ED CityWide Orientation Content

The following content is covered in CityWide Orientation

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| **Day** | **Topic** | **How Presented** | **Tested** |
| **Day 1** | **ED Standards** | Powerpoint/discussion |  |
|  | **Professionalism** | Discussion |  |
|  | **SBAR** | Powerpoint/discussion |  |
|  | **3 System Approach** | Discussion & handout |  |
|  | **Medical Directives** | Laminated cards given for future referrals during orientation |  |
|  | **Airway/Breathing** | **PPtx:** anatomy/physiology review (brief); airway assessment, opening and adjuncts, breathing assessment, interventions, intubation, RSI (incl. meds), end-tidal CO2, common ED presentations, documentation requirements | Quiz given at end of day – marked and reviewed the following day. Learners work independently. Some questions taken from Breathe Easier package found on-line |
|  |  | **Skills station 1** | Inhalation meds; |
|  |  | **Skills station 2** | Airway adjuncts; Airway insertion  Opening airway  End-tidal  Broselow  BVM, ET tube |
|  |  | **Scenario**: **Airway/SOB:** look at Respiratory assessment; COPD/asthma medical directive; PPE  **Scenario: Fall with chest trauma:** look at Falls strategy/assessment post fall; pain assessment; MSK & chest assessment revealing possible pneumo, reporting to MD using SBAR tool; gathering equipment, meds and demonstrating basic knowledge of chest tube drainage system | Debrief entails receiving feedback from peer group: generally 2-3 observers in each simulation event. Participants reflect on their performance as well |
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| Day 2 | **Circulation** | **Pptx**: review anatomy/physiology. Discussion of shock – all types, including sepsis, VSA, trauma, cardiac emergencies, heart failure | Quiz given at end of day: includes rhythm interpretation; shock; zoll questions, ACS |
|  |  | **Scenarios**: ACS with anaphylaxis event – requires an assessment, knowledge of medical directive, care of pt. with anaphylaxis | Debrief entails receiving feedback from peer group: generally 2-3 observers in each simulation event. Participants reflect on their performance as well |
|  |  | **Station:**  Review of resuscitation drugs – including mechanism of action, indications, how to draw up |  |
|  |  | **Skills station:** Crash cart review including zoll | Quiz |
|  |  | **Scenario:** Procedural sedation with SVT – ran out of time so could not complete  (Procedural sedation discussed in Airway/Breathing pptx on Day 1 as well) |  |
|  | **DKA** | Handout given with discussion |  |
|  | **Lead II Rhythm Interpretation** | **Pptx presentation:**  Review of anatomy/physiology/cardiac cycle followed by 10 rhythms for learners to identify; this is followed by discussion re: treatment along with characteristics in how to identify patient’s stability. | Quiz |
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| **Day 3 AM** | **Pediatrics: UH group only** | **Pptx presentation:** Review anatomical differences; ABCDE, Pediatric Assessment Triangle; important vital signs; respiratory, neuro, cardiac systems, fluid resus. & maintenance, shock, pain, neonates: Panda, deliveries, cold stress,  Reviewed A & I flowsheet | **Quiz** given at end of day includes questions: respiratory and neuro. assessment & treatment, fluid resus., |
|  |  | **Scenario:** 7 yr. old with PEA arrest – requiring determining signs of life vs monitor; CPR; airway management; family; documentation of record; determining causes: 5H’s and T’s; determining amount of epi and how to most accurately give; Broselow; PPE | Debrief entails receiving feedback from peer group: generally 2-3 observers in each simulation event. Participants reflect on their performance as well |
|  |  | **Scenario:** 6 month old with significant gastroenteritis and associated dehydration – requiring assessment of dehydration; accessing IV, fluid resuscitation; determining volumes; Broselow | See above |
| **Day 3 PM** | **Documentation exercise** | 2 Staff members: one patient and one nurse interviewing and assessing patient; learners to document accordingly (Scenario: Pt. with SOB) | Submitted, marked and reviewed individually |
|  | **Neurological Assessment** | **Pptx:** Brief anatomy/physiology review; assessment; cerebral perfusion and inc. ICP; spine assessment; headache assessment; bleeds; Spinal cord testing and NSR; common presentations | **Quiz** at end of day: Signs of inc. ICP; prioritizing question; assessment question |
|  |  | **Scenario 1:** Ischemic stroke presentation – medical directive; stable vs unstable; | Debrief entails receiving feedback from peer group: generally 2-3 observers in each simulation event. Participants reflect on their performance as well |
|  |  | **Scenario 2:** Patient’s family member on floor seizing – safety & recovery; falls discussion; medical directive – suspected hypoglycemia; medical directive - seizure | See above |
|  |  | **Skills station:**  Log rolling off EMS board | Demonstration and sign-off |
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| **Day 4** | **Speaker:** Nicole from Privacy Office | Discussion and PPtx: confidentiality, police, pt. belongings, documentation |  |
|  | **Burns** | pptx | Burns scenario in day 5 |
|  | **MSK** | Pptx | Skills station in day 5 |
|  | **Skin Assessment** | Pptx | Skills station in day 5 |
|  | **Skills stations** | Rapid infuser: including discussion of massive/trauma transfusion pathway | Demo and sign off |
|  |  | Arterial lines | Demo and sign off |
|  |  | Baxter pumps | Demo and sign off |
|  | **Match it up game** | Review numerous medications, shocks, arrhythmias, | Based on Memory game; group is divided into small groups; are given numerous terms/medications/conditions to match with descriptors. Answers reviewed upon completion. Great feedback on this strategy |
|  | **Triage** | Entry level discussion and pptx on how it works, classifications; | Examples given in which learners collectively determine CTAS level |
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| **Day 5** | **Speaker:** RN from SJHC Domestic Violence Treatment Centre | Discussion and PPTx |  |
|  | **Abd/gyn** | **Gyn/OB PPtx:** pain assessment, vag bleeding, pregnancy, common ED presentation, OB delivery, pregnancy related complications, STIs | Scenario: Low abd pain |
|  |  | **Abdominal pptx:** pain, associated symptoms, assessment of abdomen, common ED presentations, medical directives: IV/blood draw – abd pain, renal colic, inability to urinate, pregnant & bleeding; documentation | Scenario: Upper/lower abd pain |
|  |  | **Scenarios: Upper Abd Pain:** Pancreatitis – chronic alcoholic (discuss equal care for all); medical directive, pain assessment, IV insertion, labs | Debrief entails receiving feedback from peer group: generally 2-3 observers in each simulation event. Participants reflect on their performance as well |
|  |  | **Scenario: Lower abd pain:** female with RLQ pain – ectopic pregnancy – pain assessment, interviewing strategies, abd assessment, multi-system assessment (gyn/OB, abd, GI, MSK). Medical directive, emergency Rx for ectopic pregnancies (pt. gets hypotensive) | See above |
|  | **MSK/Skin/**  **Burns/**  **Airway skills stations** | **Skills station:**  Chest tube station | Demo and sign-off |
|  |  | NG insertion | Demo and sign-off |
|  |  | Eye assessment/morgan lens | Demo and sign-off |
|  |  | Burn dressings | Demo and sign-off |
|  |  | Sling application; air cast boot measuring and application; crutches | Demo and sign-off |
|  |  | **Scenario:** Smoke inhalation with full thickness leg burn – discussion re airway assessment & interventions; need to intubate and how (meds)/when; oxygen and carboxyhemoglobin, labs, fluid resuscitation – determining amount, urine output, leg dressing, pain control, | Debrief entails receiving feedback from peer group: generally 2-3 observers in each simulation event. Participants reflect on their performance as well |
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| **Day 6** | **Toxicology** | **PPtx** and discussion – review common toxidromes, antidote therapies, supportive therapies |  |
|  | **Speaker: Dr. Andrew Jones** discusses his journey with addiction – unable to come this session |  |  |
|  | **Mental Health** | **PPtx** and discussion – emphasis on removal of stigma; promoting a caring environment; review common ED presentations; restraint policies – documentation; Form 1/42; safety prioritized | Scenarios in PM |
|  |  | **MH Scenarios – Groups of 3: patient, nurse and observer – each participant to place a different role in 3 scenarios. “Patients” are briefed in role they are to play**   1. Suicide Risk Assessment **–** 2. Elderly woman presents with aggressive behavior (Delirium vs dementia) 3. Unpredictable patient (de-stimulating strategies, safety) | Debrief entails receiving feedback from peer group: generally 2-3 observers in each simulation event. Participants reflect on their performance as well |
| **PM** |  | **Simulation Scenario:**  Betablocker OD with bradycardia – review bradycardia algorithm, possible antedotes, pacing**,** zoll |  |
|  |  | **Simulation Scenario:**  Septic shock: Review SIRS, shock, vasopressors, airway management, fluid resuscitation, antibiotics, head-to-toe assessment, frequent reassessment |  |
|  | **Jeopardy Game** | Group is divided into smaller groups – competitive as they play for chocolate bars;  Topics include: Paperwork/computer details; ED drugs; Assessments; Common ED Presentations; Where do I find?; Who do I ask?; Resuscitation room; ACS treatment; ‘holy smokes’ treatment (critical conditions like tension pneumo); numbers & concentrations, wonky lab values | Key inclusions: Falls Tool, Sepsis, AEMS, Complex discharge screening tool; Broselow, antidote, resources, |

All powerpoint presentations are loaded on a memory stick and given to each of the participants