Emergency Medicine
PGY-3
(Elective)

Description of Rotation or Educational Experience

Emergency Medicine involves the diagnosis and treatment of acute illness and injury. Family Physicians are often faced with emergent situations in various venues of practice including the private office and the inpatient services. Additionally, Family Physicians frequently act as Emergency Medicine physicians either as a facet of their services to the community in rural settings or as their primary vocation.

This PGY-3 rotation is a one-month elective experience in the Emergency Department at Mount Carmel St. Ann’s Hospital or another approved site, supervised by board-certified Emergency Medicine or Family Medicine physicians. The resident will provide appropriate care under attending supervision to individuals presenting to the Emergency Department. This rotation is intended to expand on the knowledge and skills gained in the PGY-1 rotation, providing greater autonomy and enhancement of ability to direct care while working with other members of the healthcare team.

Patient Care

Goal
Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. This rotation will expect further development of the basic care skills that were established with the PGY 1 rotation.

Competencies
Residents are expected to:
1. Communicate effectively with patients and their families regarding their diagnosis and treatment plan.
2. Demonstrate caring and respectful behaviors when interacting with patients and their families.
3. Gather essential and accurate information about patients regarding their presenting complaint and comorbidities.
4. Make informed decisions about diagnostic and therapeutic interventions including the appropriateness of laboratory testing and imaging studies on a case by case basis.
5. Develop and carry out patient management plans.
6. Counsel and educate patients, parents and other family members about the patient’s diagnosis.
7. Use information technology to support patient care decisions and patient education.
8. Perform all medical procedures considered essential to the specialty of Family Medicine within the Emergency Department setting.
9. Provide preventive health care consistent with the philosophy of health maintenance and disease prevention.
10. Work with health care professionals to provide patient-focused care.
11. Be able to provide appropriate initial treatment for patients presenting with conditions that commonly present to an Emergency Department.
12. Be able to properly evaluate the patient’s injury or illness in the context of their social environment.

**Objectives**

Upon completion of the rotation, residents will:

1. Describe the principles of triage, prioritization, and coordination of care of those patients presenting to the Emergency Department.
2. Describe the application of evidence-based medicine principles to the practice of Emergency Medicine.
3. Refine their knowledge, skills and attitudes to confidently and efficiently manage those medical, surgical, and behavioral problems commonly encountered in the Emergency Department.
4. Describe the role of the Emergency Medicine physician as an educator and advocate for patients with whom they have no established continuity-of-care relationship.
5. Describe how the organization of the Emergency Department team works to provide optimal care to patients.
6. Describe the ethical dilemmas that Emergency Medicine physicians face in their daily work.
7. Describe the role of the Emergency Department physician in:
   - Triage based on acuity
   - Disaster management
   - Effective time management in emergency situations
9. Participate in pediatric or adult cardiac and pulmonary resuscitation procedures and become more comfortable with assuming the lead role in these procedures when appropriate
   - basic life support (BLS)
   - advanced cardiac life support (ACLS)
   - pediatric advanced life support (PALS)
   - endotracheal intubation and initial management of ventilator
   - cardioversion
   - cardiac defibrillation

   - Further refine (or learn, if appropriate) the following procedural skills:
     - peripheral venous (IV) insertion
     - chest tube insertion
     - subclavian vein catheterization (line)
     - femoral vein catheterization (line)
Medical Knowledge

Goal
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.
Competencies
Residents are expected to:
- Apply advanced evidence-based Emergency Medicine knowledge to patient care
- Manage complicated medical conditions in an Emergency Department setting using the knowledge obtained on the Emergency Medicine rotation, from other rotations throughout their earlier rotations during the first and second years and independent reading and investigation.

Objectives
At the conclusion of the rotation, residents will:

1.) Demonstrate advanced knowledge regarding the presentation, evaluation, stabilization, management and appropriate disposition of patients who have the following conditions which commonly present to an Emergency Department (including but not limited to):
   - **Acute cardiovascular disease**
     - chest pain
     - acute myocardial infarction
     - unstable angina
     - acute congestive heart failure
     - cardiac dysrhythmias
     - deep venous thrombosis
     - hypertensive urgency/emergency
     - hypotension/shock
     - syncope
   - **Acute respiratory disease**
     - acute exacerbation of COPD/emphysema
     - acute exacerbation of asthma
     - acute respiratory failure
     - pulmonary embolism
     - pneumothorax
   - **Acute gastrointestinal disease**
     - acute gastroenteritis – diarrhea, nausea, vomiting
     - acute peptic ulcer disease
     - dyspepsia, GERD
     - foreign body ingestion
     - jaundice
   - **Acute abdomen**
     - acute upper GI bleed
     - acute lower GI bleed
     - acute pancreatitis
     - appendicitis
     - cholelithiasis, cholecystitis
     - ischemic bowel disease
     - diverticulitis
     - acute bowel obstruction
   - **Acute neurologic disease**
- acute mental status changes
- transient ischemic attacks
- cerebrovascular accident
- dizziness/vertigo
- headaches
- seizures
  - Acute rheumatologic and musculoskeletal disease
    - acute low back pain
    - gout or pseudogout
    - septic joint
  - Acute endocrine and metabolic disease
    - acid-base disorder
    - dehydration
    - diabetic ketoacidosis
    - hyperosmolar nonketotic coma
    - hypoglycemia
    - electrolyte disorders
  - Acute hematologic disease
    - bleeding disorders
    - symptomatic anemia
    - easy bruising, purpura
  - Acute urological disease
    - acute renal failure
    - gross hematuria
    - nephrolithiasis, renal colic
  - Acute obstetric and gynecologic disease
    - abnormal vaginal bleeding
    - acute pelvic pain
    - ectopic pregnancy
    - threatened/incomplete abortion
    - pelvic inflammatory disease
  - Acute infectious disease
    - meningitis
    - otitis media
    - otitis externa
    - pneumonia, bronchitis
    - upper respiratory infection
    - pharyngitis
    - sinusitis
    - herpes simplex infection
    - herpes zoster infection
    - cellulitis
    - urinary tract infection
    - pyelonephritis
    - sexually transmitted disease
    - prostatitis, urethritis, epididymitis
- sepsis
- febrile illness
  - **Acute psychiatric and behavioral disease**
    - acute drug overdose/withdrawal
    - acute alcohol intoxication
    - depression and the suicidal patient
    - delirium
    - domestic violence
    - child abuse
    - sexual assault
    - panic attacks/anxiety disorder
  - **Acute eye disease**
    - the red eye
    - acute visual loss
    - corneal abrasion/laceration
    - foreign body in eye
  - **Acute otolaryngologic disease**
    - epistaxis
    - foreign body in ear
  - **Acute trauma**
    - multisystem trauma
    - burn injuries
    - lacerations
    - head and/or neck injury
    - fractures
    - sprains and strains
    - joint dislocations
  - **Acute dermatologic disease**
    - rash
    - urticaria
    - systemic allergic reaction
    - cutaneous ulcers
  - **Acute miscellaneous disease**
    - poisoning
    - anaphylactic reaction
    - animal bite
    - insect bite
    - dental injury

### Practice-Based Learning and Improvement

**Goal**
Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.
### Competencies
Residents are expected to develop skills and habits to be able to:

- Identify and perform appropriate adult emergency care activities
- Incorporate formative evaluation feedback into daily practice.
- Locate, appraise and assimilate evidence from pediatric and adult emergency care literature relevant to the conditions they are treating in their rotation.
- Use information technology to optimize learning and to ensure the most up to date and appropriate evidence-based care for their patients.

### Objectives
At the conclusion of this rotation the resident will be able to:

- Describe the use of evidence-based medicine to determine appropriate strategies for pediatric and adult emergency care
- Discuss the importance of patient education and demonstrate the ability to facilitate the learning of others.
- Analyze their own practice for areas in need of improvement

### Systems Based Practice

#### Goal
Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

#### Competencies
Residents are expected to:

- Work effectively in an Emergency Department setting.
- Coordinate patient care within the health care system relevant to adult emergency care
- Incorporate considerations of cost awareness and risk-benefit analysis in patient care
- Advocate for quality patient care and optimal patient care systems
- Work in interprofessional teams to enhance patient safety and improve patient care quality
- Participate in identifying system errors and in implementing potential system solutions

#### Objectives
By the conclusion of this rotation, the Family Medicine resident will be able to:

- Order in a cost-effective manner and accurately interpret appropriate lab and imaging studies
- Demonstrate understanding of the interaction of adult emergency care within the health care system
• Partner with health care managers to assess, coordinate and improve health care
• Demonstrate an understanding of community systems and agencies that enter into adult emergency care
• Utilize community resources to assist in the management of patients and educate patients about the resources available to them
• Educate patients about the appropriate use of the Emergency Department.
• Identify the role of the Emergency Medicine physician in the health care system and the appropriate times for emergency referral
• Understand the role of Child and Adult Protective Services and when it is appropriate to contact these organizations for the protection of the patient.

Professionalism

Goal
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Competencies
Residents are expected to demonstrate:
• Compassion, integrity, and respect for others
• Respect for patient privacy and autonomy
• Accountability to patients, society, and the profession of medicine
• Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Objectives
During this rotation the resident will demonstrate:
• Respect, compassion and integrity
• Sensitivity to a patient’s culture, gender and disabilities.

By the end of the rotation, the resident will be able to:
• Discuss the importance of recognizing cultural diversity among the patient population and the resources available to assist with bridging cultural gaps as evidenced by journaling of their experience.
• Demonstrate ethical principles in providing or withholding care, confidentiality of patient information, and informed consent.
• Recognize families at high risk for conflict among its members.

Interpersonal and Communication Skills

Goal
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.
Competencies
Residents are expected to:

- Communicate effectively with patients and their families across a broad range of socioeconomic and cultural backgrounds
- Communicate effectively with physicians, other health professionals and health related agencies
- Maintain comprehensive, timely, and legible medical records using the electronic medical record.
- Communicate effectively with patients’ families and other medical professionals regarding emergency care issues.

Objectives
By the conclusion of this rotation, the resident will have:

- Worked effectively with others as a member of a health care team.
- Created and sustained a therapeutic and ethically sound relationship with patients’ families.
- Accurately and concisely presented findings to the staff attendings and consultants
- Worked as part of a team with other physicians, nurses and ancillary staff to provide comprehensive care to patients with emergent health concerns.
- Legibly and thoroughly documented the findings, impression and plan for each patient.

Teaching Methods
Emergency Medicine is an elective third year rotation in which the resident will be expected to complete ten (10) eight to ten hour shifts in the emergency room at Mount Carmel St. Ann’s or another approved site to further develop the skills necessary for the delivery of emergency medical care. The resident will be under the supervision of at least one attending physician on each shift and performance evaluations will be collated at the completion of the rotation.

Administrative Information for the Emergency Medicine Elective

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<thead>
<tr>
<th>Length: 4 weeks</th>
<th>Status: Elective</th>
<th>PGY: 3</th>
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<tr>
<td>Maximal Absence (vacation) During Rotation: 6 days total</td>
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Responsibilities to the Department of Family Medicine during this Rotation

- # of half-days each week in the FM clinic: 4 - 5
- FM journal club required? Yes (if not in the emergency department)
- **FM call required?** Yes
- **Primary Responsibility for hospitalized FM continuity patients?** Yes
- **Responsible for own FM obstetrical patients?** Yes (if not in the Emergency Department)
- **Departmental Meeting (Every other month)?** Required
- **Geriatric Rounds?** Not Applicable

**Responsibilities to the Emergency Medicine Department during this Rotation**

- **Rounds:** No
- **Conferences:** as scheduled by the Emergency Medicine Attendings
- **Shifts required:** Twelve 8-10 hour shifts
- **Supervising responsibilities?** None
- **Presentations:** as assigned by the Emergency Medicine or Family Medicine Attendings

**Assessment Method (Residents)**

1. At the end of this rotation, the Emergency Medicine attending physicians will provide an evaluation of the resident’s performance, using the evaluation form developed by the Department of Family Medicine.

2. At the end of this rotation, the resident will perform a self-assessment, using the goals and objectives in this document, to assess competency and to determine areas which still need further training and/or exposure.

3. The yearly Family Medicine in-training examination and assigned Hopkins Learning Modules will assess the cognitive aspects of Emergency Medicine. The currently assigned modules are: **Addiction: Illicit and Prescription Drugs** and **Bioterrorism**. The modules **must** be completed by the end of the rotation.

**Assessment Method (Program Evaluation)**

1. The resident will evaluate the faculty and the Emergency Medicine rotation upon its completion.

2. Both residents and faculty will complete annual standard program evaluation towards the end of the academic year.

**Level of Supervision**

Supervision of residents is carried out by both direct and indirect observation by the attending physicians in the Emergency Department.
# Educational Resources

- *Clinical Procedures in Emergency Medicine, 5th ed.*, Saunders 2009
- *Rosen’s Emergency Medicine, 7th ed.*, Mosby 2009
- Up-to-Date
- ACLS manual
- MD Consult
- Hopkins Modules: Addiction: Illicit and Prescription Drugs, Bioterrorism
- Other readings as assigned by Emergency Medicine faculty

Last revised: 2/17/2012 (TPG)

I, ________________________ hereby attest I have read the above goals and objectives of the Emergency Medicine Elective Rotation and have reviewed them with ____________________________, who acts as my faculty advisor. I hereby attest that I understand these goals and objectives, how they relate to the 6 core competencies set forth by the ACGME, and agree to work diligently within their constructs.

________________________________________   _____________
resident signature                                                                       date

________________________________________   _____________
faculty advisor signature                                                               date