Formal Rotation Guide: Emergency Medicine (Medicine)

Duration: 2-4 week blocks during the PGY 1 or 2 year

Physician director for the Rotation: Dr. Reuben Johnson, 3147471520, johnsonre@wustl.edu

Administrative Contact: Lindsey Wasser, 362-9177, wasserl@wustl.edu

EM Administrative Chief Resident: 314-393-5149, EMchiefresidents@wustl.edu

Educational goal and description of the rotation: Understanding the principles of diagnosis and management of acute and emergent medical conditions is an essential part of the training of the general internist. The purpose and goals of the Emergency Medicine rotation is to teach the internal medicine resident an organized and practical approach to the care of the acute undifferentiated patient. The resident will gain clinical experience with a broad spectrum of clinical entities presenting to the ED and learn procedural skills common to the practice of acute care/emergency medicine. The resident’s responsibilities are primarily directed towards evaluation of the entire spectrum of medical and surgical complaints.

Faculty and responsible individuals: While in the emergency department, medicine residents will be supervised by senior level Emergency Medicine residents and attending physicians from the Division of Emergency Medicine.

Logistics:

- **Review of objectives of the rotation:** 1-2 weeks before the start of the rotation the resident should review objectives and orientation material. Please contact Dr. Reuben Johnson should questions or concerns arise.

- **Orientation to the Emergency Department:** 1-2 weeks before the start of the rotation the resident should review online orientation material provided by the Emergency Medicine Chief Residents and contact off going Internal Medicine residents for a walk through and basic orientation to the department.

- **Orientation to the EPIC ASAP module:** E-learnings are available in SABA. Instructions to access SABA are available on the MedEd website. Link is provided on Emergency Medicine schedule software located at:

<table>
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<tr>
<th>Saba Course Name</th>
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<tr>
<td>Epic - E-Learning - HIPMDASAP001 Basics of Epic</td>
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<tr>
<td>Epic - E-Learning - HIPMDASAP002 Intro to Hyperspace</td>
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<tr>
<td>Epic - E-Learning - HIPMDASAP005 Notes</td>
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<td>Epic - E-Learning - HIPMDASAP006 Orders</td>
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End of rotation evaluations: These are compiled from individual post-shift evaluations obtained from the Attending physicians you will be working with. It is the residents’ responsibility to solicit post-shift evaluations/feedback from the attending physician each shift.

Educational Purpose (curriculum): All of the Competency Milestones are pertinent to this rotation. Areas of special focus are noted below. Residents should be able to develop a basic level of competence in the skills listed.

- **Patient Care**
  - Develop an efficient and appropriate approach to the evaluation of the undifferentiated patient at all levels of acuity.
  - Obtain an accurate, relevant, and concise history from the patient and perform a problem-oriented, focused physical examination.
  - Initiate an appropriate, cost-effective diagnostic and therapeutic plan of intervention.
  - Gain experience in medical resuscitations under the direct supervision of an EM senior resident or attending.
  - Learn to function as a member of the ED team, utilizing nurses and other ancillary personnel as appropriate to expedite patient care.
  - Learn to utilize consultants and provide referrals so as to obtain appropriate care and follow-up for the ED patient.

- **Medical Knowledge**
  - Demonstrate an increasing fund of knowledge in the range of common problems encountered in the emergency department and utilize this knowledge in clinical reasoning. While in the E.D. the resident should become familiar with the diagnostic and therapeutic approach to patients with:
    - Altered mental status and coma
    - Unresponsiveness
    - Dizziness/vertigo/syncope
    - Fever
- Hypotension/shock
- Muscle and joint pain and swelling
- Weakness
- Diplopia, loss of vision
- Dysphasia/sore throat
- Chest pain/cardiac arrest
- Cough/hemoptysis
- Dyspnea/wheezing
- Palpitations
- Abdominal pain
- Nausea/vomiting/diarrhea
- Dysuria/hematuria
- Vaginal bleeding and discharge
- Hematochezia/melena/rectal pain
- Jaundice
- Skin rash
- Urinary incontinence and retention
- Headache
- Trauma – Level II, III and IV

- **Practice-based Learning and Improvement**
  
  - All interns and residents should understand their limitations of knowledge and judgment; ask for help when needed and be self motivated to acquire knowledge.
  
  - Accept feedback, learn from own errors and develop self-improvement plans.
  
  - Use information technology to manage information and access on-line medical information.
  
  - Learn how to use knowledge of study designs and statistical methods to the critical appraisal of clinical studies and apply to the care of patients.

- **Interpersonal and Communication Skills**
  
  - Demonstrate caring and respectful behaviors with patients, families, including those who are angry, scared or frustrated and all members of the health care team.
  
  - Counsel and educate patients and their families.
  
  - Conduct supportive and respectful discussions of code status and advance directives.
  
  - Facilitate the learning of students and other health care professionals.
  
  - Demonstrate ability to convey clinical information accurately and concisely in oral presentations and in chart notes.

- **Professionalism**
  
  - Demonstrate respect, compassion, and integrity.
  
  - Demonstrate a commitment to excellence and on-going professional development.
Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and other aspects of clinical care.

Develop an appreciation for the ethical, cultural and socioeconomic dimensions of illness, demonstrating sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

Residents should display initiative and leadership; be able to delegate responsibility appropriately.

- **Systems-based Practice**
  - Work effectively with others (such as nurses, secretaries, social workers, interpreters, physical and occupational therapists, technicians) as a member of a health care team.
  - Advocate for quality patient care and assist patients in dealing with system complexities.
  - Understand and appreciate the importance of contacting the patient’s primary care provider at the time of admission or soon thereafter.
  - Residents should develop proficiency in leading the health care team, organizing and managing medical care.
  - Learn the cost-effective use of diagnostic and therapeutic technology.

**Clinical Skills Objectives**

The resident will develop and refine procedural skills common to the practice of emergency medicine. These include:

1. Anesthesia
   a. Local and regional blocks
2. Diagnostic procedures
   a. Arthrocentesis
   b. Lumbar puncture
   c. Nasogastric tube placement
   d. Tonometry
   e. Slit lamp examination
3. Genitourinary
   a. Bladder catheterization
   b. Transabdominal ultrasound in pregnancy
4. Otolaryngology
   a. Epistaxis control; nasal packing
5. Hemodynamic techniques
   a. Arterial line insertion
   b. Central venous access - femoral, subclavian, internal jugular
   c. Venipuncture - peripheral
   d. Arterial blood sampling
7. Musculoskeletal
   a. Fracture and dislocation immobilization
   b. Fracture and dislocation reduction

8. Miscellaneous
   a. Gastric lavage
   b. Incision and drainage of abscesses
   c. Suturing techniques and wound care
   d. Foreign body removal

**Method of evaluation of resident performance and feedback mechanism:**

- Daily end-of-shift evaluation shift cards are to be completed by the EM attending. It is the resident’s responsibility to give one of these forms to the attending at the completion of each shift. These forms are found in the EM-1 and 2 work rooms and to the left of the TCC physician work station.
- Daily oral feedback will be given by the attending physician while on shift in the E.D.
- If no end-of-shift evaluations are submitted this will be reflected in the summary evaluation

  - Residents will receive a summary evaluation of their performance by Dr. Johnson at the end of their rotation. This evaluation can be found on the *My Evaluations* system.

**Resident supervision:**

- The attending physician will evaluate and examine every patient that the internal medicine resident sees during his/her rotation.
- The attending physician will observe residents performing specific tasks of patient management such as the interview and physical examination, choice of diagnostic studies, formulation of differential diagnosis or problem lists, development of plans for short-term and long-term medical management, communication of treatment plans, invasive procedures, and discharge planning.
- Electronic record auditing for format and quality of data entry will be done with feedback given to the residents during the shift and in their end-of-shift evaluations.

**Reference texts**

3. Clinical Procedures in Emergency Medicine, Roberts and Hedges