

Name of rotation: **Emergency Department** **Department: Emergency Medicine**

Course Director: **Brian Browne, M.D.** **Site(s): UMMC**

Duration of rotation: **[x] 2 weeks only**

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

The University ER provides full-service, comprehensive adult emergency medical care, which includes a trauma service, rape crisis center, chest pain evaluation center, acute psychiatric evaluation, and urgent care center. The Emergency Department cares for 38,000 patients per year, and accounts for 65% of medical hospital admissions. The goals of this rotation are twofold: to provide an opportunity for residents to care for patients in an acute setting with a broad spectrum of medical, surgical and gynecological diagnoses, and to expose them to a full range of acuity - from trauma and medical resuscitations to ambulatory care. There is 24 hour attending coverage by Board certified emergency medicine specialists, seven days per week. Residents work five 12-hour shifts per week. There are supervised sign out rounds twice a day and intensive bedside teaching with each patient. Each month, one to two medical residents join residents from EM, Surgery, Family Practice and enough medical students to create three permanent primary care teams. Emphasis is placed on development of diagnostic skills in the acute setting, with focus on cost-effective, directed, efficient evaluations. Residents are also introduced to quality assurance and risk management issues. First and second year residents each have a ½ month rotation in the ED.

Resident responsibilities, including interns and residents:

The Emergency Department is divided into Emergency Care and Urgent Care areas. Medical interns rotate through both areas under the supervision of senior emergency medicine residents and attending physicians. They are assigned patients in a non-differentiated manner and are responsible for H&P's, chart documentation, and ordering and interpreting lab and radiologic studies. Residents are often involved in the supervision and education of junior residents and medical students, provide informal consultation on a wide variety of internal medicine issues, and help provide radio consultation to paramedics for pre-hospital care.

Educational objectives:

During this rotation the PGY-1 resident will:

Patient Care

1. Initiate management for patients not requiring hospitalization including gatekeeper functions to other clinics, preventive medicine with an emphasis on patient education, cost containment and relevant psychosocial issues for patient care in this setting.
2. Achieve competence in procedures including participating and directing ACLS protocols, paracenteses, thoracenteses, arthrocenteses, lumbar punctures, arterial blood gases, central venous access and when applicable, minor surgical procedures.
3. Improve independence in evaluation and management of a wide range of medical conditions.

Medical Knowledge

1. Recognize medical conditions requiring acute intervention and hospitalization

Interpersonal and Communication Skills

1. Enhance leadership, interpersonal and teaching skills.

Systems-Based Practice

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

During this rotation the PGY-2 resident will:

Patient Care

1. Initiate management for patients with acute medical conditions.
2. Prioritize patient management based on acuity of presenting illness.
3. 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 an adult ER.

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 checked="" type="checkbox"/>	Attending teaching rounds	<input checked="" 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 checked="" type="checkbox"/>	Other: Cadaver lab - monthly		
<input checked="" type="checkbox"/>	Other: Ambulance ride-along		

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

Residents care for a wide spectrum of medical, surgical and gynecological cases with a wide grade of intensity. The emergency medicine attendings provide continuous teaching, and supervision on every case both individually with the residents and in organized teaching rounds. Residents are encouraged to attend aforementioned weekly and monthly conferences.

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 type="checkbox"/>	Case studies

Methods used to evaluate the resident and the rotation:

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

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

The strengths include attending staff of emergency medicine specialists who review all cases and provide close supervision and teaching (24 hours/day, 7 days/week), excellent patient population with wide range of clinical problems and varying degrees of acuity, and the assignment of patients in an unselected, undifferentiated way.

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

<u>Name</u>	<u>Location</u>	<u>Day</u>	<u>Time</u>
Sign Out Rounds	UMH	Daily	7:00 am & 7:00 pm
Grand Rounds	STC	Wednesday	8:00 am

9/18/07: Reviewed with residents / faculty at Postgraduate Education Committee