PROGRAM LETTER OF AGREEMENT
ATTACHMENT L to the MASTER AFFILIATION AGREEMENT
between UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA (Facility) and the
BOARD OF REGENTS of the NEVADA SYSTEM OF HIGHER EDUCATION
on behalf of the
UNIVERSITY OF NEVADA SCHOOL OF MEDICINE (School)
concerning the
COMMITMENT TO THE FAMILY MEDICINE URGENCY CARE FELLOWSHIP PROGRAM

FOR THE PERIOD JULY 1, 2012 - JUNE 30, 2013

A. Officials at the participating institution or facility who will assume administrative, educational, and supervisory responsibility for the fellows.

1. It is agreed that Aron Rogers, DO shall serve as fellowship program director. Dr. Rogers will have full authority to direct and coordinate the program's activities in all participating institutions, including all responsibilities designated to the program director in the ACGME's Institutional and Program Requirements. Should it be necessary to appoint a new fellowship program director, the appointment will be made by the Chair of the School's responsible academic department with the concurrence of the Facility's Chief Executive Officer and the School's Dean.

2. John Onyema, MD shall have administrative, educational and/or supervisory responsibility for fellows at the Facility during rotations to the Facility.

3. All teaching staff participating in the clinical training of fellows at Facility must have faculty appointments in a Department of the School and must have clinical privileges at the Facility. Participation in fellow teaching also requires the concurrence of the fellowship program director. Faculty is appointed following Board of Regents of the Nevada System of Higher Education Handbook. Facility policies control the granting of clinical privileges at the Facility.

B. Educational goals and objectives to be attained within the participating institution.

1. Facility will provide the educational setting in which the goals and objectives of the curricular elements of Family Medicine Urgent Care Fellowship are accomplished as set forth in Exhibit A attached hereto and incorporated herein by this reference.

C. Period of assignment of the fellows to the Facility.

1. Fellows' assignments for the academic year will be as set forth in Exhibit A attached hereto and incorporated herein by this reference.

D. Financial Arrangements, insurance and benefits.

1. All fellows will be University employees and will receive employee benefits as approved by the Board of Regents. The School will obtain malpractice coverage for the fellows as well as State Industrial Insurance.
E. Facility's responsibilities for teaching, supervision, and formal evaluation of the fellows' performance.

1. Facility agrees to cooperate with School in the appointment of clinical faculty as described in paragraphs A.1.-A.3., above, who will have teaching, supervision, and evaluation responsibilities in the clinical training of fellows at Facility. Formal evaluations must be completed at the end of each rotation based on the Educational Goals and Objectives published in the program's Fellowship Handbook and Exhibit A, attached hereto and incorporated herein by this reference, and returned to the program administration office.

2. Fellow supervision will be accomplished according to the guidelines established in the program's Fellowship Handbook, the Facility's Fellowship Supervision Policy and the ACGME accreditation requirements.

F. Policies and procedures that govern the fellows' education while rotating to Facility.

1. Policies and procedures that govern the fellows' education while rotating to Facility are stated in the Facility's Bylaws, Rules and Regulations, and Fellowship Supervision Policy, in the ACGME Program Requirements, the Program’s Fellowship Handbook, the Processes, Procedures, Rules for GME and the Board of Regents of the Nevada System of Higher Education Handbook.

G. Special Program Requirements.

1. Duties and patient care responsibilities of fellows during their rotations are as specified in the program’s Fellowship Handbook.

[SIGNATURE PAGE FOLLOWS]
RECOMMENDED:

By: ___________________________________  Date
Aron Rogers, DO  
Program Director

By: ___________________________________  Date
Miriam Bar-on, MD  
Associate Dean of Graduate Medical Education

APPROVED:

By: ___________________________________  Date
Brian Brannman  
Chief Executive Officer

By: ___________________________________  Date
Thomas L. Schwenk, MD  
Vice President, Division of Health Sciences Dean, School of Medicine President, Integrated Clinical Services, Inc

By: ___________________________________  Date
Marc A. Johnson, President  
University of Nevada, Reno

By: ___________________________________  Date
Daniel Klaich  
Chancellor, NSHE
Exhibit A
DEPARTMENT of FAMILY and COMMUNITY MEDICINE
UNIVERSITY OF NEVADA SCHOOL OF MEDICINE LAS VEGAS

Family Medicine Urgent Care Fellowship-Las Vegas

GOALS AND OBJECTIVES

Patient Care
Fellow must be able to provide patient and family-centered care that is compassionate, age-appropriate, and effective for the treatment of urgent problems and the promotion of health.

During this rotation, the Fellow will:

1. Demonstrate effective, caring and respectful behaviors when interacting with patients and their families.
2. Assess acutely ill, unstable and injured patients in a timely fashion.
3. Participate in resuscitation and stabilization of the critically ill patient utilizing ACLS and PALS principles. Demonstrate skill in use of automated external defibrillator (AED) in both children and adults.
4. Gather focused, essential and accurate information about the patient, which may be from multiple sources.
5. Be confident in performing a directed examination as well as essential examination of other organ systems pertinent to the problem presented.
6. Perform physical examinations commonly encountered in the Urgent Care setting; exhibit knowledge of specific criteria required by the requesting agency; identify special instances that may require referral for further evaluation, before medical clearance is obtained. Such examinations include:
   - Sports Physical
   - Summer Camp Physical
   - Pre-placement or Post-offer Employment Physicals
   - College Physicals (University of Nevada, Las Vegas)
   - High School/College Pre-participation Physicals
   - DOT (Department of Transportation) Physical
   - Travel Physical
7. Evaluate and manage occupational injuries; demonstrate knowledge of applicable regulations such as OSHA, FMLA, and ADA.
8. Make informed recommendations regarding preventive, diagnostic and therapeutic plans based on synthesized data, patient/family consent, clinical judgment and up-to-date scientific evidence.
9. Carry out patient management plan under direct guidance of the Clinical Instructor during Core Rotation, and independently, during the Independent Rotation.
10. Perform competently the following procedures listed in Appendix A: Common Procedures Performed in the Urgent Care Setting.
11. Counsel and educate patients and their family regarding their condition, management plan, and prevention of future recurrences.
12. Maintain family medicine patient care skills and to develop competency in teaching traditional family medicine and urgent care principles to family medicine residents.
Medical Knowledge
Fellow must demonstrate solid knowledge of Urgent Care Medicine. This encompasses established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this learned skill to patient care.

The Fellow is expected to evaluate and manage common symptoms (see Appendix B: Common Complaints Presenting in the Urgent Care Center) as well as common diagnoses in patients presenting emergently and urgently (see Appendix C: Common Diagnoses Made in the Urgent Care - by Specialty). The Fellow is expected to recognize immediately the conditions that need stabilization and referral to the specialist or the hospital for further management.

At the end of this rotation, the Fellow is expected to:

1. Demonstrate investigatory and analytic thinking approach in the above clinical situations.
2. Know which cost-effective tests to recommend that will acutely change patient’s outcome.
3. Interpret test results in the context of care of the specific patient, taking into account age-appropriate normal values/variants for laboratory, radiologic studies.
4. Determine when and how soon a referral to the specialist or transfer to the hospital is indicated.

Practice-based Learning and Improvement
Fellow must be able to self-evaluate, appraise and assimilate scientific evidence, and improve their patient care practices.

During this rotation, the Fellow is expected to develop skills and habits to be able to:

1. Self-critique: Identify the strengths and limits of one’s expertise; use self-reflection to drive own learning and improvement; incorporate formative evaluation and feedback into daily practice.
2. Navigate own education: Be ultimately responsible for completion of each rotational competencies by taking advantage of available resources; locate, appraise and assimilate evidence from scientific studies pertinent to patients’ health problems; use information technology to optimize learning.
3. Triage and Multi-task: Be able to provide simultaneous care to multiple patients with varying levels of severity of illness; develop quick problem-solving skills, prioritization and flexibility; be able to adjust pace to patient acuity, volume and flow.
4. Teach: Be able to precept and pass on knowledge to other learners rotating at the Urgent Care, such as medical students and residents as well as at the Family Medicine Center.

Systems-based Practice
Fellow must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to call on system resources to provide care that is of optimal value.
At the end of this educational experience, the Fellow is expected to:

1. Know when and how soon a referral to the Specialist or transfer to the hospital is indicated; understand the mechanism of, and how to coordinate, transfer of care.
2. Know how to provide clear, concise and relevant patient information when communicating with the Specialist or hospital emergency room physician.
3. Know how to cost-effectively determine which ancillary imaging or laboratory studies to order and which medications to prescribe without compromising quality of care.
4. Understand the role of the Urgent Care physician as one of the hinges in the health care delivery system; ensure Patient Safety and prevent medical error through adequate documentation and effective communication with the patient and the healthcare team.
5. Demonstrate knowledge and skill in correct billing and coding.

**Professionalism**
Fellow must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

During this educational experience, the Fellow is expected to exhibit:

1. Responsiveness to patient needs that supersedes self-interest
2. Respect for patient privacy and autonomy
3. Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
4. Punctuality to all assigned responsibilities including lectures, Family Medicine clinic, rotations and the urgent care center.
5. Fellows are expected to conform to the same professionalism attributes listed in the Family Medicine Residency Handbook and GMEC handbook available at the website listed above.

**Interpersonal and Communication Skills**
Fellow must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients’ families and professional associates.

During this educational experience, the Fellow is expected to exhibit:

1. Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds
2. Communicate effectively with physicians, other health professionals, and health related agencies
3. Work effectively as a member of the health care team

**Assessment Method:**
A system of ongoing evaluation will ensure that the Fellow has successfully achieved each competency using multiple evaluation tools.

The 360-degree University of Nevada School of Medicine (UNSOM) Evaluation will be filled out by at least one attending after completion of each rotation. This evaluation form will also be filled out and the fellow will be assessed every 4 months (3 times annually) by the Quick Care
attendings at the central Urgent Care Center, as well as UNSOM faculty that have worked with the fellow at the Family Medicine Center. Fellows will also be evaluated once annually by Family Medicine Residency residents and occasionally by ancillary staff and patients. There will be tri-annual meetings with the Fellowship Program Director and the Quick Care Program Site Director.

The written evaluations will be part of the Fellow’s personal record that is accessible to the learner for review and personal improvement.

Fellows will be required to report all procedures and work hours on the online E-value evaluation system. Attendings will fill out a procedure evaluation form for procedures that they observe. This will demonstrate that the fellow has performed the specific procedure and, as appropriate, when the fellow is competent to perform the procedure independently. Fellows will also fill out an evaluation of each rotation on E-value.

APPENDIX A

Common Procedures Performed in the Urgent Care Setting
(bold=core procedures)

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Anesthesia: Field Block</td>
<td>Anesthesia: Utilizing LET, Topical Lidocaine, and Ethyl Chloride</td>
<td>Crutches, instructing the patient</td>
<td>Foreign Body Removal: Nose</td>
<td>Gynecologic Examination, includes performing wet mount and rapid tests</td>
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<tr>
<td>Anesthesia: Digital Nerve Block</td>
<td>Arthrocentesis</td>
<td>Dix-Halpike and Epley Maneuver</td>
<td>Foreign Body Removal: Nail</td>
<td>Immobilization: C-spine</td>
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<tr>
<td>Anesthesia: Forehead Block (Supraorbital and Supratrochlear Nerves)</td>
<td>Aspiration: Olecranon Bursitis</td>
<td>Epistaxis Management: Nasal Packing</td>
<td>Foreign Body Removal: Subcutaneous, including plantar puncture wounds</td>
<td>Immobilization: Sprains and Strains</td>
</tr>
<tr>
<td>Anesthesia: Infraorbital Nerve Block</td>
<td>Catheterization of the Bladder, Pediatric</td>
<td>Foreign Body Removal: Eye (including corneal FB)</td>
<td>Foreign Body Removal: Vaginal</td>
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<tr>
<td>Incision and Drainage: Simple (e.g. paronychia with abscess)</td>
<td>Incision and Drainage: Complex Cutaneous Abscesses</td>
<td>Incision and Drainage: Pilonidal Abscess</td>
<td>Incision and Drainage: Thrombosed Hemorrhoid</td>
<td>Inguinal Hernia: Simple Reduction, acute setting</td>
</tr>
<tr>
<td>Ingrown Toenail Removal</td>
<td>Injection: de Quervain’s Tenosynovitis</td>
<td>Injection: Trigger Point</td>
<td>Intraarticular injection</td>
<td>Reduction: Nursemaid’s Elbow</td>
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<td>Reduction: Finger dislocation</td>
<td>Ring Removal</td>
<td>Tooth Avulsion: temporary reinsertion or storage</td>
<td>Trephination and Drainage of subungual hematoma</td>
<td>Wood’s Lamp examination of skin and cornea</td>
</tr>
<tr>
<td>Wound Care: Minor Burn</td>
<td>Wound Care: Animal or Human bite</td>
<td>Wound Care: Basic Repair Techniques</td>
<td>Wound Care: Advanced Repair Techniques</td>
<td></td>
</tr>
</tbody>
</table>
• Horizontal Mattress Sutures
• Deep Closure (suturing)

Wounds, Wounds with completely nonviable flap
• Parallel Lacerations
• Thin edge/Thick edge Laceration
• Wound Closure in Aged Skin

• Nasal structures
• Ear
• Lips
• Oral Cavity including the tongue
• Perineum
• Hand
• Knee
• Shin
• Foot

***Fellows are encouraged to keep track of procedures done either at the Urgent Care site or during Specialty Rotation***

***A procedure is considered accomplished if initially done under direct guidance by attending and thereafter, was performed at least one other time, independently and confidently, by the Fellow***

**APPENDIX B**

**Common Complaints Presenting in the Urgent Care Center**

| Abdominal Distention | Abdominal Pain | Abnormal Gait | Abuse or Neglect, alleged or suspected | Allergic Reaction | Amenorrhea | Anxiety and/or Depression | Arthralgia or Arthritis | Back Pain, Traumatic | Back Pain, Non-Traumatic | Bleeding and/or Bruising | Bradycardia | Breast Mass | Burn | Calf or Leg Swelling | Chest Pain, Traumatic | Chest Pain, Non-Traumatic | Confusion or Mental Status Change | Constipation | Cough and Congestion | Cyanosis | Cyst or Mass | Dehydration | Diarrhea | Difficulty Swallowing | Dizziness (may or may not be vertigo) | Dysphagia | Dyspnea | Dysuria and/or Frequency | Earache | Ear Discharge | Edema, Generalized | Edema, Lower Extremity | Exercise Intolerance | Extremity, Inability to move | Extremity, Injury | Extremity, Pain | Eye, Itchy | Eye Pain, Traumatic | Eye Pain, Non-Traumatic | Eye, Red | Eye, Abnormal Movement | Eye, Visual Disturbance | Fatigue or Generalized Weakness | Facial Pain, Traumatic | Facial Pain, Non-Traumatic | Fever | Flank Pain | Fontanel, Bulging or Depressed | Foreign Body, Ingested | Foreign Body, other than ingested | Fussy or Crying Infant | Geriatric Fall | Gland Enlargement (Lymphadenopathy) | Groin Pain or Mass | Halitosis | Hair Loss | Hallucination | Headache | Head Injury | Hearing Loss | Heat/Cold Intolerance | Hematuria | Hemiparesis/Hemiplegia | Hemoptysis | Hoarseness | Hypotension | Hypertension, Asymptomatic | Hypertension, Symptomatic | Irregular Heartbeat | Jaundice | Joint Swelling | Lethargy | Limping Child | Muscle Cramps | MVA, Neck Pain |
MVA, Injuries other than neck
Myalgia
Nausea and/or Vomiting
Neck Mass
Neck Stiffness
   - Neck Swelling
Nosebleed
Odynophagia
Pallor
Palpitaiton with or without Tachycardia
Paresthesia
Pelvic Pain
Polyphagia/Polydipsia
Pruritus
Radicular Pain
Rash, Painful
Rash, Pruritic
Rash, neither painful nor pruritic
Rash, Petechiae
Rectal Bleeding, Painful
Rectal Bleeding, Painless
Rectal Pain
Seizure, Febrile or Afebrile
Sore Throat with or without drooling/trismus
Syncope
Toothache, with or without trismus
Tremor
Urinary Retention
Vaginal Bleeding, Pregnancy-Related
Vaginal Bleeding, Non-Pregnancy Related
Vaginal Bleeding, Apparent (non-vaginal origin)
Vaginal Discharge
Vaginal Pain
Visual Loss or Visual Impairment
Vomiting
Wheezing
Weight Loss
APPENDIX C

Common Diagnoses Made in the Urgent Care - by Specialty

1. **General:**
   Acute Illness in the Immunocompromised Patient
   Acute Illness in Patient with Special Needs (Disabled, Elderly, Morbidly Obese, Mental Retardation, Dementia, Pregnant)
   Acute Pain Syndrome
   Acute Exacerbation of Chronic Pain
   Altered Mental Status, Acute
   Drug Seeking, Drug Abuse
   Drug Overdose
   Drug Withdrawal
   Failure to Thrive
   Fussy Infant
   Intoxicated Patient
   Threatened or Abused patient

2. **Allergy/Immunology:**
   Anaphylaxis
   Angioedema
   Erythema Multiforme
   Hypersensitivity Reactions
   Serum Sickness
   Stevens-Johnson Syndrome
   Urticaria

3. **Cardiovascular:**
   Acute Coronary Syndrome
   Angina, stable or unstable
   Aortic Dissection or Aneurysm
   Atypical Chest Pain
   Congenital Heart Disease Patient with Acute Illness
   Congestive Heart Failure with or without Pulmonary Edema
   Cardiomyopathy
   Deep Vein Thrombosis
   Dysrhythmias
   Edema
   Endocarditis
   Hypertensive urgency/emergency
   Kawasaki’s disease
   Lymphedema
   Myocarditis
   Pericarditis
   Peripheral Vascular Disease and Claudication
   Rheumatic Fever
Thrombophlebitis

4. **Dental/Maxillofacial:**
   Apical Abscess with or without Cellulitis
   Ludwig’s Angina
   Lymphadenitis, Cervical
   Maxillofacial Fracture or Injury
   Oral and Lip Laceration
   Oral Candidiasis
   Oral Ulcers (Apthous, HSV, Coxsackie, Neoplasm Suspect)
   Parotitis and infection of other Salivary Glands
   Peritonsillar Abscess
   Sialolithiasis
   The Bleeding Dental Patient, may or may not be on anticoagulants
   TMJ Syndrome
   Tooth Avulsion or Fracture
   Trench Mouth (Acute Necrotizing Ulcerative Gingivitis, ANUG)

5. **Dermatology:**
   Bites and Stings, of Arthropods
   Contact dermatitis
   Cutaneous Drug Eruptions
   Cutaneous manifestation of systemic or infectious disease
   Cutaneous Neoplasm
   Eczema
   Erythema Infectiosum (Fifth Disease)
   Erythema Migrans and Lyme Disease
   Erythema Nodosum
   Hand-Foot-Mouth Disease
   Herpes Simplex, labialis or genitalis
   Herpes Zoster
   Herpetic Whitlow
   Hidradenitis Suppurativa, with or without Abscess
   Molluscum Contagiosum
   Occupational Dermatoses (see Occ Med Rotation: Goals & Objectives)
   Pediculosis
   Pityriasis Rosea
   Pressure Sores and Chronic Ulcers with or without h/o Diabetes
   Roseola
   Rubella
   Scabies
   Tinea (corporis, capitis, cruris, pedis)
   Tinea Ungium
   Tinea Versicolor
   Toxicodendron Dermatitis (Poison Ivy/Poison Oak/Poison Sumac)
   Varicella Zoster
   Viral Exanthem, other
   Warts
6. **Endocrine/Metabolic:**
   Acute Illness in Patient with underlying endocrine or metabolic disease
   - Adrenal Crisis
   - Dehydration
   - Diabetes Insipidus
   - Diabetes Mellitus, Hyperglycemia, with or without DKA
   - Electrolyte and Metabolic Imbalance
   - Hyperthyroidism with or without Thyrotoxicosis
   - Hypoglycemia
   - Hypothyroidism with or without Myxedema
   - SIADH
   - Thyroiditis

7. **Gastrointestinal:**
   Acute Abdominal Pain
   - Anal Fissure
   - Appendicitis
   - Biliary Tract Disease (Biliary Colic, Cholecystitis, Cholangitis)
   - Bowel Obstruction, Ileus
   - Bowel Obstruction, Mechanical
   - Caustic ingestion
   - C. difficile and Pseudomembranous Colitis
   - Colitis, Ileitis (IBD, Ischemic, Infectious, Radiation Colitis)
   - Constipation
   - Diverticulitis
   - Esophageal Spasm
   - Foreign Body Ingestion
   - Gastroenteritis
   - Gastrointestinal Bleeding, Upper or Lower GI Bleed
   - Gastrointestinal Neoplasm
   - Hemorrhoids, may or may not be thrombosed
   - Hepatic Failure
   - Hepatitis
   - Hepatosplenomegaly
   - Hernia, with or without Incarceration
   - Intussusception
   - Pancreatitis
   - Perforation, Bowel
   - Peritonitis
   - Perirectal Abscess
   - PUD, GERD, Gastritis
   - Pyloric Stenosis
   - Traveler’s Diarrhea

8. **GU/Renal:**
   Acute Hypertension
   Acute Illness in dialysis or renal transplant patient
   Acute Renal Failure
Balanitis
Cystitis
Epididymitis
Labial Adhesions
Paraphimosis
Phimosis
Prostatitis
Proteinuria
Pyelonephritis
Testicular Torsion
Urethritis, may or may not be due to STD’s
Urolithiasis
Urinary Catheter-related Infections
Urinary Retention
Urinary Tract Infection in the Pediatric Patient
Urinary Tract Infection in the Male Patient

9. **Gynecologic:**
Amenorrhea
Bartholin’s Abscess
Breast Mass
Cervicitis (Gonorrhea, Chlamydia, other)
Dysfunctional Uterine Bleed
Gynecologic Neoplasm
Herpes Genitalis
Hyperemesis Gravidarum
Mastitis
Mastodynia
Menorrhagia
Nipple Abnormalities
Ovarian Torsion
Pelvic Inflammatory Disease
Preeclampsia
Pregnancy, Intrauterine
Pregnancy, Ectopic
Pregnancy, Abortion (threatened, inevitable, completed, missed)
Ruptured Ovarian Cyst
Tubo-ovarian Abscess
Urinary Tract Infection in Pregnancy
Vaginal Bleeding, 2nd-3rd Trimester (placenta previa, abruption)
Vaginitis/Vulvitis (Trichomonas, Gardnerella, Candida, other)

10. **Hematologic/Oncologic:**
Acute Illness or Fever in a Neutropenic Patient
Acute Illness in cancer patient on or off therapy
Acute Illness in patient with Polycythemia Vera
Acute Leukemia
Anemia, Symptomatic
Coagulopathy
Fever in a patient with Sickle Cell Disease or Leukemia
Hemophilia with acute trauma
Henoch Schonlein Purpura
Possible tumor or neoplasm, any organ
Sickle Cell Crisis, Sequestration and Chest Syndrome
Thrombocytopenia (ITP, TTP, Hemolytic Uremic Syndrome, other)

11. **Infectious Disease:** (see also other specialties)
Abscess
Acute Illness in the Immunocompromised Patient
Adenitis
Cellulitis (facial/orbital/extremity/other)
Encephalitis, Meningitis
Erysipelas
Fever without a source
HIV patient with acute illness
Impetigo, folliculitis, carbuncle, other superficial skin infection
Influenza
Novel Infections and Bioterrorism
Sepsis
Septic Cavernous Sinus Thrombosis
Toxic Shock Syndrome
Travel-associated infectious diseases
Tuberculin Test Reaction, management of
Viral Exanthem
Wound Infection, General
Wound Infection, Bites, animal or human
Wound Infection, MRSA or other resistant bacteria

12. **Neurology:**
Ataxia
Bulging Fontanel
Cluster Headache
Cranial Nerve Palsy, including Bell’s Palsy
Guillain-Barre Syndrome
Horner Syndrome
Migraine, including Status Migrainosus
Muscle Contraction Headache
Paresis/Paralysis
Peripheral Neuropathy
Seizure, including status epilepticus
Sentinel Headache
Shunt malfunction/infection
Subarachnoid hemorrhage
TIA/CVA
Trigeminal Neuralgia
Vertigo
13. **Ophthalmologic:**
Acute Angle Closure Glaucoma
Acute Visual Loss
Blepharitis
Cellulitis, Orbital
Cellulitis, Preseptal
Conjunctivitis (infectious, allergic, other)
Corneal Abrasion
Corneal Burn, Ocular Chemical Exposure
Corneal Laceration
Cyanacrylate (Super Glue) Exposure
Dacrocystitis
Foreign body in eye, may or may not be embedded
Herpes Simplex Keratitis
Herpes Zoster Ophthalmicus
Hordeolum
Hyphema
Iritis, Traumatic
 Orbital fracture/trauma
 Periorbital Laceration
 Scleritis, Episcleritis
 Temporal Arteritis

14. **Orthopedic:**
General, Arthritis, Inflammatory
General, Arthritis, Septic
General, Bursitis, Septic
General, Compartment Syndrome
General, Contusion
General, Costochondritis
General, Gait Disturbance in Adults
General, Nail Avulsion
General, Neoplasm in Bone or Soft Tissue
General, Open Fracture
General, Osteomyelitis
General, Overuse Injuries, may or may not be work related
General, Paronychia
General, Prosthetic Joint Infection
General, Subungual Hematoma
Foot/Ankle, Fracture, Lateral or Medial Malleolus
Foot/Ankle, Fracture, Bimalleolar
Foot/Ankle, Fracture, Trimalleolar
Foot/Ankle, Fracture, Maisonnueve
Foot/Ankle, Fracture, Talus and Calcaneus
Foot/Ankle, Fracture, Sesamoid
Foot/Ankle, Fracture, Lisfranc Fracture-dislocation
Foot/Ankle, Fracture, Metatarsal (Head, Shaft, Distal)
Foot/Ankle, Fracture, Fifth Metatarsal fracture and Jones Fracture
Foot/Ankle, Fracture, Toe
Foot/Ankle, Sprain and Soft Tissue Injuries
Foot/Ankle, Achilles Tendon Injuries
Foot/Ankle, Plantar Fasciitis and other causes of Heel Pain
Foot/Ankle, Tarsal Tunnel Syndrome
Foot/Ankle, Ingrown Toenail
Foot/Ankle, Diabetic foot ulcers and lesions
Lower Extremity, Pelvis and Hip Fractures and Strain
Lower Extremity, Avascular Necrosis
Lower Extremity, Strains of the Thigh
Lower Extremity, Lateral Femoral Cutaneous Nerve Syndrome
Lower Extremity, Knee and Leg Fracture and Strain/Strain
Lower Extremity, Anterior Cruciate Ligament Tear
Lower Extremity, Collateral Ligament Tear
Lower Extremity, Meniscal Tear
Lower Extremity, Iliotibial Band Syndrome
Lower Extremity, Patellar/Quadriceps Tendinitis
Lower Extremity, Gastrocnemius Tear
Lower Extremity, Stress Fracture,
Pediatric, Buckle Fracture
Pediatric, Salter-Harris Fracture
Pediatric, Elbow Fracture, including occult fracture
Pediatric, Juvenile Rheumatoid Arthritis
Pediatric, Limping Child
Pediatric, Legg-Calve-Perthes Disease
Pediatric, Nursemaid’s Elbow
Pediatric, Slipped Capital Femoral Epiphysis (SCFE)
Pediatric, Transient Synovitis of the Hip
Pediatric, Overuse Syndromes
Pediatric, Little Leaguer Elbow
Pediatric, Osgood Schlatter Disease
Pediatric, Stress Fracture
Spine, Acute Back Pain
Spine, Acute Pain, with Radiculopathy
Spine, Acute Exacerbation of Chronic Pain
Spine, Back Strain with or without disc herniation
Spine, Cauda Equina Syndrome
Spine, Discitis
Spine, Pain from Cumulative Trauma, may or may not be work-related
Upper Extremity, Fracture with or without dislocation
   (Especially, proximal or distal humerus, radial head, olecranon)
Upper Extremity, Fracture, Clavicle
Upper Extremity, Nerve Compression Syndromes
   (Ulnar, Radial Tunnel, Pronator)
Upper Extremity, Rotator Cuff Tendinitis / Injury / Tear
Upper Extremity, Recurrent Shoulder Subluxation
Upper Extremity, AC Joint Separation
Upper Extremity, Biceps Tendon Rupture (proximal or distal)
Upper Extremity, Recurrent Shoulder Subluxation
Upper Extremity, Epicondylitis (medial or lateral)
Upper Extremity, Olecranon Bursitis
Wrist/Hand, Fracture with or without dislocation
Wrist/Hand, Fracture of the distal radius, scaphoid, base of thumb
Wrist/Hand, Tendon Laceration / Injury
Wrist/Hand, Mallet Finger
Wrist/Hand, Trigger Finger
Wrist/Hand, Gamekeeper’s Thumb
Wrist/Hand, Skier’s Thumb
Wrist/Hand, Ganglion Cyst
Wrist/Hand, Felon and Paronychia
Wrist/Hand, Carpal Tunnel Syndrome
Wrist/Hand, de Quervain Tenosynovitis
Wrist/Hand, Fingertip Amputation

15. Otolaryngology:
Cerumen Impaction
Epiglottitis
Epistaxis
Facial Cellulitis
Facial Contusion
Facial Fracture, maxilla / alveolar ridge / zygoma / mandible
Facial Fracture, Nasal Bone
Foreign Body Aspiration
Group A Strep Tonsillopharyngitis, Acute
Hearing Loss
Ludwig’s Angina
Neck Mass
Otitis Externa, Bacterial, Fungal, Malignant, Resistant
Otitis Media, Acute
Otitis Media, Bullous Myringitis
Otitis Media, Chronic Suppurative
Peritonsillar Abscess
Peritonsillar Cellulitis
Post-operative Tonsillectomy Bleeding
Retropharyngeal Abscess
Rhinosinusitis, Allergic
Rhinosinusitis, Infectious
Rhinosinusitis, Chronic or Recurrent
Septal Hematoma
Sialolithiasis and Salivary Gland Disease
Temporomandibular Joint Syndrome
Tympanic Membrane Perforation, Infectious
16. **Pediatric:** (see other specialties and Pediatric ED Rotation: G&O’s)

17. **Psychiatry:**
- Anxiety Disorder
- Bipolar Disorder
- Delirium tremens
- Depression
- Eating Disorder Patient with Acute Illness
- Explosive Personality Disorder (violent behavior)
- Neuroleptic Malignant Syndrome
- Panic Attacks
- Psychosis
- Suicidal ideation

18. **Pulmonology:**
- Acute Illness in patient with cystic fibrosis
- Acute Bronchitis
- Asthma (including status)
- Bacterial Tracheitis
- Bronchiolitis
- COPD Exacerbation
- Croup
- Epiglottitis
- Hemoptysis
- Irritant Inhalation, Occupational Bronchoreactivity
- Pleural Effusion
- Pneumonia
- Pneumothorax
- Respiratory distress/failure
- RSV
- Smoke Inhalation
- Occupational Bronchoreactivity, Irritant Inhalation
- Pulmonary Embolism
- Pleuritis

19. **Rheumatologic:**
- Acute Illness in patient with Systemic Lupus Erythematosus
- Acute Illness in patient on immunomodulating drugs for rheumatologic condition
- Connective Tissue Diseases
- Crystal-induced Arthritides
- Polymyalgia Rheumatica
- Raynaud’s Phenomenon

20. **Surgical/Trauma:** (see also other specialties)
- Acute Surgical Abdomen
- Bites (human, animal, arthropod)
Burns (includes detecting burns needing referral)
Burns, Electrical / Chemical / Thermal
Cervical Injuries
Closed Head Injury
Fracture of Rib or Sternum
Heat Emergencies
Hypothermia
MVA Injuries
Needlestick Injury
Skull Fracture
Soft Tissue Injury (minor lacerations, abrasions, contusions, puncture wound)
Trauma to abdomen, blunt or sharp
Trauma to face, spine, chest, urogenital tract