Rotation: Emergency Medicine (Medicine)

Duration: 4 week block spread out during the PGY 1 or 2 year

At least 1 week prior to starting the first rotation in the ED, all rotators need to contact Bev Neulist (ban3182@bjc.org) or (454-7914) to arrange HMED computer training. If you cannot reach Bev, please contact one of the EM chiefs and they will do the training. You MUST use this system for patient documentation. Also contact 758-6907 (Teaching Resident phone) to arrange a walk around orientation tour before the date of your first shift.

PLEASE ALSO REVIEW THE ED PHYSICIAN HANDBOOK – AVAILABLED ON THE MEDED WEBSITE UNDER CURRICULUM DOWNLOADS.

Physician director for the Rotation: Dr. Douglas Char, 362-4346, chard@wustl.edu
EM Administrative Chief Resident: 663-2003 (pager), EM-Adminchiefs@wusm.wustl.edu

Administrative Contact: Lindsey Wasser, 362-9177, wasserl@wusm.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 emergency 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 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 attendings from the Division of Emergency Medicine. These individuals with overall responsibility for this rotation are Dr. Douglas Char and Dr. Gregory Polites.

Logistics:

- Review of objectives of the rotation: 1-2 weeks before the start of the rotation the resident should contact Dr. Gregory Polites at gpolites@wustl.edu and schedule an appointment to review the objectives of the rotation. Dr. Polites has regular office hours on Tuesdays from 1-3 pm and can meet during this time. His office is located on 8th floor Barnard, Room 8812.
- **Orientation to the Emergency Department**: 1-2 weeks before the start of the rotation, the resident should contact the 4th year Emergency Medicine Teaching Resident at 758-6907 between 10 am and 6 pm (Monday through Friday) for a personal orientation to the E.D.

- **Orientation to the HMED computer system**: 1-2 weeks before the start of the rotation, the resident should contact Ms. Bev Neulist at 454-7914 to schedule a personal training session for the HMED computer system. Training is available every Tuesday from 9:00 to 12:00, but must be arranged in advance.

- **End of rotation face-to-face evaluation**: In the final week of the rotation, the resident should contact Dr. Gregory Polites at gpolites@wustl.edu and schedule an appointment for a face-to-face summary performance evaluation for the rotation. Dr. Polites has regular office hours on Tuesday from 1-3 pm and can meet during this time. His office is located on 8th floor Barnard, Room 8812.

**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

Teaching Methods:

- **Bedside Teaching in the E.D.** – Progressive, graduated responsibility for performance of the E.D. history and physical examination, formulation of diagnostic and therapeutic plans, order entry, and performance of diagnostic and therapeutic procedures, all under the supervision of attending physicians.

- **Emergency Medicine Conference** – Every Tuesday from 8 am to 12 pm. All internal medicine residents are excused from clinical duties on Tuesday mornings from 8 am to noon for the purpose of attending the Emergency Medicine conferences held in the East Pavilion Auditorium. Those residents who choose not to attend conference, however, are expected to be working in the E.D. if scheduled during that time. Medicine residents are excused on weekdays from 12-1 pm to attend their own noon conference,
however, they are expected to return to the E.D. immediately afterward and are expected to remain in the E.D. if they choose not to attend their own noon conference.

- **Emergency Medicine Journal Club** – Held on the third Thursday of each month from 6:30-8:30 pm (check with JoLen Janes for the location for that month).

- **Toxicology Lecture** – Held on the third Thursday of every month from 1-3 pm in the E.D. classroom located in the basement of the Wohl Building.

- **Small Group Sessions** – Held from 1:30-4:30 on the 2nd and 4th Thursdays of each month in the E.D. classroom located in the basement of the Wohl Building. Each session covers a different topic of interest such as mock code simulations, procedural nerve blocks and ultrasound guidance for vascular access.

**Reading lists, pathological material, and other educational resources to be used**

- An entire library of textbooks and periodicals are available in the Emergency Medicine Housestaff library, available 24 hours/day. The library is located in the resident lounge located on the basement level of the Wohl Building.

- The following reference texts are also available within the E.D. itself:
  
  *Emergency Medicine: Concepts and Clinical Practice*, Rosen et al
  *Clinical Procedures in Emergency Medicine*, Roberts and Hedges

**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 **green** forms to the attending at the completion of each shift. These forms are found in the EM-2 break room.

- Daily oral feedback will be given by the attending physician while on shift in the E.D.

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

- In the final week of the rotation the resident should contact Dr. Gregory Polites at gpolites@wustl.edu and schedule an appointment for a face-to-face summary performance evaluation for the rotation. Dr. Polites has regular office hours on Tuesday from 1-3 pm and can meet during this time. His office is located on 8th floor Barnard, Room 8812.

- A short take home emergency medicine exam will be given to the resident at the beginning of the rotation during his/her orientation meeting with Dr. Polites. The answers will be reviewed during the performance evaluation at the end of the rotation.

**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 (available in the ED)**

3. Clinical Procedures in Emergency Medicine, Roberts and Hedges