



**USAID** | **WEST BANK/GAZA**  
FROM THE AMERICAN PEOPLE

# **DEVELOPING EMERGENCY MEDICINE AS A SPECIALTY**

**PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT  
PROJECT  
(THE FLAGSHIP PROJECT)**

**SHORT-TERM TECHNICAL ASSISTANCE REPORT**

**Prepared by:**

Kathleen Clem, MD, FACEP  
Chair, Department of Emergency Medicine  
Loma Linda University Medical Center

Submitted APRIL 30, 2010

Contract No. 294-C-00-08-00225-00

This publication was produced for review by the United States Agency for International Development. It was prepared by Kathleen Clem, MD - with input from Dr. Jason Prystowsky and Dr. Tae Kim

## CONTENTS

Acronyms .....	3
Abstract .....	4
Summary of Recommendations.....	5
Section I: Introduction.....	7
Section II: Activities Conducted.....	10
Section III: Findings, Recommendations, and Next Steps.....	11
Section IV: Press Release Format.....	163
Annex A: Scope of Work.....	165
Annex B: Assignment Activities.....	19
Annex C: Consultant CV.....	20
Annex D: Bibliography of Documents Collected and Reviewed.....	34
Annex E: List and Copy of Materials Created, Provided, and Utilized During Assignment.....	34

## ACRONYMS

ACEP - American College of Emergency Physicians  
CEO – Chief Executive Officer  
CFO – Chief Financial Officer  
CME - Continuing Medical Education  
CNO – Chief Nursing Officer  
COO – Chief Operating Officer  
ED - Emergency Department  
EM - Emergency Medicine  
ER- Emergency Room  
ESI - Emergency Severity Index  
IFEM - International Federation for Emergency Medicine  
JCI - Joint Commission International  
LLU – Loma Linda University  
LLUMC – Loma Linda University Medical Center  
MoH – Ministry of Health  
MOU – Memorandum of Understanding  
PMC - Palestine Medical Complex  
QI - Quality Improvement  
SAEM - Society for Academic Emergency Medicine  
STTA – Short-term Technical Assistance  
USAID – United States Agency for International Development  
WB - West Bank

## **ABSTRACT**

Developing emergency medicine as a specialty in the West Bank was the focus of this consultancy. This report represents plans to develop emergency medicine practices for Ministry of Health (MoH) hospitals selected as key facilities to support the development and education of emergency medicine as a specialty in the West Bank.

The consultant, Dr. Kathleen Clem, Chair of Emergency Medicine at Loma Linda University School of Medicine, spent the majority of her time at Rafidia Hospital in the Emergency Department observing, seeing patients, and providing technical consultation regarding next steps for emergency medicine as a specialty. Dr. Clem performed in-depth interviews with physicians currently practicing in Palestinian Emergency Departments (ED) to better understand the current issues as they relate to the needs for Palestinian emergency care.

A better understanding of the vision for emergency medicine (EM) in the West Bank was achieved through discussions with high-level officials in the MoH, including Dr. Fathi Abu Moghli, Dr. Munther Sharif, and the Head of the Palestinian Medical Council; as well as Professor Dudin Anwar, the Dean of the School of Medicine An-Najah National University; and Dr. Naim Sabra, the Director for General Hospital.

## SUMMARY OF RECOMMENDATIONS

### For the Specialty of Emergency Medicine:

#### Within the next month:

- Identify and hire the Medical Director of Emergency Medicine (EM) and other counterpart physician leaders at constituent EM training sites
- Identify Emergency Medicine Residency Training sites and sign Memorandum of Understanding (MoU) for training each site
- Identify and hire Emergency Medicine Residency Director at key center where emergency medicine residency is to be developed
- Introduce concepts of Quality Improvement (QI) and Emergency Severity Index (ESI) to nursing directors
- Schedule QI and ESI training, combining physicians and nurses
- Implement ESI at triage at all constituent EM training sites for nursing
- Institute use of MoH approved emergency patient documentation sheets at all MoH hospital emergency rooms. This will facilitate conversion to the computerized medical record once this is implemented.

#### Within the next six months:

- Develop and write the *Curriculum for Emergency Medicine Residency Training Program* in conjunction with Lille University and Loma Linda University educational leaders.
- Develop Disaster Plan for Rafidia Hospital
- Implement Train-the-Trainer program for ESI for nursing
- Establish working MoUs with each specialty providing consultation to ED patients
- Evaluate QI process
- Obtain ultrasound machine in concert with current Flagship Project procurement schedule, begin emergency physician training programs for emergency ultrasound

#### Within the next year:

- Expand/renovate ED space at PMC and Rafidia Hospital
- Review Joint Commission International (JCI) requirements and begin implementation of ED specific requirements
- Foster career development of Medical Director, Residency Director, and ED physicians by providing access to continuing medical education (CME) within the West Bank and at international locations
- Implement Year I of Emergency Medicine Residency training program
- Conduct first annual reviews and assessments of Palestinian emergency medicine leadership
- Conduct a Disaster Drill at Rafidia Hospital

**Within next two years:**

- Implement Year 2 of Emergency Medicine Residency training program
- Conduct second annual reviews and assessments of Palestinian emergency medicine leadership
- Further incorporate the practice of EM into PMC

**Potential Shortlist of Palestinian Emergency Medicine Physician Leaders:****Rafidia Physicians:**

- Dr. Samer Alatt
- Dr. Wael Sadaqa
- Dr. Kamal Abed

**PMC Physicians:**

- Dr. Ibrahim Hisham Shraim
- Dr. Ramzi Abu Khalil
- Dr. Mousa Atari
- Dr. Basef Samara
- Dr. Ibrahim Bazzar
- Dr. Yahia Salamah
- Dr. Ibrahim Al-Nsr (Potential Residency Program Director)
- Dr. Samir Saliba
- Dr. Mazen Abu-Gharbeih (past PMC physician)

## SECTION I: INTRODUCTION

The Flagship Project is a five-year initiative funded by the U.S. Agency for International Development (USAID), designed and implemented in close collaboration with the Palestinian Ministry of Health (MoH). The Project's main objective is to support the MoH, selected non-governmental organizations, and selected educational and professional institutions in strengthening their institutional capacities and performance to support a functional and democratic Palestinian health sector able to meet its priority public health needs. The Project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

In support of Component 2, the development of specialty training in emergency medicine needs to continue to emerge as a priority for the MoH. Achieving this goal will lead to the development of a cadre of emergency medicine healthcare professionals to staff and manage MoH facilities throughout the West Bank and particularly at the Emergency Wing of the West Bank Medical Complex (PMC). The Emergency Wing is a part of the plan to provide a “center for excellence,” able to function as a tertiary care center, accepting regional referrals, and supporting much improved emergency services at that facility. Together with the Blood Bank, Pediatric Wing, and Surgical Wing, the Emergency Wing is an integral part of the PMC.

A key success factor in the development of a “center for excellence” at the PMC, as well as other MoH facilities, is an emphasis on two critical factors:

- Effective Employee Communication and Involvement
- Staff Training and Development

Achieving these two objectives within a hospital setting is an important part of introducing and implementing reform. And yet to be successful at the PMC and at other institutions an additional component is necessary for success—residency training and education. Formal training in emergency medicine is essential. It implies a standard in a given discipline exists and transfer of this knowledge is essential if a program is to continue and grow.

Currently the MoH lacks sufficient human resources to build a credible program. While a number of good emergency physicians currently work at MoH facilities their skill and effectiveness could be enhanced by formal training in emergency medicine. Clearly it is about the only way to adopt and instill a universal standard of care that improves MoH facilities. Identifying the quality standards desired and educating to those standards is the pathway to success which will lead directly to better patient care.

As the Chair of Emergency Medicine at Loma Linda University (LLU) School of Medicine, Kathleen Clem was well suited to evaluate and help design the strategy for the development of this discipline within the Palestinian medical education system. Her knowledge regarding the establishment of emergency medicine as a specialty comes from her experiences internationally and within the United States:

- In 1994-1996 she was instrumental in helping establish Emergency Medicine in Hangzhou, China. (United States Physician Assistance in Development of Emergency Medicine in Hangzhou, China. **Clem K**, Thomas T. *Annals of Emergency Medicine*, July 1998)
- Developed a curriculum for an observational International Emergency Medicine Fellowship Program. Proposed Curriculum for an “Observational” International Emergency Medicine Fellowship Program. Holliman CJ, Green GB, VanRooyan MJ, **Clem K**, Smith JP, Ankel FK, Hershon JM, Thomas T, Perez N, Davis M, Wolf LR. *Academic Emergency Medicine*, April 2000
- From 1998- 2007 served as the Chief of Emergency Medicine at Duke University and established Duke’s first accredited Emergency Medicine residency training program, served as the lead physician in the design and building of a new physical Emergency Department, and the establishment of the Duke Emergency Medicine Research Center.
- Chair of Emergency Medicine at Loma Linda University since September 2007.

The consultancy efforts were focused on the Development of Emergency Medicine as a specialty in the West Bank. The reports generated represent detailed plans and strategies to help develop an Emergency Medicine training program that is applicable to the PMC and other hospitals that are selected as training sites for this new program.

During the time in the West Bank, February 15- 25, the consultant spent the majority of her time at Rafidia Hospital in the Emergency Department observing, seeing patients, and providing technical advice regarding next steps for Emergency Medicine as a specialty. In addition, she performed the following:

- Performed in depth interviews with physicians currently practicing in Palestinian ED’s to better understand the current issues as they relate to the needs for Palestinian emergency care.
- Spent time at the USAID/Flagship Project in Ramallah in detailed meetings and coordinating plans with other USAID consultants so as to insure that the plans being submitted are complimentary and additive to the overall plan for this USAID project.
- Meeting with the MoH Dr. Fathi Abu Moghli, Dr. Munther Sharif, and the Head of the Palestinian Medical Council. Professor Dudin Anwar, the Dean of the School of Medicine An-Najah National University and Dr. Naim Sabra; the Directorate for General Hospital served by the MoH to better understand the vision for EM in the West Bank.

Loma Linda University has expressed its standing and readiness to support USAID and Flagship to assist the MoH in maturing and developing the plan for an Emergency Medicine program. One of the essential ingredients already exists—a solid physician base to build a creditable program on. What follows is an attempt to help explain the approach and steps

necessary to accomplish this objective and once launched could be the single factor to the improvement of emergency services at MoH facilities throughout the West Bank.

This consultancy and report contribute to the Flagship Project's Component 2, Objective 2.1 - Improve the Quality of Essential Clinical Services for Palestinians

Task 2.1.2 - Strengthen Quality Improvement Systems within Palestinian Health Institutions to Deliver Better Secondary Health Care Services:

Deliverable 2.1.2.3 - Integrated Quality Improvement Program for Delivery of Hospital Services

Deliverable 2.1.2.4 - Scholarships, residencies, fellowships, visiting professor or certificate programs for improved quality of MOH and NGO hospital services

Task 2.1.3: Strengthen the Capacity of Palestinian Health Institutions to Provide Quality Emergency Care Services

Deliverable 2.1.3.1: Situation analysis and needs assessment regarding MoH emergency departments and emergency preparedness

Deliverable 2.1.3.2: Five-year institutional development work plan for improved quality of emergency department services in the Palestinian Ministry of Health hospital system

Deliverable 2.1.3.6: Other deliverables as specified in the MoH institutional development work plan for emergency services

The consultancy is also related to the MoH IDP module number 14 – Support MoH emergency departments and emergency preparedness.

## **SECTION II: ACTIVITIES CONDUCTED:**

The consultant focused on the development of Emergency Medicine as a specialty in the West Bank and the reports submitted represent detailed plans to develop Emergency Medicine that are applicable to the PMC and other hospitals that are eventually selected as the key facilities to support the development and education of Emergency Medicine as a specialty in the West Bank. The consultant included specific job descriptions for Emergency Medicine Leadership and management of the Emergency Hospital. The consultant served as clinical mentor at Rafidia Hospital to help build the capacity of the emergency care professional staff. Improvement in emergency hospital services is a priority of the MoH and the staff of the Flagship Project is committed to helping initiate change and necessary reforms to improve emergency services to the Palestinian people. The consultancy helped back these efforts through the consultants work at the Emergency Department at Rafidia Hospital.

## SECTION III: FINDINGS, RECOMMENDATIONS, AND NEXT STEPS

### A. Findings

In addition to the findings document in Section II above, it is to be commented that there is widespread support to establish the specialty of Emergency Medicine in the West Bank. It is recognized that this would pave the way to excellence for patient care, disaster planning, and collaboration between MoH hospitals, universities, and specialty hospitals. There is much diversity in thinking as to leadership structure, accountability, and allocation of resources within the MoH and affiliated hospitals. This diversity in thinking will affect the final arrangements in the establishment of EM and EM residency training program. The current leadership structure needs strengthening – including recruitment for key positions – and this will have to be addressed to move forward with the establishment and implementation of emergency care as a center of excellence.

### B. Recommendations of Action Items

#### Rafidia Hospital Emergency Department Recommendations

Category	Recommendation of Action Items	Timeline
<b>Emergency Physician Leadership/staffing</b>	Recruit Emergency Medicine Medical Director Identify Emergency Medicine physician staff	1 month
<b>Teamwork</b>	1) 1 Emergency Medicine physician per shift 2) 2 or more interns/residents per shift 1) Establish weekly meetings with Emergency Department physician and nursing leadership 2) Action items generated and progress followed at these meetings 3) QI to be ongoing focus at weekly meetings 4) Hospital leadership invited to attend weekly meetings when Director of Emergency Medicine feels this will be helpful to meet goals set by ED team.	1 month
<b>Triage and Patient Flow</b>	1) Establish triage area adjacent to Emergency Department. This is to be staffed by a trained triage nurse at all times. 2) Place directional signs for Emergency Department, radiology, and laboratory 3) Patient documentation to be started in triage. *Vital signs and WHO pain ladder assessments are to be obtained on all Emergency Department patients.	2 months

\*Pulse oximetry to be obtained on patients with ESI score of 1,2,or 3.

- 4) Emergency nurses to document the Emergency Severity Index (ESI) for each patient in triage.
- 5) Triage nurse empowered to direct non-emergency patients to more appropriate health care resource. Names of patients triaged away from the Emergency Department and destination should be documented in separate log book.
- 6) Implement consistent use of the Emergency Department Record forms approved by the MoH
- 7) Install a tracking board (white board) to identify patient, ESI, location, assigned care providers, and process.

\*Nurses and physicians are responsible to keep this updated in real time

- 8) Emergency patients to have arm bands to include their name and emergency department number placed in triage
- 9) Designate responsible person to keep ED logbook, assist with calling consultants, arranging for laboratory specimens to be sent, organizing and filing of paper charts, assisting with supply acquisition and inventory and other duties as defined by nurse director
- 10) Document discharge plan on medical record for each patient discharged from the ED

**Equipment  
/medications/additional  
resources**

- 1) Identified person to report and be responsible for repairs of equipment
- 2) Suction and medical gas outlets need to be updated/replaced
- 3) Obtain ECG machine
- 4) Create and maintain a separate pediatric resuscitation cart
- 5) Designate at least 2 beds in the ED as pediatrics
- 6) Designate one bed in the ED as the resuscitation area and keep this space open available for patients ESI level 1 and 2. Resuscitation cart to be stored in this area.
- 7) Sheets and cleaning materials available

2 months

- and used between each patient.
- 8) Add troponin and lactate levels to currently available laboratory tests
  - 9) Dedicated mobile phone assigned to Emergency Medicine physician on duty for communication with consultants.
  - 10) Volunteers assigned to the ED empowered to escort patients to radiology/lab and obtain patient comfort items such as water
  - 11) Install and maintain alcohol-based hand cleaner dispensers at 4 places in the ED
  - 12) Addition of oral analgesics to ED pharmacy
  - 13) Install a bright light (hot light) to improve x-ray viewing.
  - 14) Install wall unit otoscope/ophthalmoscope at each ED bed
  - 15) Obtain a dedicated ultrasound machine for use by emergency physicians in the ED

<b>Technology</b>	Install a computer in the ED with access to reference sources to include: Up-To-Date, MD-consult, Pub med, and on-line emergency medicine text books	1 year
<b>Clinical Pathways</b>	Implement Emergency Medicine clinical pathways *	1 year

### **Draft Action Plan for the Establishment of Emergency Medicine in the West Bank**

<b>Component</b>	<b>Projected Completion Date</b>	<b>Responsible Parties</b>
<b>Develop Palestinian Emergency Medicine Curriculum</b>	June 2010	Flagship Advisor to Emergency Director (can serve as lead if requested), An-Najah National University identified faculty member(s), Palestinian Emergency Medicine Residency Director, Lille University Emergency Medicine Residency Director.
<b>Identify Emergency Medicine Residency Director</b>	March 15, 2010	MoH(lead), PMC Emergency Medicine Committee, and Dean An-Najah Dean of Faculty National University, and Flagship Advisor to Emergency Director
<b>Identify EM training sites</b>	July 2010	Directorate of General Hospitals for

<b>and obtain MoUs from each hospital where Emergency Medicine residents will train</b>		MoH and Flagship Advisor to Emergency Director
<b>Identify and hire the Emergency Medicine Medical Director</b>	June 2010	Palestinian MoH
<b>Hire and place the Emergency Medical Physician Faculty at each hospital where EM residents will train</b>	July 2010	Palestinian MoH
<b>Provide training courses in ATLS, ITLS, and PALS to Emergency Medicine Medical Director, Residency Program Director and EM physician faculty</b>	August 2010	Flagship Project Advisor to Emergency Director, Flagship Project STTA, and Jazoor
<b>Incorporate Disaster Planning into Emergency Medicine Training</b>	January 2011	Emergency Medicine Residency Director and Flagship Project Advisor to Emergency Director
<b>Perform Mock Disaster Drill</b>	March 2011	Emergency Medicine Residency Director, Flagship Advisor to Emergency Director, Palestinian Emergency Medicine Director, MoH designated Pre-Hospital services, An-Najah medical students, Emergency nurses /residents, Jazoor, and selected Palestinian specialty consultants
<b>Create plan for Pre-Hospital care and incorporate this plan into Emergency Medicine training program</b>	January 2011	Emergency Medicine Residency Director and MoH. May consult Flagship Project Advisor to Emergency Director as to critical components to include.
<b>Implement first residency class, core curriculum rotations, didactic lectures by faculty and/or telemedicine (monthly or bimonthly grand rounds),</b>	September 2010	MoH, PMC, and Emergency Medicine Residency Director, Flagship Advisor to Emergency Director, and Flagship STTA
<b>Begin Emergency Medicine ultrasound training</b>	October 2010	Flagship STTA

### C. Next Steps

#### I. Identify and Hire:

- Emergency Medicine Medical Director (see job description)
  - Emergency Medicine Residency Director (see job description)
  - Emergency Medicine physicians (see job description)
2. Write Emergency Medicine Residency Curriculum
  3. Identify 1<sup>st</sup> class of Emergency Medicine residents
  4. Begin Emergency Medicine Residency Training Program
  5. Develop Disaster Plan for Rafidia Hospital and use this as a template to develop Disaster Plan for all of the West Bank

## **ANNEX A: SCOPE OF WORK**

### **Short-Term Consultancy Agreement Scope of Work**

SOW Title: Emergency Care Physician Consultancy

Work Plan No:

SOW Date: December 30, 2009

SOW Status: Revised

Consultant Name: Kathleen Clem, MD

Job Classification: Short-Term US Expatriate Emergency Medicine Clinical Consultant

Reporting to: Director of Clinical and Community-based Health, Jihad Mashal, MD

#### **I. Flagship Project Objective**

The Flagship Project is a five-year initiative funded by the U.S. Agency of International Development (USAID), and designed in close collaboration with the Palestinian Ministry of Health (MoH). The Project's main objective is to support the MoH, select non-governmental organizations, and select educational and professional institutions in strengthening their institutional capacities and performance to support a functional, democratic Palestinian health sector able to meet its priority public health needs. The project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

The Flagship Project will support the MoH implement health sector reforms needed for quality, sustainability, and equity in the health sector. By addressing key issues in governance, health finance, human resources, health service delivery, pharmaceutical management, and health information systems, the Ministry will strengthen its dual role as a regulator and main health service provider. The Flagship Project will also focus on improving the health status of Palestinians in priority areas to the Ministry and public, including mother and child health, chronic diseases, injury prevention, safe hygiene and water use, and breast cancer screening for women.

#### **II. Specific Challenges to Be Addressed by this Consultancy**

This consultancy will focus on the integration of the Specialty of Emergency Medicine into the Palestinian Health care system. The principles generated can then be used to integrate Emergency Medicine into the PMC (PMC), leadership and management of the Emergency Hospital, and patient flow. Dr. Clem will serve as clinical mentor to help build the capacity of the emergency care professional staff at the Rafidia Hospital Emergency Room. Improvement in emergency hospital services is a priority of the MOH and Flagship staff is committed to help initiate change and necessary reforms to improve emergency services to the Palestinian people. The consultancy of Dr. Clem will help back these efforts in her work to assist in the establishment of the specialty of Emergency Medicine in the West Bank.

#### **III. Objective of this Consultancy**

Dr. Clem will focus on the integration of the Emergency Medicine as a specialty in the West Bank. The leadership and management of the Emergency Departments in the West Bank, patient flow, and will work with MoH and Palestinian Medical Council leadership to explore developing an academic residency training program in emergency medicine in the West Bank

#### **IV. Specific Tasks of the Consultant**

Under this Scope of Work, the Consultant shall perform, but not be limited to, the specific tasks specified under the following categories:

**A. Background Reading Related to Understanding the Work and Its Context.** The Consultant shall read, but is not limited to, the following materials related to fully understanding the work specified under this consultancy:

- Previous Loma Linda University Flagship Project technical reports relating to the PMC
- Loma Linda University GHI Consultant Orientation Guide
- Previous Flagship Project technical reports, Work Plan, etc.

*Developing Emergency Medicine as a Specialty  
Palestinian Health Sector Reform And Development Project (The Flagship Project)*

- MOH National Strategic Health Plan
- USAID Flagship Project Quarterly Reports
- USAID Needs Assessment Report, December 2008
- USAID MOH Institutional Development Plan
- Rand Corporation, “Building a Successful Palestinian State,” 2007
- Rand Corporation, “Strengthening the Palestinian Health Care System,” 2005

**B. Background Interviews Related to Understanding the Work and Its Context.** The Consultant shall interview, but is not limited to, the following individuals or groups of individuals in order to fully understand the work specified under this consultancy:

- Chemonics Project Management Unit (PMU), if appropriate
- Chemonics Field Office Staff, as needed
  - Taroub Faramand, MD, Chief of Party
  - Damianos Odeh, PhD, Deputy Chief of Party
  - Amal Bandak, RN, PhD, Hospital Specialist
  - Jihad Mashal, MD, Director of clinical and Community-based health
  - Daoud Abdeen, MD, Primary Health Care Specialist
  - Noor Husseini, Program Coordinator
- Appropriate MOH Staff and others appropriate
- Hospital Emergency Staff and others as appropriate
- Global Health Institute the West Bank Project leadership
- LLUMC Emergency Department Leadership
- Tae Kim, MD, LLU-Flagship Project Emergency Medicine Coordinator

**C. Tasks Related to Accomplishing the Consultancy’s Objectives.** The Consultant shall use his/her education, considerable experience and additional understanding gleaned from the tasks specified in A. and B. above to:

- Work with Palestinian Health Care leadership to develop an academic residency training program in emergency medicine.
- Advise MoH and hospital administrative leadership in identifying and recruiting executive leaders such as the Medical Director of emergency medicine, the residency director for emergency medicine, potential faculty members.
- Meet with and establish professional relationships with key administrative leaders and executives in order to establish emergency medicine as a specialty and a residency program in the West Bank. These individuals may include but are not exclusive to the Minister of Health, the Palestine Medical Council’s director of graduate medical education, the MoH Director General of Secondary Healthcare Facilities (hospitals), the directors of MoH hospitals, the dean of the n-Najah school of medicine and other individuals as needed.
- Submit a detailed list of Emergency Room action items for Rafidia Hospital. These can then be applied to other Emergency Rooms in the West Bank as appropriate.
- Work as an executive mentor and advisor to the hospital staff leadership at MoH facilities
- Assist as an emergency room physician if needed, treating patients within the scope of the normal duties and responsibilities of an emergency physician.
- In the event that new priority tasks are introduced during the consultancy, the consultant will work with the Flagship project staff to revise the tasks and expected products to accommodate for the new priorities.
- In addition to the above-listed tasks, the Flagship Project welcomes additional contributions and creative ideas in support of the Flagship objectives.
- The consultant is encouraged to support the identification of additional STTA and scopes of work to help accomplish Flagship goals and objective where possible.

## **V. Expected Products.**

Within four days of the consultant’s arrival the consultant should provide the methodology for successfully completing the work (using Annex I: STTA Methodology). The substance of, findings on, and recommendations

with respect to the above-mentioned tasks shall be delivered by the Consultant in a written report, policy statement, strategy, action plan, etc. for submission to USAID (using Annex II: the Flagship-provided STTA report template). A **draft or detailed outline** of this report is due no later than 3 business days prior to the consultant's departure and final no later than 10 business days after the consultant's departure.

1. Assessment report related to the possibility of developing an academic residency training program.
2. Educational materials, as needed.

#### **VI. Timeframe for the Consultancy.**

The timeframe for this consultancy is on or about February 12 – 26, 2010 in the West Bank and will conclude on or about March 26, 2010.

#### **VII. LOE for the Consultancy.**

The days of level of effort are estimated to be 2 days for preparation work prior to departure; 2 days for travel; 12 days for work in the West Bank (6 day work week if needed); and up to 30 days for work upon conclusion of time in the West Bank to complete the assignment.

#### **VIII. Consultant Qualifications.**

The Consultant shall have the following minimum qualifications to be considered for this consultancy:

##### Educational Qualifications

- Shall be a currently licensed physician in good standing
- Shall be board certified in Emergency Medicine

##### Work Experience Qualifications

- Minimum of three years of work as an Emergency Physician
- Successful involvement and participation in international health and/or development

#### **XI. Other Provisions.**

##### Professional Liability Coverage

The Palestinian National Authority, Ministry of Health shall provide Loma Linda University and associated practitioners with professional liability (malpractice) coverage that will protect the organizations and individual practitioners from litigation and financial responsibility in the case of human error or uncontrollable circumstances arising from the performance of their duties and practice of medicine.

##### License to Practice Medicine

Associated practitioners of Loma Linda University will be temporarily licensed to practice medicine in the West Bank/Gaza under the auspices of the Palestinian National Authority, Ministry of Health, to work within the scope of their normal duties and responsibilities.

##### Trip Logistics

Consultant shall depart Ontario or Los Angeles, California on a U.S. flag air carrier compliant with the Fly America Act to Tel Aviv, Israel and will return via the same route, departing Tel Aviv the following day after the last day of work. Transportation from/to the Tel Aviv airport will be provided by the Flagship Project. Housing will be provided in the West Bank.

## **ANNEX B: ASSIGNMENT ACTIVITIES**

**See Section II above**

- Consultation for Emergency Care at Rafidia hospital
- In-depth interviews with key Palestinian health care leaders
- Development of plan to establish the specialty of EM in the West Bank

CURRICULUM VITAE

---

---

**Kathleen J. Clem, M.D. F.A.C.E.P.**

Department of Emergency Medicine  
Loma Linda University Medical Center  
P.O. Box 2000 Rm. MC-A108  
11234 Anderson Street  
Loma Linda, CA 92354

Phone: (909) 558-7171  
Email: kclem@llu.edu

---

**EDUCATION**

**Residency in Emergency Medicine**

Loma Linda University School of Medicine  
Loma Linda, California (June 1992)

**Doctor of Medicine**

Loma Linda University School of Medicine  
Loma Linda, California (May 1989)

**Bachelor of Science in Nursing**

Minors in Chemistry and English  
Tennessee Technological University (June

1982)

**Associate in Science in Nursing**

Loma Linda University (May 1977)

**PHYSICIAN LICENSURE**

California

**CERTIFICATION**

Advanced Trauma Life Support – Instructor  
Advanced Cardiac Life Support – Past

Instructor

Pediatric Life Support – Past Instructor  
Basic Life Support – Past Instructor

**BOARD CERTIFICATION**

American Board of Emergency Medicine  
1994, Recertified 2003

**MEMBERSHIP**

American College of Emergency Physicians  
 American Medical Association  
 Society of Academic Emergency Medicine  
 American Medical Women's Association  
 Society for Executive Leadership in  
 Academic Medicine

**ACADEMIC RANK**

**Associate Professor**  
 Department of Emergency Medicine  
 Department of Pediatrics  
 Loma Linda University School of Medicine

**EXPERIENCE**

**September 2007 – present**      **Chair, Department of Emergency  
 Medicine**  
 Loma Linda University Medical Center

**July 1999 – September 2007**      **Chief, Division of Emergency Medicine**  
 Department of Surgery  
 Duke University Medical Center

**October 1998 – July 1999**      **Attending Physician**  
 Department of Emergency Medicine  
 Duke University Medical Center

**January 1997 – September 1998**      **Fellowship Director**  
 International Emergency Medicine  
 Fellowship

**July 1993 – September 1998**      **Director, International Emergency  
 Medicine**  
 Department of Emergency Medicine  
 Loma Linda University Medical Center

**Director of Public Relations**  
 Department of Emergency Medicine  
 Loma Linda University Medical Center

**July 1993 – April 1996**      **Assistant Director Emergency Medicine  
 Residency Program**  
 Loma Linda University Medical Center

**July 1992 – February 1994**      **Undergraduate Education Director**  
 Department of Emergency Medicine  
 Loma Linda University Medical Center

**February 1994 – June 1994**      **Acting Medical Director**

Department of Emergency Medicine  
Loma Linda University Medical Center

**June 1991 – June 1992**

**Chief Resident Emergency Medicine**  
Loma Linda University Medical Center

**June 1989 – June 1992**

**Emergency Medicine Residency**  
Loma Linda University Medical Center  
Level I Trauma Center

## PEER REVIEWED PUBLICATIONS

Objectives to Direct the Training of Emergency Medicine Residents of off-service Rotation in Neurosurgery. McArthur CL, **Clem K.**, Hamilton G. *Journal of Emergency Medicine*, vol 11, pp. 625-631, 1993.

Can Seizures be the Sole Manifestation of Otherwise Occult Meningitis in Febrile Children? Green S, Rothrock S, **Clem K.**, et al. *Pediatrics*, vol. 92, no. 4, October 1993.

The ECG in Emergency Medicine Decision Making. **Clem K.** *American Journal of Emergency Medicine*, vol. 13, no. 2, March 1995. Book Review

Emergency Medicine Expeditions to the Developing World: The Loma Linda University Experience in Papua, New Guinea. **Clem K.**, Green S. *Academic Emergency Medicine*, June 1996, pp 624-633.

Ketamine Safety Profile in an Uncontrolled Setting: Survey of Practitioners – 12,000 Cases in the Developing World. Green, S, Rothrock, S, **Clem, K.**, *Academic Emergency Medicine*, June 1996; 3(6): 598-604.

Managing Pediatric Environmental Injuries: Hypothermia, Frostbite, Minor Heat Illness, Heat Exhaustion, and Heat Stroke. **Clem, K.**, Kim, G, Mellick, L., *Pediatric Emergency Medicine Reports*, Oct. 1996

United States Physician Assistance in Development of Emergency Medicine in Hangzhou, China. **Clem K.**, Thomas T. *Annals of Emergency Medicine*, July 1998, pp 86-92

Emergency Medical Services in China. Thomas T, **Clem K.** *Academic Emergency Medicine*, Feb. 1999, vol. 6, no. 2.

Guide to Physical Therapist Practice – Book Review. **Clem K.** *Annals of Emergency Medicine*, March 1999, p. 33:3

International Emergency Medicine Services: Assessment of Developing Prehospital Systems Abroad. VanRooyan M, Thomas T, **Clem K.** *Journal of Emergency Medicine*, August 1999, 17(4):691.

Proposed Fellowship Training Program in Emergency Medicine. VanRooyan M, **Clem K,** Holliman J, Green G, Kirsh T. *Academic Emergency Medicine*, Feb. 1999; 6(2):145-9.

Proposed Curriculum for an “Observational” International Emergency Medicine Fellowship Program. Holliman CJ, Green GB, VanRooyan MJ, **Clem K,** Smith JP, Ankel FK, Hershon JM, Thomas T, Perez N, Davis M, Wolf LR. *Academic Emergency Medicine*, April 2000, 7(4):359-64.

The Intravenous Use of Coconut Water. Campbell D, Thomas T, Falck T, Tutuo N, **Clem K.** *American Journal of Emergency Medicine*, Jan. 2000, vol 18:108-11

Planning Recommendations for International Emergency Medicine an Out-of-Hospital Care System Development. Holliman CJ, VanRooyen MJ, Green GB, Kirsch TD, Delooz HH, **Clem KJ,** Thomas TL, David MA, Wang E, Wolfsan AB. *Academic Emergency Medicine*, Aug. 2000; 7(8):911-7-6.

Media Review: Handbook of Pediatric Emergency Medicine. **Clem K.** *Academic Emergency Medicine*, March 2002.

Dengue Fever in an Urban Setting. Kravitz J, Bondy MJ, **Clem K.** *Emergency Medicine*. February 2004, pp 51-55.

Chairperson and Faculty Gender in Academic Emergency Medicine Departments Cheng D, Promes S, **Clem K,** Shah A, Pietrobon R. *Academic Emergency Medicine*-2006; 13:904-906

Factors Enhancing Career Satisfaction Among Female Emergency Physicians. **Clem, K,**

Promes, S, Glickman, S, Shah, A, Finkel, M, Pietrobon, R, Cairns, C, *Annals of Emergency Medicine* May 2008

Recommendations from the SAEM Taskforce on Women in Academic Emergency Medicine, Kuhn, G, Abbuhl, S, **Clem, K** (Served as Chair of Task Force) *Academic Emergency Medicine* Aug. 2008 pp762-767

Something for the Pain (One Doctor's Account of Life and Death in the ER) Book review by Kathleen J. Clem. *Annals of Emergency Medicine* Feb. 2009, **Clem, K.** Vol. 53, No. 2 p 292

A Medical Simulation Curriculum for Early Goal-Directed Therapy and the Severe Sepsis Resuscitation Bundle: An Evaluation During Medical Training Resuscitation. Nguyen HB, Daniel-Underwood L, Van Ginkel C, Wong M, Lee D, San Lucas A, Palaganas J, Banta D, Denmark TK, **Clem K.** *Resuscitation* April 2009

Amyotrophic Lateral Sclerosis, Chapter for *On-Line Emergency Medicine Textbook.* **Clem, K.**, Morgenlander, J, [WWW.emedicine.com](http://WWW.emedicine.com) 1999 to 2008 (maintain online text book chapter)

## **NON- PEER REVEIWD PUBLICATIONS. BOOK EDITOR AND TEXTBOOK CHAPTERS**

Understanding X-Rays & Radiological Procedure. *Medicine Made Easy*, **Clem K**, Calloway; Mellick; Professional Education Systems, Inc. 1992. (Book chapter)

Health Education Techniques, in Van Rooyen M, (ed): *Emergency Field Medicine*, McGraw Hill, Inc. 2002, Thomas T, **Clem K.**

Spondylolysis and Spondylolisthesis, Chapter for Textbook, *The Five-Minute Emergency Medicine Consult.* **Clem K**, Green S. 1998

Airway Techniques and Adjuncts. Burg M, **Clem K.** *Critical Decisions in Emergency Medicine*, Dec 2000, vol. 15, no. 4, pp 7-15.

International Observation Medicine Development at Hangzhou People's republic of China, **Clem, K**, Thomas, T, *American College of Emergency Physicians Newsletter*, June 1996

Textbook Editor: Emergent Field Medicine, VanRooyen MJ, Kirsh T, **Clem K**,  
Holliman  
CJ. McGraw Hill 2002

Emergency Airway Management – Chapter for Online Textbook for Unbound  
Surgery,  
2004. Rogers, J, **Clem K**.

EMTALA.COBRA – What is it? Duke Life Net, Vol. IX, No. 3, 2001, **Clem K**

Academy for Women in Academic Emergency Medicine Survival Guide. Editor and  
chapter

Author- Moving an Idea Clem, K. December 2009. On line publication through the  
Society for Academic Emergency Medicine

### **NATIONAL RESEARCH PRESENTATIONS/ ABSTRACTS**

**Clem, K**, Thomas, T, Emergency Medicine in Hangzhou, People's Republic of  
China, 7<sup>th</sup>

International Conference on Emergency Medicine, Vancouver, British Columbia,  
Canada

March, 1998(abstract) Journ Emerg Med 1998;16(5):808

**Clem, K**, Thomas, T, Medical Care in the Bay Islands, 7<sup>th</sup> International Conference  
on

Emergency Medicine, Vancouver, British Columbia, Canada March, 1998 (abstract)  
Journ

Emerg Med 1998;16(6):808

Thomas T, **Clem K**, Development of a Hospital-based Ambulance in Hangzhou  
China.

(Abstract) Jour Emerg Med 1998; 16(6)

Thomas T, **Clem K**, Common Characteristics of Patients presenting to an  
Emergency

Department in the People's Republic of China (abstract) Journ Emerg Med  
1998;16(6)

**Clem K**, Glickman, S, Shah A, Finkel M, Cairns, C, Peitrobon R, Promes S:  
Identification of factors that enhance career satisfaction among female emergency  
medicine

physicians. Ann Emerg Med 2007 ACEP Scientific Assembly

Chandra A, Donnelly M, **Clem K**, Hocker M, Cairns CB; Low specificity of  
emergency

department diagnosis of community- acquired pneumonia. Ann Emerg Med 2006:  
48

4:S128-129

Chandra A, **Clem K**, Hocker M, Cairns CB; Diagnostic Accuracy of Pneumonia and Timing to Antibiotic Differ in Geriatric Patients with Pneumonia Ann Emerg Med 2007- ACEP Scientific Assembly

Nguyen HB, Daniel-Underwood L, Van Ginkel C, Wong M, Lee D, San Lucas A, Palaganas J, Denmark TK, **Clem K**; A Medical Simulation Curriculum for Early Goal-directed Therapy and the Severe Sepsis Resuscitation Bundle: an Evaluation During Medical Training, 12<sup>th</sup> International Conference on Emergency Medicine, San Francisco, CA, April 2008

Banta DP, Stewart G, Kim T, Jauregui J, Bansal R, Anholm J, Corbett SW, **Clem K**, Nguyen HB. Comparison of cardiac index measurements using transcutaneous Doppler ultrasound and transthoracic echocardiography in adult and pediatric patients. Crit Care Med 2008;36:A57. Soc of Critical Care Medicine, Tenn. Feb. 2009

#### **JOURNAL REVIEWER**

Annals of Emergency Medicine  
2002-Present

Academic Emergency Medicine  
2002-Present  
**Outstanding Reviewer 2005**

#### **GRANT REVIEWER**

American College of Emergency Physicians  
State Chapter Grants in Public Relations  
and Chapter Grants for the National/State  
Chapter Relations Committee  
2004-Present

#### **APPOINTED ADVISOR**

Medical Student Advisor – Loma Linda  
University School of Medicine 2008-present

Foundation for Advancement of International  
Medical Education and Research, for the  
Educational Commission for Foreign  
Medical Graduates, Selection Advisory  
Committee  
2005- 2008

Society for Academic Emergency Medicine  
Virtual Advisory Program  
2004 –2006

Emergency Medicine Residents  
Duke University Medical Center  
2003-2007

Preceptor for Medical Student Practice  
Course, Duke University School of Medicine  
2005

## **AWARDS**

Outstanding Student Loma Linda University  
School of Nursing

W Alexander Whole Person Care Award  
Loma Linda University School of Medicine

University

Distinguished Faculty Award Duke  
2007

Heroes of Emergency Medicine, American  
College of Emergency Medicine 2008

## **COMMITTEES**

**September 2007 – present  
Committees/Boards**

**Loma Linda University**

Medical Staff

University Leadership Council (ULC)

2008 LLUHC Credentials

Clinical Faculty Executive

Patient Safety & Reliability

Claims Review

Medical Staff Executive

Family Medicine Board

**June 2008 – present**

Global Health Institute Oversight Committee

<b>September 2008 – present</b>	Community Benefit Administrative Committee
<b>January 2009 - present</b>	Institute for Community Partnerships
<b>May 2009-present</b>	SAEM Aging and Generational Committee
<b>May 2006– May 2007</b>	<b>SAEM Geriatric Task Force</b>
<b>May 2007 – Present</b>	<b>SAEM Geriatrics Committee</b>
<b>November 2008 to present</b>	<b>Emergency Preparedness</b>
<b>Medicine</b>	Steering Committee
the	<b>American College of Emergency</b>
	<b>Council Awards Committee.</b> Reviews nominations and selects the recipients of 2009 Council Meritorious Service Award, Council Teamwork Award, Council Horizon Award
<b>June 1993 – September 1998</b>	<b>Clinical Faculty Advisement Committee</b> Loma Linda University Medical Center Chair-elect – 1998
<b>July 1992 – September 1998</b>	<b>Quality Improvement Committee</b> Department of Emergency Medicine Loma Linda University Medical Center
<b>June 1993 – 1995</b>	<b>Emergency Cardiac Care Committee</b> Loma Linda University Medical Center
<b>September 1995-September 1998</b>	<b>Faculty and Physicians and Surgeons of Loma Linda University School of Medicine</b> Loma Linda University Medical Center
<b>June 1993 – September 1998</b>	<b>Emergency Medicine Faculty Advisory Committee</b> Loma Linda University Medical Center Chair-elect – 1999
<b>October 1996 – September 1998</b>	<b>Electronic Chart Development Committee</b> Loma Linda University Medical Center
<b>May 1996 – September 1998</b>	<b>CAL/ACEP Education Committee</b>
<b>April 2008 - present</b>	
<b>January 1996 – September 1998</b>	<b>Critical Care Committee</b> Loma Linda University Medical Center

<b>July 1998 – January 2003</b>	<b>Pharmacology and Therapeutics</b> Duke University Medical Center
<b>September 1997 – Present</b>	<b>American College of Emergency Physicians</b>
<b>2001 - Present</b>	<b>Public Relations Committee-</b> Chair 2001-2004 Member 2004–present Speakers Bureau Subcommittee - 2006 Geriatrics Subcommittee – 2006 - 2007
<b>October 2004 – Present</b>	<b>American College of Emergency Physicians</b> Chapter Relations Committee member– <b>Chair 2008</b> to present
<b>May 1998 – Present</b>	<b>Society for Academic Emergency Medicine, International Interest Group.</b> Vice Chair 2004-2005, Secretary 2005-2007
<b>July 2001 – 2007</b>	<b>North Carolina College of Emergency Physicians</b> – Board Member
<b>October 2001 – Present</b>	<b>Women in Emergency Medicine</b> , Section of the American College of Emergency Physicians
<b>January 2003 – January 2004</b>	<b>Task Force on Family Issues</b> Duke University Medical Center
<b>May 2005 – 2007</b>	<b>SAEM Women in Academic Emergency Medicine Task Force-Chair</b>
	<b>American College of Emergency Physicians</b> Council Steering Committee
<b>October 2005- October 2006</b>	<b>American College of Emergency Physicians</b> Candidate Forum Subcommittee
<b>November 2004 – 2005</b>	<b>Associate Dean Continuing Medical Education Search Committee</b> – Chair Communications Subcommittee
<b>February 2004 – 2007</b>	<b>Faculty Women’s Committee</b> <b>Interim Chair 2007</b> Duke University School of Medicine <i>Helped to Develop the School of Medicine Strategic Plan for Faculty Diversity</i>

<b>April 2006 – September 2007</b>	<b>Dean’s Task Force Women in Medicine Art Gallery - Chair Duke School of Medicine</b>
<b>May 2003 – May 2005</b>	<b>Faculty Development Committee Society for Academic Emergency Medicine</b>
<b>February 2003 – 2004</b>	<b>Dean’s Advisory Committee on Women Duke School of Medicine</b>
<b>October 2000 – 2001</b>	<b>American College of Emergency Physicians Councilor for International Section</b>
<b>October 2002 – 2005</b>	<b>American College of Emergency Physicians Alternate Councilor for North Carolina Chapter ACEP</b>
<b>October 2005 – 2007</b>	<b>American College of Emergency Physicians Councilor for North Carolina Chapter</b>
<b>October 2008</b>	<b>Alternate Councilor for California Chapter North Carolina American College of Emergency Physicians</b>
<b>July 1998 – 2007</b>	<b>Department of Surgery Division Chiefs</b>
<b>July 1998 – 2005</b>	<b>Medical Management Committee, Duke University Medical Center</b>
<b>April 2000 – January 2001</b>	<b>Hospital Bed Control Committee, Duke University Medical Center</b>

## **HOSPITAL AFFILIATIONS**

<b>July 1992 – September 1999</b>	<b>Loma Linda University Medical Center Level I Trauma Center Loma Linda, California</b>
<b>August 1993 – September 1998</b>	<b>Suburban Hospital Level II Trauma Center Bethesda, Maryland</b>
<b>July 1992 – December 1998</b>	<b>Riverside General Hospital</b>

Level II Trauma Center  
Riverside California

**July 1995 – August 1999**

**San Antonio Community Hospital**  
Upland, California

**October 1998 – September 2007**

**Duke University Medical Center**  
Durham, North Carolina

**September 2007 – to present**

**Loma Linda University Medical Center**  
Level I Trauma Center  
Loma Linda, California

**September 2008-2009**

**ACEP Council Awards Committee**

**LECTURES –  
STATE AND NATIONAL**

**How to Work with Consultants  
Medicine Conferences**

California Chapter meeting American  
College of Emergency Physicians, June  
1998

**Public Relations in the Emergency  
Department**

California Chapter meeting American  
Chapter College of Emergency Physicians,  
June 1998

**Increasing Revenue in the Emergency  
Department**

Scientific Assembly American College of  
Emergency Physicians, September 1998

**Working with Consultants in the  
Emergency Department – Part 2**

California ACEP, June 1999

**History of Emergency Medicine**

Surgery Grand Rounds – Duke Medical  
Center 1999

**International Emergency Medicine**

11<sup>th</sup> Annual North Carolina American College  
of Emergency Physicians Conference –  
“2000 June Jam”, June 4, 2000

**Pediatric Sports Injuries**

Duke Medical Center, 27<sup>th</sup> Annual  
Postgraduate Course, The Alexander Spock  
Symposium, *Practical Management of  
Common Problems in Ambulatory Pediatric  
Patients* Oct. 15, 2000

**EMTALA Law and the On-Call Physician**

Alamance Regional Hospital, North Carolina  
Aug. 22, 2000

**EMTALA Law Update –**

Western Wake Medical Center, January  
2004

**Prehospital Care of Seizure Patients**

Parkwood Fire Rescue Continuing Education  
Program, May 1, 2004

**Dealing with Consultants**

University of North Carolina Physical  
Medicine and Rehabilitation Department,  
Oct. 13, 2004

Duke University School of Medicine  
Capstone course, March 8, 2007

**Short Term International Medicine  
Expeditions**

American College of Emergency Physicians,  
Spring Congress, Orlando, FL, March 7,  
2005

**History and Current State of Emergency  
Medicine**

Loma Linda University Medical Students  
Loma Linda, California, Oct. 31, 2005

**International Emergency Medicine**

Grand Rounds University of Texas  
Southwestern Medical Center, Jan. 12, 2006

**High Altitude Illness****Snake Bites and Stings****In-flight Emergencies**

Duke Medicine Annual CME Course  
Hilton Head, SC, Aug. 2006

**Mind, Body, and Soul**  
Florida Women's Conference  
Keynote Speaker  
February 8-10, 2008

**Beyond Bias and Barriers**  
SAEM 2007, CORD 2008

**Working with Consultants**  
UCSF, February 2009

**Women as Leaders**  
Presentation to Southeastern California  
Conference  
April 28, 2009

Also, multiple lectures, case conferences for  
Emergency Medicine Residents/students

**NATIONAL LEADERSHIP ROLE**

**Academy for Women in Academic  
Emergency Medicine**  
president 2009- present

**VOLUNTEER  
COMMUNITY INVOLVEMENT**

**State of North Carolina General Assembly  
House and State, Doctor of the Day-**  
Multiple dates 2000-2007

**University of Arusha, Tanzania**  
**Multiple visits and service in clinic**  
**Physician volunteer 1993-present**

Development and oversight of the **Wendy  
Hill AED Program** – July 2004 – 2007

**Duke University Chapel Choir** – member  
2000 – 2007

Also, multiple separate international medical  
expeditions to provide medical care

## **ANNEX D: BIBLIOGRAPHY OF DOCUMENTS COLLECTED AND REVIEWED\***

1. An-Najah National University Academic Degree of High specialization Certificate in Emergency Medicine
2. STTA Report of Tae Kim, MD
3. Train the Trainer
4. Table of PMC Emergency Wing Introductions
5. State of Emergency Healthcare in the West Bank
6. Clinical Triage Training Program Outline
7. Clinical Triage Training Program Recommendations
8. Emergency Medicine Protocols
9. Emergency Clinical Protocols Introduction
10. Palestinian Emergency Life Support
11. The Emergency Severity Index

\*Available upon request

## ANNEX E: LIST AND COPY OF MATERIALS CREATED, PROVIDED, AND UTILIZED DURING ASSIGNMENT\*

1. Unites States Physician Assistance in Development of Emergency Medicine in Hangzhou, China. **Clem K**, Thomas T. *Annals of Emergency Medicine*, July 1998, pp 86-92
2. Proposed Curriculum for an “Observational” International Emergency Medicine Fellowship Program. Holliman CJ, Green GB, VanRooyan MJ, **Clem K**, Smith JP, Ankel FK, Hershon JM, Thomas T, Perez N, Davis M, Wolf LR. *Academic Emergency Medicine*, April 2000, 7(4):359-64
3. Loma Linda University Emergency Medicine Residency Curriculum
4. Job descriptions:
  - Director Palestinian Emergency Medicine Residency Training Program
  - Emergency Medicine Physician Faculty Requirements
  - Director Palestinian Emergency Medicine

\*Documents referenced in items 1-3 available upon request; documents referenced in item 4 are included below.

## JOB DESCRIPTION

### PALESTINIAN MEDICAL DIRECTOR OF EMERGENCY MEDICINE

#### Qualifications

- Is credentialed by the Palestinian Medical Council to practice medicine
- Has at least 6 years of experience working in Emergency Departments
- Has had at least one year of training in one of the following specialties: pediatrics, anesthesia, surgery, or internal medicine
- Has been vetted by Mission Order 21
- Has experience in the clinical teaching of interns and residents working in an Emergency Department.
- Supports the establishment of a Palestinian Emergency Medicine Residency training program
- Has completed and is current in International Trauma Life Support, Pediatric Advanced Life Support, Advanced Cardiac Life Support training
- Has independently studied the contents within internationally recognized textbooks by authors such as Tintanelli, Rosen, and Roberts/Hedges
- Has completed an emergency medicine ultrasound course and has completed at least 10 focused trauma (FAST) ultrasound scans over-read by a radiologist
- Be a member of the International Federation for Emergency Medicine, and other at least one other Emergency Medicine organization such as the Section for International Emergency Medicine within the American College of Emergency Medicine and/or the Society for Academic Emergency Medicine

#### 1. Responsibilities

The Medical Director of Emergency Medicine shall have leadership and supervisory responsibilities for the following areas or programs:

- The Emergency Department
- Emergency Physicians working in Emergency Department
- Interns, residents, and medical students working/learning in the Emergency Department
- The establishment of an Emergency Medicine Residency Program
- Construction or revision of Emergency Department space
- Communication with Pre-hospital care providers

Medical Director of Emergency Medicine oversees the clinical operation of the Emergency Department and advises hospital administration as to activities of the Emergency Department. The Medical Director of Emergency Medicine oversees the clinical and teaching activities for the specialty of Emergency Medicine.

#### 2. Reporting

The Medical Director of Emergency Medicine reports directly to the Hospital Director for all activities and issues directly affecting the clinical operations of the Emergency Department. The Medical Director of Emergency Medicine reports to the Director of the Palestinian Medical Council and the Dean of An-Najah National University as the designated overseeing organization(s) for the Emergency Medicine Residency educational program.

### **3. Physician Supervision**

The Medical Director of Emergency Medicine oversees the activities and performance of emergency physicians working in the Emergency Department.

The Medical Director of Emergency Medicine assures that physicians working in the Emergency Department meet the credentialing criteria established by MoH, the Palestinian Medical Council, and the hospital.

The Medical Director of Emergency Medicine is responsible for defining and standardizing specific protocols for the Emergency Department.

The Medical Director of Emergency Medicine insures that procedures performed by emergency physicians are in compliance with established protocols.

The Medical Director of Emergency Medicine provides or arranges for in-service education and meets with emergency physicians on an individual basis as needed for additional education.

### **4. Quality Improvement**

The Medical Director of Emergency Medicine develops and supervises the Quality Improvement (QI) activities for the Emergency Department.

The Medical Director of Emergency Medicine is responsible for effective problem solving and management of complaints involving patients/visitors in the Emergency Department.

At least once per year physicians working in the Emergency Department will receive written evaluations written by the Medical Director of Emergency Medicine.

### **5. Equipment**

The Medical Director of Emergency Medicine, working closely with the Emergency Department Nursing leadership, will advise hospital administrators and assist in evaluating any significant supply or equipment needs, maintenance or operational problems of the Emergency Department.

### **6. Technology**

The Medical Director of Emergency Medicine will assist in the identification, review, evaluation, and implementation of new technology.

### **7. Staffing**

The Medical Director of Emergency Medicine assists in recruiting and retaining high quality emergency physicians who will work with and support the Emergency Department and Emergency Medicine training program.

The Medical Director of Emergency Medicine oversees the schedule of physicians staffing the Emergency Department.

The Medical Director of Emergency Medicine shall work clinically in the Emergency Department seeing patients for a minimum of 4 shifts per month. Optimally the clinical schedule for the Medical Director of the Emergency Department should include a mix of the types of clinical shifts (A, B, and C) so as to have an ongoing understanding of the issues associated with the practice of Emergency Medicine.

## **8. Policies and Procedures**

The Medical Director of Emergency Medicine assists in the development, review, and approval of policies and procedures for the Emergency Department and disaster plans.

The Medical Director of the Emergency Department shall have oversight of the interfacility agreements for patient transfers when these transfers involve the Emergency Department or Emergency Physicians/residents.

## **9. Planning**

The Medical Director of Emergency Medicine assists in developing short and long-term goals for the Emergency Department as it relates to review of existing services and providing new services and meets with appropriate leaders to accomplish these goals.

The Medical Director of Emergency Medicine has overall responsibility for strategic planning of the Emergency Department and the Emergency Medicine Residency program.

The Medical Director of Emergency Medicine will have direct involvement and input into Emergency Department renovation/expansion projects.

## **10. Regulation and Fiscal Responsibility**

The Medical Director of Emergency Medicine is responsible for the budgetary oversight of the Emergency Department in conjunction with the hospital finance department.

The Medical Director of Emergency Medicine is fiscally responsible to administer the approved budget for the Emergency Department.

The Medical Director of the Emergency Department shall have regular meetings with the Medical Directors of the Laboratory and Radiology with the express purpose to meet the needs of patients seen in the Emergency Department and to insure appropriate turn-around times for diagnostic tests ordered by emergency physicians.

The Medical Director of Emergency Medicine assists the hospital in obtaining and maintaining relevant licenses, permits, accreditations and other authorizations required to operate the Emergency Department.

The Medical Director of Emergency Medicine will attend hospital committee meetings as assigned by the Hospital Medical Director.

The Medical Director of Emergency Medicine will prepare monthly and annual reports to assigned hospital committees as requested such as QI and Infection Control.

**11. Continuing Medical Education (CME) of the Medical Director of Emergency Medicine**

The Medical Director of Emergency Medicine shall attend at least one International Emergency Medicine educational program annually such as the International Conference on Emergency Medicine.

The Medical Director of Emergency Medicine is responsible to maintain personal up-to-date knowledge of the practice of Emergency Medicine by reading of Emergency Medicine literature and attending CME conferences.

The Medical Director of Emergency Medicine shall participate in monthly (telemedicine if available) conferences and attend Emergency Medicine Grand Rounds and didactic lectures.

The Medical Director of Emergency Medicine shall spend at least one month observing in an established residency-training center outside the West Bank. This could be in a United States Emergency Department located within a Level 1 trauma facility with an accredited Emergency Medicine Residency training program.

The Medical Director of Emergency Medicine shall have current or eventual participation in scholarly activities such as publication in peer reviewed journals, textbooks, and local publications.

## **JOB DESCRIPTION**

### **DIRECTOR, PALESTINIAN EMERGENCY MEDICINE RESIDENCY PROGRAM**

The Director of the Emergency Medicine Residency Program (Residency Director) is accountable for the operation of the program and required to directly oversee all aspects of resident practice and education in the Emergency Department. The Residency Director is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. His or her responsibilities can be summarized as follows:

#### **ADMINISTRATIVE RESPONSIBILITIES**

##### *Policies and Procedures*

The Residency Director is responsible for the creation and maintenance of such policies and procedures as are necessary to ensure the effective running of the training program.

##### *Administration of Residency Program*

The following duties are necessary to maintain accreditation of the training program:

Thorough knowledge and understanding of the Curriculum for Emergency Medicine Residency Training.

Monthly meetings with the Medical Director of Emergency Medicine (EM) to provide reports and evaluations of residents and emergency medicine faculty,

Meetings as required to meet accrediting standards as set by Palestinian Medical Council.

##### *Resident scheduling*

The residency director must oversee:

The scheduling of block rotation schedules for each year, to coordinate the smooth rotation of residents through multiple departments and hospitals required to meet the emergency medicine training requirements.

Coordination of resident vacation scheduling to ensure even and effective resident presence in the Emergency Department(s).

##### *Interface with Affiliated Hospitals*

The residency director must regularly interface with EM rotation supervising physicians at residency affiliate training sites to ensure that an adequate educational experience is being provided. The program director must participate in appointing a local site directors, and monitoring appropriate resident supervision.

##### *Evaluation and Supervision of Residents*

The residency director must assure that residents are provided with a prompt, reliable system for communication and interaction with supervisory physicians.

The residency director is responsible for the regular evaluation of the residents' knowledge, skill, and overall performance. This includes providing monthly written evaluations of each resident, summary semi-annual evaluations, written examinations, and oral examinations.

The residency director must provide a written final evaluation for each resident who completes the program in accordance with established requirements.

#### Evaluation and Selection of Faculty

The residency director is responsible for providing periodic assessments of each faculty member's contribution to the training program to the Director of Emergency Medicine.

#### Residency Records

The residency director is responsible for the creation and maintenance of appropriate records of the educational program for each resident to verify of successful resident education can be documented.

#### Strategic Planning

The residency director is responsible for strategic planning regarding issues of resident education and staffing.

### **FINANCIAL RESPONSIBILITIES**

The residency director is responsible for anticipating, budgeting, and coordinating expenses for the training program, including:

- Expenses of residency educational materials, including journals, textbooks, computer equipment, and audiovisual materials
- Expenses of recruiting expert outside speakers for Grand Rounds
- Expenses of resident research needs

### **EDUCATIONAL RESPONSIBILITIES**

The residency director must oversee and organize the activities of the educational program in all institutions that participate in the program. The residency director must work with the Directorate of General Hospitals, the Dean of affiliate educational institutions, and the Palestinian Medical Council to ensure that the entire educational program meets appropriate standards of training.

#### Emergency Medicine Curriculum

The residency director is responsible for the maintenance of the *Emergency Medicine Curriculum*, which delineates the didactic and clinical program designed to enable the residents to achieve the goals and competencies of the Palestinian Emergency Medicine training program. This document must include measurable competency objectives for each

year of training, a description of how the objectives will be assessed and remediated when necessary.

#### Didactic Lecture Series

The residency director is responsible for the organization and coordination of a regular didactic lecture series for the residents (5 hours per week year round). This involves regular recruiting of speakers both within and outside the department, and the maintenance and revision of a rotating lecture titles. The residency director also organizes oral board practice case experiences.

#### Monthly Evaluations

The residency director is responsible for providing written evaluations of each resident for each month they are in the ED. The residency director must also coordinate the distribution and verification of evaluations completed by outside attendings for residents who rotate on outside services.

#### Semi-annual Evaluations

Twice yearly each resident receives a comprehensive written evaluation from the residency director, which includes detailed information on their performance and areas in need of improvement. Private meetings are held with each resident at these times to discuss any necessary disciplinary measures or performance problems.

#### Outside Rotations

The residency director is responsible for the creation and maintenance of goals and objectives for each rotation outside of the ED, and appropriate interface with representatives of the given departments to ensure that these goals and objectives are being met.

#### Written Examinations

The residency director oversees the administration of written examinations to the residents as required by the Palestinian Medical Council. The results of these examinations are conveyed to the residents in writing.

#### Oral Examinations

The residency director oversees the administration of oral examinations for residents twice yearly. The results of these examinations are conveyed to the residents in writing.

#### Program Evaluation

The residency director is responsible for a systematic annual evaluation of the program which reviews program goals and objectives and the effectiveness with which they are achieved.

#### Disciplinary Actions

The residency director is responsible for ensuring compliance with residency policies, and for communicating in writing any necessary disciplinary measures to involved residents.

### **INTERPERSONAL RESPONSIBILITIES**

As the primary role model for the residents, it is necessary for the residency director to regularly spend time with the residents. This is manifested through:

- Regular attendance and active participation in didactic sessions
- Regular availability to individual residents for counseling and guidance on educational, personal, and emotional issues
- Regular support for individual residents when ill or emotionally distraught

The residency director is also responsible for counseling medical students interested in emergency medicine as a career.

## **ACADEMIC RESPONSIBILITIES**

Residency directors are required *to demonstrate active involvement in continuing emergency medical education in regional or national scientific societies.* Thus it is necessary for the residency director to:

- Regularly attend CME courses relating to emergency medicine.
- Regularly give professional lectures
- Regularly engage in research activities
- Work at least 2 shifts per week in the clinical Emergency Department except with taking CME or vacation time. Ideally these shifts should be worked at a mix of all constituent Emergency Department training sites.
- Has USAID approval to attend and present research at regional and national scientific meetings
- Publish articles relating to emergency medicine in the peer-reviewed medical literature

## Emergency Medicine Faculty Physician Requirements

Emergency Medicine (EM) physicians providing clinical service and teaching in Emergency Medicine Residency training sites shall devote his or her professional efforts to teaching and practicing emergency. Once the Emergency Medicine residency program is operational, he/she should have at least 8 hours per week away from direct service responsibilities to meet the educational requirements of the program. The Emergency Medicine physician teaching faculty should:

- Have appropriate qualifications to include:
  - ❑ At least 3 years of experience working in emergency department(s)
  - ❑ Has had one year of training post intern year in at least one of the following: Pediatrics, Internal Medicine, Surgery, or Anesthesia. Exceptions may be allowed per MoH.
  - ❑ Has completed International Trauma Life Support training, Pediatric Advanced Life Support training, Advance Cardiac Life Support Training
  - ❑ Independent study of the contents of internationally recognized textbooks by authors as Tintanelli, Rosen, and Roberts/Hedges
  - ❑ Completion of an emergency medicine ultrasound course
  - ❑ Expression of a strong commitment to teaching
  - ❑ Qualified and approved to practice medicine by the Palestinian Medical Council
  - ❑ Vetted by Mission Order 21 to attend international emergency medicine continuing education courses
- Have opportunity to participate in a spectrum of professional activities within the institution as well as within regional, and national associations.
- Eventual participation in scholarly activity such as publication in peer reviewed journals, textbooks, and local publications.
- Demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.
- Provides direct supervision of residents in the ED

The minimum annual teaching requirements exclusive of clinical bedside teaching include:

- ❑ 20 hours of didactic conference leadership
- ❑ Two Case Conferences
- ❑ Participate in Mock Oral Boards
- ❑ Participation in Procedure Lab
- ❑ Serves as a role model for the residents, it is necessary for the faculty to demonstrate excellent interpersonal attributes

Emergency Physicians will periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support for the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.