

MOD (Medical Officer of the day)

The MOD rotation is an Emergency Department rotation at the Veterans Hospital that is primarily a learning opportunity in triaging and managing patients with diverse diseases. The ER team is comprised of the attendings and the senior resident (MOD). The current attendings are as follows:

Dr. Gary Tyndall
Dr. Jason Eltman
Dr. Lingappa Amernath
Dr. Michael [Kowalski](#)
Dr. Andrew Finley
Dr. David Reed

I. EDUCATIONAL PURPOSE: The purpose of this rotation is to expose residents to a broad array of medical and surgical presentations in the ER. This offers residents a unique opportunity to be the first person from the health care team to assess patients, get first hand information and make initial critical decisions regarding their management. They also get a tremendous experience reading emergency department radiology films. Another important component of this rotation is to be able to decide about the patient's disposition, consult appropriate sub-specialties and decide about the patients follow up post discharge.

II. LEARNING VENUE:

A. Rotation Description: The MOD is a hospital-based service at the VA hospital emergency room. It's done in 10-hour shifts where the residents will work with different attendings during a particular shift.

I. Expectations of the PGY-2/PGY-3 residents: Senior residents average 2-4 weeks over a two-year period. The residents are expected to see and triage a portion of the ER patients themselves under the supervision of the emergency room doctors. During this rotation, residents learn the knowledge base and skills to diagnose, stabilize, and initiate treatment of the emergent, critically ill, or injured patient.

B. Teaching Methods: The main teaching methods are bedside evaluations by the attendings and complete supervision with the work-up of the ER patients including management, calling consults and disposition of the patient.

C. Recommended reading:

Emergency Medicine-A comprehensive study guide, Judith E Tintinalli, Gabor D., Md. Kelen, J. Stephan Stapczynski

- Current Emergency Diagnosis & Treatment, C. Keith Stone, Roger L. Humphries
- ACLS quick review study guide, Barbara Aehlert
- Emergency Medicine on call, Samuel M. Keim
- Minor Emergencies, splinter to fractures, Philip M. Buttaravoli, Thomas Stair
- Emergency Medicine secrets, Vincent J. Markovchick, Peter T. Pons
- Atlas of Emergency Medicine, Kevin J. Knoop, L. B. Stack, Alan B. Storrow
- Poisoning and Drug overdose, Kent R. Olson

- [Fitzpatrick's](#) Color Atlas and Synopsis of Clinical Dermatology – 5th addition available at www.upstate.edu under e-books is STAT Ref. for the link

D. Unique learning opportunities: Patient care in an ER offers residents a different perspective in patient care, triage, working with surgical specialties and initial selection of diagnostics including procedures, laboratory medicine, consultation, and radiology.

E. Mix of diseases

Common Clinical presentations and diseases: The vast spectrum of diseases seen include patients with trauma, general surgical diseases, orthopedic problems, ophthalmologic emergencies, Psychiatric diseases, ENT diseases and all medical problems including cardiac, renal, heme/onc, GI, ID, hematological and pulmonary diseases.

Patient Characteristics: Age 20 or older, the majority are male veterans, and of varying ethnicities/culture.

Procedures: There are opportunities for suturing, reduction of dislocations, management of fractures, casts and splint placement, and additional management of acutely ill medical and surgical patients including placement of central lines, NG tubes, intubation, etc.

III. METHOD OF EVALUATION: Evaluations are based on the six core competencies. All residents are evaluated by their supervising attendings at the end of rotation. Attendings are expected to complete formal evaluations at the end of each rotation using our web-based E-Value evaluation software.

IV. ROTATION SPECIFIC COMPETENCIES:

- A. Patient care** – *generic link to competency document*
- B. Medical knowledge** – *generic link to competency document*
- C. Professionalism** – Acute care management and dealing with life-threatening and time-sensitive issues - *Generic link to competency document*
- D. Interpersonal and Communication skills** – There are vast communication between the emergency department and all other sub-specialties including non-medical specialties. This uniquely challenges a resident's communication skills and abilities in conflict resolution. *Generic link to competency document*
- E. Practice Based Learning** – Residents are likely to encounter a fair number of new patient encounters out of their realm of expertise. This should frequently prompt use of both background (textbooks in emergency medicine, Up to date), and foreground (literature searches) medical knowledge [resources](#). *Generic link to competency document*
- F. Systems Based Practice** – Discharging patients from the ER requires appreciation and understanding of the broader support network available to patients. Clear communication to patients, primary care providers, and pharmacy is required. Utilization of social workers and veteran benefits coordinators are unique in the VA health care system. *generic link to competency document*

Reviewed 11/08 by Pratibha Kaul, MD and Gary Tyndall, MD