

EMERGENCY DEPARTMENT ROTATION 2008 – 2009

Overview

Internal Medicine residents are expected to learn to manage common emergency conditions and to provide both primary and consultative management of a variety of acute serious illnesses. The Emergency Department (ED) rotation is one venue in which to acquire the knowledge and skills necessary to fulfill these expectations. The proficiency gained during the rotation will be applicable to a variety of clinical settings, including both hospital and office practices. Familiarity with the approach of Emergency Medicine specialists to diseases that are within the usual scope of practice of internists will complement training on other rotations. Residents are not expected to provide definitive care for major trauma or to be competent in tasks such as casting of fractures. However, they should be familiar with the principles of initial evaluation and stabilization of traumatic injuries.

Learning Venues/ Activities

- **Location:** PGY-1 categorical and primary care residents are assigned to the Emergency Department of LSUHSC-S University Hospital for one month during the year. Preliminary medicine residents may choose a two-week general medicine ward rotation and a two-week elective rotation in lieu of a one-month ED rotation.

- **Schedule**
 - The schedule of shifts is determined by the ED staff, and complies with all ACGME duty hour regulations. Internal Medicine residents record their duty hours in the ED using the online *MyEvaluations* software, as they do on all other rotations.
 - Residents will be assigned to attend their General Medicine Continuity Clinic two weeks out of each month in the ED. The schedule will be coordinated by the Department of Medicine Education Coordinator.
 - When scheduled for duty, Internal Medicine residents attend Emergency Department conferences on Wednesday morning. They are excused from all Department of Medicine conferences during the month.

Learning Resources

- Standard medical textbooks
- UpToDate: Available through LSUHSC Library web site.
- Consensus guidelines for triage and acute care of common problems presenting to the emergency department, including but not limited to those of:
 - American Heart Association (<http://americanheart.org>.)

- American Thoracic Society (www.thoracic.org.)
- American College of Chest Physicians: (www.chestnet.org.)
- Infectious Diseases Society of America (www.idsociety.org.)

Evaluation Methods

- Global faculty evaluation (*all competencies*): Completed by the ED faculty at the end of the month using *MyEvaluations* online software. Residents should expect a verbal evaluation at the end of the rotation.
- Clinical evaluation exercises (*all competencies*): Internal Medicine residents are expected to complete an average of two exercises each month. The ED patient care experiences may be the basis for the exercises, with the ED faculty as the supervisor.
 - The emphasis should be on exercises that document faculty observation of interviewing, examination, and counseling skills.
 - Specific medical knowledge and diagnostic interpretation exercises may focus on, but are not limited to:
 - Interpretation of radiographs
 - Interpretation of standard laboratory panels
 - Interpretation of electrocardiograms
- Procedure documentation (*patient care*): Procedures performed in the ED can be used to satisfy the number necessary for American Board of Internal Medicine certification. These can be entered in the procedure log of *MyEvaluations* with the ED faculty as supervisor.

Educational Goals

Patient Care (PGY-1)

- Develop an evidence-based approach to the initial ED evaluation of the following problems:
 - Abdominal pain, swelling
 - Acute back pain
 - Cardiac dysrhythmias
 - Chest pain
 - Coma, altered mental status
 - Diarrhea
 - Uncontrolled diabetes
 - Dyspnea
 - Electrolyte disturbances
 - Eye pain, red eye, acute loss of vision
 - Fever
 - Gastrointestinal bleeding, upper and lower
 - Headache
 - Hemoptysis
 - Uncontrolled hypertension
 - Hypotension, shock
 - Acute joint pain or swelling

- Leg swelling
- Musculoskeletal trauma
- Acute neurologic deficits
- Acute psychosis
- Acute renal failure
- Seizures
- Syncope
- Volume depletion
- Vomiting
- Wheezing
- Vertigo
- Learn to obtain a focused history and perform a focused examination on patients presenting to the ED
- Develop proficiency in common procedures performed in the ED. (Many of these are. Patient encounters in the ED are an excellent opportunity to get experience in these procedures under the supervision of physicians who are skilled in their performance. Residents are encouraged to enter procedures performed in the ED into their Procedure Log on *My Evaluations*, with the ED faculty as the supervisor.)
 - Abdominal paracentesis **
 - Arterial puncture **
 - Arthrocentesis **
 - Advanced cardiac life support **
 - Endotracheal intubation
 - Lumbar puncture **
 - Nasogastric intubation
 - Thoracentesis **
 - Pelvic examination with pap smear/endocervical culture **
 - Suturing lacerations
 - Incision and drainage of cutaneous abscesses
 - Urethral catheterization

** Performance competence required for certification by the American Board of Internal Medicine and/or fulfillment of the residency requirements of the Department of Medicine

- Learn to establish clinical priorities in the management of patients presenting to the ED
- Learn the parameters for monitoring the above symptoms/problems while the patient remains in the ED
- Develop an evidence-based approach to the selection of diagnostic studies in the ED

Medical Knowledge

- Learn the pathophysiologic basis for the ED management of:
 - Diabetic ketoacidosis

- Acute myocardial infarction, acute coronary syndrome
- Acute pancreatitis
- Tachyarrhythmias, including atrial fibrillation, atrial flutter, and ventricular tachycardia
- Volume depletion; hyper- and hyponatremia; hyper- and hypokalemia
- Congestive heart failure
- Asthma, chronic obstructive pulmonary disease
- Pulmonary embolism
- Poisonings, overdoses
- Learn the microbiologic basis for the ED selection of antibiotics for the following infections:
 - Meningitis
 - Pneumonia
 - Urinary tract infection
 - Cellulitis, soft tissue infections
 - Otitis, sinusitis, pharyngitis
 - Intra-abdominal infections
- Learn the established criteria for admission and hospital level of care of various medical conditions encountered in the ED

Practice-based Learning and Improvement

- Develop a pattern of using patient care experiences in the ED to enhance clinical skills, medical knowledge, and clinical judgment
- Learn to use information technology to facilitate evidence-based management of patients in the ED

Interpersonal and Communication Skills

- Learn to use effective interview techniques to obtain information from patients from diverse cultural, socioeconomic, language, and age backgrounds
- Learn to communicate medical information effectively and compassionately to patients and families in the ED
- Learn to counsel and education patients with various problems who are being discharged from the ED
- Learn to communicate effectively and compassionately with:
 - Victims of possible domestic violence
 - Victims of sexual abuse
 - Grieving families
 - Intoxicated patients
 - Hostile patients
- Demonstrate ability to communicate effectively with health care professionals in the ED setting
- Learn to convey medical information accurately and concisely to faculty and other physicians in the ED
- Demonstrate ability to develop a complete but concise written record of ED patient encounters

Professionalism

- Demonstrate respect and responsiveness to patients and families under evaluation and treatment in the ED
- Demonstrate professional integrity in dealing with colleagues in the ED, including punctuality and a willingness to share patient responsibilities
- Demonstrate respect for social, cultural, economic, and spiritual diversity among ED patients
- Learn techniques to manage conflict with other health care professionals in the ED appropriately

Systems-based Practice

- Learn to work effectively with other ED health care professionals to provide optimal patient care
- Learn to work effectively with consultants from other disciplines to manage ED patients and facilitate their admission to the hospital
- Understand the provisions of the following as they apply to ED practice:
 - Emergency Medical Treatment and Active Labor Act (EMTALA)
 - Consolidated Omnibus Reconciliation Act (COBRA)
 - Health Insurance Portability and Accountability Act (HIPPA)
 - Order of protective custody regulations
- Understand the differences between hospital and pre-hospital care of acutely ill or injured patients