incorporate faculty feedback into ongoing professional development. (PROF3)

Practice-Based Learning & Improvement Objectives
1. Reflect on rural healthcare experiences to identify opportunities for personal and professional growth. (PBLI1)
2. Utilize evidence-based resources to guide clinical decision-making in rural environments. (PBLI2)
3. Recognize healthcare system differences between urban and rural practice settings. (PBLI1)
4. Participate in educational discussions regarding rural healthcare delivery and systems improvement. (PBLI1)

Recommended Educational Resources
ACEP Rural Emergency Medicine Resources, Rural Emergency Care Literature, Critical Access Hospital Resources, Transfer Medicine Guidelines, Rural Health Information Hub, National Rural Health Association Resources, and Frontier Medicine Literature.

Evaluation & Feedback
Resident performance will be assessed through direct faculty observation, clinical performance, transfer coordination activities, case discussions, professionalism, faculty feedback, and end-of-rotation milestone-based evaluations.

Progressive Resident Responsibilities
Residents progressively develop competency in rural Emergency Medicine, patient stabilization, transfer medicine, resource stewardship, independent clinical decision-making, and healthcare systems awareness while functioning under supervision within a rural Emergency Department environment.

ACGME Emergency Medicine Milestone Mapping
Patient Care: PC1, PC4, PC6, PC7
Medical Knowledge: MK1, MK2
Systems-Based Practice: SBP1, SBP2, SBP3
Practice-Based Learning & Improvement: PBLI1, PBLI2
Professionalism: PROF1, PROF2, PROF3
Interpersonal & Communication Skills: ICS1, ICS2