

Promotions Board

Every academic year, the Program performs a formal review board to ensure your overall professional development is adequate before you are permitted to advance to the next level of responsibility.

Part 1: Prior to your examination, your APD will meet with you to review and discuss your progress in the core competencies (similar to the mid-year APD review), progress on scholarly activities, and wellness. Your APD will determine your qualification for examination and eligibility for promotion to the next level of training.

Part 2: The second part of the promotion board is an examination of your cumulative knowledge during residency training. PGY1, PGY3, and PGY4 residents will participate in an oral examination. PGY2 residents will participate in a practical application procedural examination. These examinations will afford the resident the opportunity to demonstrate proficiency in core topics deemed essential for their training year as listed below. The resident will demonstrate proficiency in the initial approach and emergency interventions relating to these topics.

During oral examination, your responses should be brief and direct, more closely simulating an algorithmic approach than an oral board case discussion. The topics have a heavy emphasis on items every Emergency Physician should have committed to memory for immediate recall. Memorization of common and critically important drug dosages is expected. Electrocardiographic interpretation will also be assessed. This is a formal Navy board, thus residents sitting for their board dress in appropriate formal uniform (service dress blue). Residents not presenting in proper uniform or providing the required documentation will fail the promotion board.

Topics will be limited to those listed for the resident's year-group and any previous training year(s). Thus, a PGY3 could be tested on topics from the PGY1, PGY2, or PGY3, but not the PGY4 list. Anticipated examination dates are determined by year-group and are listed below.

PGY1 (GMO bound) (Straight-through)	Block 11 Block 12	April May
PGY2	Block 13	June
PGY3	Block 11-12	April-May
PGY4	Blocks 7-8	December-January

If the scheduled resident is out of town, the examination can be rescheduled for a date in the following block/month. Rescheduling for reasons other than work-hour limitations will not usually occur. Oral examinations are expected to last approximately one hour for each resident. **Rescheduling is the responsibility of the individual resident.**

Once the board is completed in a satisfactory manner, approval of the board faculty members, and final approval by the program director, the resident promotes to the next

year-group at the beginning of that resident's next academic year. Should the board not be completed in a satisfactory manner, the resident will reschedule for a repeat board the following block/month. If the resident fails to pass the second attempt, appropriate remediation will be instituted, to include a third attempt at a later time. Academic probation may be considered, based on the opinion of the faculty board members and the Clinical Competency Committee. Failure to reschedule a promotion board (no-show) will be considered a failure, with remediation and or academic probation as outlined above.

Topics for Promotions Board

IAI means “immediate action items.” For instance, the Hyperkalemia IAI’s might include: albuterol 5 mg nebulized, calcium chloride or gluconate, 10cc of 10% solution IV, sodium bicarbonate 1-2 meq/kg IV, give 50cc of 50% dextrose and 1 unit/kg insulin IV then D5 infusion, followed by kayexalate and consider dialysis.

Differential diagnosis number means the number of clinical entities you should be able to list based on that chief complaint, for any age group or gender.

FFM means “information I want to know in the First Fifteen Minutes of workup for this presentation.” Example for Chest Pain FFM: “In the first fifteen minutes I want to know that the patient has a line of NS, oxygen onboard, and I want to have seen the rhythm on a monitor. I want to know pulse, BP, RR, and pulse oximetry. I want to know whether he appears perfused by looking at pupils and conjunctiva, skin temp and presence of diaphoresis. I want to have assessed JVD, cardiac and pulmonary auscultation, tenderness to palpation of chest and abdomen, results of guaiac testing, and leg swelling or tenderness. I want to know the HPI as well as risk factors for ACS and PE. I want to have interpreted the ECG and portable CXR, and, if appropriate, know the response to nitrates or fluid challenge.” Note that it does not include the entire workup until disposition.

Unknown means your approach or workup for that particular problem.

IMC means "integrated management case", which involves a case-based synthesis of specific signs/symptoms with diagnoses and treatments related to a specific disorder.

Antidotes include the drug and/or modality.

Toxidromes include the clinical findings and vital signs. Cholinergic would include “miosis, diarrhea, urination, bradycardia, lacrimation, salivation, bronchorrhea, fasciculations,” etc. Treatment would include an antimuscarinic drug like atropine, benzos (valium), and depending on the agent, an oxime like pralidoxime.

Military Unique Curriculum (MUC) material includes Tactical Combat Casualty Care (TCCC) guidelines (responsible for update dated Jan 2017) for EM1-4 promotion. PGY3-4s are also responsible for the Joint Trauma System (JTS) clinical practice guidelines (CPGs) for graduation. This material will be tested with directed questions. For example, what are the three phases of TCCC? Answer – care under fire, tactical field care, and tactical evacuation care.

PGY1 Topics:

TCCC Guidelines for Medical Personnel (update dated 31 Jan 2017)

ACLS algorithms, including drug dosages

PALS algorithms, including drug dosages

SIRS Criteria

One RSI medication combination with doses

Tintinalli's 8th ed. Tables 19-3, 19-5, 19-14, and 19-24 (Procainamide, Lidocaine, Amiodarone, Adenosine)

Abdominal pain dDx (40)

AMS dDx (30)

Chest pain FFM & DDx (20)

AMS FFM

multi-ingestion FFM

GI Bleed FFM

DKA FFM

Status epilepticus IAIs

Status asthmaticus IAIs

Anaphylaxis IAIs

Heatstroke IAIs

Hypothermia IAIs

Hyperkalemia IAIs

Increased ICP IAIs

Unknown penetrating injury to chest

Unknown blunt injury to abdomen

Unknown cervical spine injury (NEXUS, radiography)

Unknown severe headache

Antidotes/Toxidromes

Tylenol

ASA

Carbon Monoxide

Benzodiazepines

Toxidromes: sympathomimetic, cholinergic, anticholinergic, opioid, sedative/hypnotic

EKG:

Basic Rhythms and normal/abnormal intervals

Ischemia/Injury/Infarction

LBBB, RBBB, AV blocks, Axis deviations

Early repolarization

Lead placement errors

Hyper/hypokalemia

SVT

Pericarditis

PGY3 Topics: - moved from PGY2 year

Thrombolytic contraindications

All Vasoactive/**inotropic** drug doses and indications (**Tintinalli's 8th ed. Table 20-1**)

All RSI medications and doses

Difficult airway algorithm

Shoulder relocation maneuvers

Difficult vaginal deliveries: shoulder dystocia, breech, twin

Unknown penetrating injury to neck

Dyspnea/tachypnea dDx (40)

Shock FFM

Congestive Heart Failure FFM

Hypertensive emergency IAIs

Aortic dissection IAIs

MI IAIs

Stroke IAIs

Antidotes/Toxidromes:

Iron

Toxic alcohols

Beta blockers

Calcium blockers

Cyanide

Snakebite

Toxidromes: opiate withdrawal, ethanol withdrawal, TCA

EKG:

Wolf Parkinson White

Hypothermia

LVH

MAT/wandering atrial pacer

Left and right atrial abnormality

LAFB, LPFB, Bifascicular Block – moved from PGY1 year

Wellen's Waves

De Winter's T-waves

Hypertrophic Cardiomyopathy (dagger Qs)

Brugada Syndrome

Decision Rules/Scoring Systems:

HEART Score

Well's Criteria for PE

PERC Rule

PECARN Head Injury Criteria

PGY4 Topics:

Post-resuscitative care
DIC/anticoagulation reversal
Unknown wide-complex tachycardia

Thyroid storm IAI
Acute red/painful eye/vision loss IAI
Pre-eclampsia/eclampsia IAI

DVT and PE FFM
Cardiogenic shock FFM

Cancer patient IMC (dyspnea, neutropenia, etc)
HIV patient IMC (classic infections, viral load, CD4, etc)
Sickle Cell IMC (classic presentations, etc)
Newborn/neonatal IMC (cyanosis, resuscitation, seizures, etc)
Burn patient IMC (t/s criteria, fluid/airway issues, etc) – moved from PGY3

Antidotes/Toxidromes

Hydrogen sulfide
Hydrofluoric acid
INH
Digitalis
Methemoglobinemia
Toxidrome outliers: NMS, SS, MH

EKG:

WPW tachydysrhythmias
Wide Complex Tachycardia discernment
Pacemaker types
RVH
Pediatric EKG evaluation
Tricyclic antidepressant findings
Ischemia through LBBB (Sgarbossa's Criteria)
LV aneurysm – moved from PGY3
PE – moved from PGY3
Arrhythmogenic Right Ventricular Dysplasia