**Internal Medicine Curriculum**  
**Emergency Medicine**

**Educational Purpose**
The ability to promptly and efficiently evaluate patients under emergency situations is a critical skill for internists. During their training, residents are required to complete two months of emergency medicine. The objective of this rotation is to provide a learning environment where the resident can learn to provide appropriate physical and emotional care in a cost-effective manner to patients who present to the emergency department.

During this one-month rotation, the resident is given the opportunity to assist and evaluate critically ill patients under the supervision of the attending emergency department physician. Residents will work at Erlanger Health System's Emergency Department, a Level I Trauma Center with over 40,000 visits annually where they will evaluate a broad diversity of illnesses. Depending on the critical nature of the illness or injury, the resident initially examines and evaluates the patient, diagnoses the problems and determines an appropriate course of treatment after review by the supervising emergency room physician.

The emergency department rotation provides residents with protocols for management of the most common diagnoses encountered in the emergency department. Often, emergency room physicians must make end-of-life decisions. The need for advanced directives and the difficulties from not having advanced directives becomes obvious in emergency room practices. Occupational and environmental injuries are usually first evaluated in the emergency room. Emergency preparedness and bioterrorism concerns are discussed. Appropriate barrier prevention to prevent health care workers from communicable diseases is reviewed.

Interns are scheduled for twenty 10-hour shifts during the month, with an equal number of day and night shifts (8:00 AM - 6:00 PM or 6:00 PM – 4:00 AM). Emergency Room assignments are scheduled to avoid conflicting with resident continuity clinics and to comply with Residency Review Committee work hour limits (80 hours/week maximum, on average; one day off in seven on average; at least 12 hours between ER assignments).

**Principal Teaching Methods**
Residents are responsible for documenting the history and physical exam, entering orders and assisting with patient management in the emergency department. They also arrange appropriate patient follow-up under supervision of the emergency department faculty.

The emergency department provides residents with protocols and videotapes that pertain to management of common diagnoses. They are required to watch four tapes and return the list to the ER coordinator. In addition, there are didactic sessions held during the rotations between the emergency medicine staff and the residents. During the first month of the academic year and throughout the academic year, there are Noon Conference lectures on emergency topics, i.e., ACLS guidelines, shock, anaphylaxis, seizures, snake bites, oncology emergencies, hyperkalemia and management of psychiatric emergencies, etc. If the resident misses any lectures, they are required to view the tape to ensure they get the required teaching. Constant supervision is provided by the emergency department physician(s) on duty. Every patient will be discussed with and/or seen by the emergency department faculty physician, including discussion of the presentation, appropriate diagnostic testing, differential diagnoses, consultations, and treatment plan.
Educational Content and Disease Mix

Instructional videos reviewing the most common disorders encountered during the rotation are provided.

A. Residents are required to review the following tapes:
   1. Exam of the neurologic patient
   2. Airway management
   3. Exam of the extremities
   4. Invasive procedures in EM

B. Residents are also encouraged to view the following tapes:
   1. Arrhythmia
   2. Asthma and chronic-obstructive pulmonary diseases
   3. Congestive heart failure
   4. Myocardial infarction
   5. Diabetes and diabetic acidosis
   6. Drug overdoses and poisonings
   7. Altered mental status
   8. Electrolyte imbalances and emergencies
   9. Hypertension
  10. Hypothermia
  11. Meningitis
  12. Pelvic Inflammatory diseases and sexually transmitted diseases
  13. Vaginal bleeding and problems of pregnancy
  14. Bites and stings
  15. ER Trauma evaluation
  16. Evaluation of the acute abdomen
  17. Evaluation of shock
  18. Evaluation of dental emergencies, peritonsilar abscess, dental and jaw injuries
  19. Evaluation of low back pain, dislocations, sprains and strains
  20. Evaluation of urinary tract infections, pyelonephritis
  21. The red eye
  22. Headache
  23. Dermatologic emergencies
  24. Infections and sepsis
  25. Suture techniques

Patient Characteristics
Residents participate in the care of the entire breadth of disorders for which patients present to emergency rooms. Patients’ ages encompass the adolescent to the elderly.
Procedures
A. All residents will be given an opportunity to develop competence in the interpretation of the following:
1. ECG
2. Chest x-rays
3. Gram stains of sputum (in the hospital lab)
4. Microscopic examination of urine (in the hospital lab)
5. Microscopic examination of vaginal discharge for monilia or Trichomonas (in the hospital lab)
6. Incentive spirometry
B. The resident will be offered the opportunity to participate and, where possible, develop competency in the procedures listed.
1. Abscess, Incision, and Drainage
2. Advanced Life Support
3. Arterial Blood Gas
4. Aspiration of Joint: Knee, Elbow
5. Cardioversion
6. Defibrillation
7. Dislocations: Shoulder, Finger, Elbow, Hip
8. Evaluation of Trauma Patient
9. Heimlich's Maneuver
10. Immobilization Techniques and Transportation: Spinal Trauma, Soft Tissue
11. Interpretation and Treatment of Arrhythmia’s: SVT, V-Fib, Bradycardia, Asystole, V-Tach
12. Intravenous puncture by one of the following routes: Peripheral, External Jugular, Subclavian, Internal Jugular
13. Intubation: Endotracheal, Nasotracheal, Nasogastric
14. Laceration, Repair of
15. Laryngoscopy, Indirect
16. Lumbar Puncture
17. Military Antishock Trousers-Gravity Suit, Application
18. Nasal Packs: Anterior, Posterior
19. Preservation of Severed Extremities (e.g. ear, extremities, nose, penis)
20. Slit Lamp
21. Splint Application: Arm/Short, Leg/Short
22. Surgical Debridement
23. Thoracentesis
24. Tonometry, Ocular
25. Treatment of Minor Bums
26. Urethral Catheter, use of
**Required Presentation**

As instructed by faculty

**Reading List**

A. See tape list.

B. *Handbook of Diagnosis Status and Treatment in the Emergency Department*. UT Chattanooga Department of Medicine, Division of Emergency Medicine.


D. Current literature as assigned by supervising faculty.

**Pathological Material**

Residents are encouraged to seek feedback about patients they have encountered. If autopsies are performed on patients that they have encountered, residents are encouraged to observe.

**Evaluation Method**

The primary method will be direct observation of performance. The attending physician will evaluate and discuss with the resident the resident’s performance at mid-month and at month’s end. A written evaluation is completed which includes the six ACGME competencies as listed below. A verbal evaluation will also be given by the attending during the rotation. At the completion of the rotation, the attending will perform a written evaluation. The attending physicians will base the evaluation on fulfillment of rotation requirements and observations. The resident will evaluate the rotation and attending, which will be kept confidential and shared with the attending faculty maintaining confidentiality.

The six competencies evaluated are as follows:

A. **Patient Care**: Ability to perform a complete H&P, recognize and provide immediate care, formulate differential diagnosis, order appropriate care and formulate a further management plan.

B. **Medical Knowledge**: Completion of skills sheet documentation of review of at least four videos

C. **Practice-Based Learning and Improvement**: Literature search on at least two topics per week pertaining to topics assigned by ER physician.

D. **Interpersonal and Communication Skills**

E. **Professionalism**: Punctuality, availability, respectful treatment of emergency staff and patients

F. **Systems-Based Learning**: Knowledge of practice and delivery system, practice cost-effective care.

**Accreditation Council on Graduate Medical Education**

“Every competency can be taught with every patient.” B. Joyce, 2006

http://www.acgme.org/Outcome

**PATIENT CARE**

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. Residents are expected to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- counsel and educate patients and their families
- use information technology to support patient care decisions and patient education
- perform competently all medical and invasive procedures considered essential for the area of practice
- provide health care services aimed at preventing health problems or maintaining health
- work with health care professionals, including those from other disciplines, to provide patient-focused care

**MEDICAL KNOWLEDGE**
Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:
- demonstrate an investigatory and analytic thinking approach to clinical situations
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline

**PRACTICE-BASED LEARNING AND IMPROVEMENT**
Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:
- analyze practice experience and perform practice-based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- use information technology to manage information, access on-line medical information; and support their own education
- facilitate the learning of students and other health care professionals

**INTERPERSONAL AND COMMUNICATION SKILLS**
Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:
- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health care team or other professional group
PROFESSIONALISM
Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and 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 business practices
- demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities
- Completed 360° evaluations with Emergency Room staff representative

SYSTEMS-BASED PRACTICE
Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance
**Emergency Room Rotation**

Intern/Resident _______________________________ PGY 1, 2 or 3

Supervising Faculty ___________________________ Month ___________

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<tr>
<th>Rotation Check List</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Reviewed the goals and objectives at the beginning of the rotation</td>
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<td>Evaluation and feedback mid month</td>
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<tr>
<td>Evaluation and feedback at the end of rotation</td>
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<tr>
<td>Attended all scheduled clinical sessions</td>
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<td>Completed assigned readings.</td>
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<tr>
<td>Completed required case reports/abstracts/posters</td>
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<tr>
<td>Evaluation by Staff has been completed</td>
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<td>Performed at or above the expected PGY level. Please check one.</td>
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*PGY 1 Residents are responsible*
- for gathering relevant patient data
- performing and interpreting physical examination findings
- perform basic procedures and interpret data
- interpret laboratory tests
- interpret basic radiographic studies

*PGY-2 will have improved competence and demonstrate*
- improved data gathering and physical examination skills
- improved knowledge
- improved decision making
- enhanced ability to counseling

*PGY-3 will approach mastery and demonstrate the ability to function as consultant*

Reviewed and met the core competencies as outlined. Please give at least one additional example.

**A. Patient Care**
- Residents will obtain and document appropriate history taking, physical exam and laboratory interpretation skills for patients presenting to the Emergency Room
- Participated and observed appropriate procedures and demonstrated professionalism in obtaining informed consent

**B. Medical Knowledge**
- Applies clinical epidemiologic and social-behavioral science knowledge to the care of the patient
- Demonstrated appropriate skills in efficiently evaluating and managing the following emergent conditions:
  - Chest pain
  - Dyspnea
  - Abdominal pain
  - The unconscious patient
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<th>C. Practice Based Learning</th>
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<tr>
<td>• Residents will develop and implement treatment plans by utilizing appropriate information systems and resources to help manage patients presenting for emergency care</td>
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<td>• Undertakes self-evaluation with insight and initiative</td>
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<th>D. Interpersonal and Communication Skills</th>
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<tr>
<td>• Residents will communicate diagnosis, treatment plan and follow up care to patients and their families</td>
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<td>• Residents will participate in the multidisciplinary care with nurses, staff and EMS personnel</td>
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<tr>
<th>E. Professionalism</th>
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<tr>
<td>• Residents will recognize the importance of patient preferences when selecting diagnostic and therapeutic options.</td>
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<tr>
<td>• Commitment to ethical principles pertaining to the provision or withholding of care, patient confidentiality, informed consent, and business practices</td>
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<tr>
<td>• Completed 360° evaluation with Emergency Room staff representative</td>
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<th>F. Systems-Based Practice</th>
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<tr>
<td>• Residents will be able to develop, implement and evaluate treatment plans for patients that include determining when to obtain consultations</td>
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<tr>
<td>• Advocates for quality patient care and assists patients in dealing with health system complexity</td>
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<td>• Uses systematic approaches to reduce errors</td>
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Resident Signature__________________________ Date__________  
Supervising Faculty _________________________ Date _________

Resident______________________________________________________________________________________

Department: ________________________________

Date Completed: ___/___/___

Name (Evaluator): ________________________________

Assigned Job: ________________________________

GENERAL INFORMATION

360° FEEDBACK
360° Feedback is a process by which feedback on competencies of the resident is obtained from colleagues and staff.

Strict Confidentiality is vital for this process.]

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<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
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<tr>
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PERFORMANCE AND COMPETENCIES

I. Punctuality, Dependability & Time Management:
Adheres to work schedules. Completes workups in a timely manner. Completes responsibilities.
Comments & Examples:
II. **Job Knowledge:**
Demonstrates the appropriate medical knowledge and skills required to perform the job.
Effectively performs duties and responsibilities. Stays current with new guidelines.
**Comments & Examples:**

II. (a) **Planning & Organization:**
Plans objectives or goals. Organizes work and follows through to achieve results for oneself.
**Comments & Examples:**

III. **Fulfills Responsibilities of Position:**
Willingly and reliably completes responsibilities during the rotation. Accepts additional responsibility as needed. Takes initiative to expand basic responsibilities.
**Comments & Examples:**

IV. **Interpersonal Relations, Collaboration, & Communication:**
Communicates, cooperates, and assists others during the rotation. Communicates information in an honest, timely and clear manner. Open to others’ points of view. Respectful and pleasant demeanor when interacting with others. Has a positive attitude.
**Comments & Examples:**

V. **Decision Making and Problem Solving:**
Makes decisions that are consistent with department goals. Uses understandable processes to make decisions. Asks for help when appropriate.
**Comments & Examples:**

V. (a) **Administrative Responsibilities:**
Keeps up with charting and paperwork appropriately
**Comments & Examples:**

VI. **Safety and Health Responsibilities:**
Addresses and practices departmental and University safe work practices.