

Name of rotation: **Emergency Care Services** **Division: Emergency Medicine**

Course Director: **David Jerrard, M.D.** **Site(s): VA**

Duration of rotation: **one month for R-1 residents**
 2 weeks for R-2 and 3 residents

General description of the rotation including educational purpose, rationale or value:

Emergency Care Services (ECS) is a Level-II emergency care facility providing both acute and non-acute care to the veterans in Baltimore and surrounding communities. Residents will learn to evaluate medical complaints with an emphasis on early intervention and to recognize those conditions that can be evaluated and treated on an outpatient basis. Each month three residents (R-2s and R-3s) and three medical interns are assigned to rotate through ECS. With over 700 patients triaged through ECS weekly, residents are exposed to a wide range of medical problems and acuity. Through individual supervision and case review with an attending, residents learn the necessary skills to recognize and treat this wide range of medical conditions. Residents also learn about quality improvement, medical ethics and cost containment in episodic and emergency care. Medical residents interact with all medical and surgical subspecialty services to provide patients with the most comprehensive care possible. Residents attend a weekly seminar led by the primary care chief resident. They are also required to attend Medical Grand Rounds and CPC each week.

Resident responsibilities, including interns and residents:

R-2 and R-3 residents are assigned to the acute area and are responsible for evaluation, treatment and disposition of patients triaged to that area. They are responsible for documentation of the visit and for arranging all appropriate follow-up services. Interns are assigned to the non-acute portion of ECS, which functions primarily as a walk-in clinic. The intern is responsible for evaluating a patient's chief presenting problem with documentation of a history, physical exam, pertinent lab data and x-rays, diagnosis and appropriate follow-up care. Interns are expected to follow-up on all labs, x-rays and cultures ordered while they remain in the rotation.

Educational objectives:

PGY-1 resident will:

Patient Care

1. Initiate management for patients with sub-acute and non-urgent medical conditions.
2. Prioritize patient management based on acuity of presenting illness.
3. Be supervised in common procedures, e.g, paracenteses, thoracenteses, arthrocenteses, lumbar punctures, arterial blood gases, central venous access and when applicable, minor surgical procedures.
4. Improve independence in the initial evaluation and management of a wide range of non-urgent medical conditions.

Medical Knowledge

1. Recognize medical conditions requiring acute intervention and hospitalization.
2. Discuss the diagnosis and evaluation of common conditions presenting to ECS.

Interpersonal and Communication Skills

1. Enhance interpersonal skills in discussing cases with ER faculty and consulting physicians in ECS.
2. Communicate effectively and respectfully with members of the health-care team.
3. Demonstrate the ability to share pertinent medical information with patients and their families in a timely fashion and in a manner the patient can understand.

Systems-Based Practice

1. Identify, utilize and coordinate additional resources both within and outside the institution as necessary in order to plan a safe discharge from an ER setting.

PGY-2 and 3 resident will:

Patient Care

1. Initiate management for patients with acute medical conditions.
2. Prioritize patient management based on acuity of presenting illness.
3. Become certified and then supervise procedures including ACLS protocols, paracenteses, thoracenteses, arthrocenteses, lumbar punctures, arterial blood gases, central venous access and when applicable, minor surgical procedures.

4. Improve independence in the initial evaluation and management of a wide range of urgent/emergent medical conditions.

Medical Knowledge

1. Recognize medical conditions requiring acute intervention and hospitalization.
2. Discuss the diagnosis and evaluation of common conditions presenting to ECS.

Interpersonal and Communication Skills

1. Enhance leadership, interpersonal and teaching skills.
2. Communicate effectively and respectfully with members of the health-care team.
3. Demonstrate the ability to share pertinent medical information with patients and their families in a timely fashion and in a manner the patient can understand.

Systems-Based Practice

1. Identify, utilize and coordinate additional resources both within and outside the institution as necessary in order to plan a safe discharge from an ER setting.

Check all principle teaching methods used during this rotation:

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | Attending teaching rounds | <input type="checkbox"/> | Interdisciplinary rounds |
| <input checked="" type="checkbox"/> | Patient management discussions | <input type="checkbox"/> | Small group discussions |
| <input checked="" type="checkbox"/> | Conferences specific to rotation | <input checked="" type="checkbox"/> | Bedside clinical rounds |
| <input checked="" type="checkbox"/> | Individual instruction of procedures | <input checked="" type="checkbox"/> | Review of diagnostic studies, including radiology |
| <input type="checkbox"/> | Other: _____ | | |

Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:

Residents evaluate patients with illnesses encompassing all aspects of internal medicine. The resident will perform the initial evaluation of many surgical and neurologic problems. Clinical encounters include direct supervision of residents while they are evaluating patients, and case reviews and discussions with an attending physician.

Check the principal ancillary education materials used:

- | | | | |
|-------------------------------------|-----------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> | Reading lists | <input type="checkbox"/> | Pathologic material |
| <input checked="" type="checkbox"/> | Radiologic studies | <input type="checkbox"/> | Other noninvasive studies |
| <input checked="" type="checkbox"/> | Handouts on relevant topics | <input checked="" type="checkbox"/> | Articles from the literature |
| <input type="checkbox"/> | Other: _____ | <input checked="" type="checkbox"/> | Case studies |

Methods used to evaluate the resident and the rotation:

- Evaluation of residency performance and professionalism
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

The main strength of this rotation is that residents will be exposed to patients with a broad range of medical illnesses in both acute and chronic states, allowing the residents to recognize a given disease in its various stages. Along those same lines, there is sufficient volume to allow residents to appreciate how the same illness may have many different presentations. One limitation of the rotation at this time is that the majority of the patient population is male. However, more female veterans are using these services than ever before.

Conferences or Attending/Patient Care Rounds: (Journal club, division rounds, etc.)

Name	Location	Day	Time
Seminar with PC Chief	ECS-VA	Variable	Variable
Medical Grand Rounds	STC	Wednesday	12:15-1:15