ACUTE CARE CURRICULUM
TEMPLE UNIVERSITY INTERNAL MEDICINE RESIDENCY PROGRAM

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I. Educational Purpose and Goals The purpose of the Acute Care rotation is to expose the internal medicine resident to patients with urgent medical problems commonly seen in the Emergency Department Yellow Zone setting with the supervision of the full-time emergency medicine faculty. Residents will learn how to diagnose, manage, and/or triage patients with unselected medical problems; how to work within a health care team; and how to perform a variety of invasive medical procedures needed in the early management of acute illness.

II. Principal Teaching Methods

A. Patient encounters take place in the emergency department located at Temple University Hospital.

B. Teaching is provided on a patient-by-patient basis involving direct one-to-one interaction with the supervising Yellow Zone attending physician. Instruction is accomplished through role modeling, discussion, observation, providing direct patient care, and independent reading and consultation with supporting departments (e.g., Radiology, Vascular Surgery, ICU Medicine, Trauma, Neurology).

C. Lectures

1. Residents are required to attend the Ambulatory conferences each Wednesday morning. These conferences cover a variety of topics in medicine and vary month to month.

D. Independent reading is expected. The resident is expected to read on topics seen during their time in the Emergency Room.

III. Educational Content

A. The Emergency Departments hosting the rotation provide most of the emergency care to the North Philadelphia area.

B. The demographic characteristics of the patients using the emergency departments include all races, ages, sexes, and socioeconomic strata found in North Philadelphia. There is an over-representation of working poor and uninsured seen in the emergency department.

C. The Yellow Zone of the ED is for less urgent medical cases. Trauma and severely ill patients are not seen in this zone.

D. <u>Types of Clinical Encounters</u>

1. The resident will experience first contact with unselected patients in the emergency department, providing urgent care services.
2. While on the Emergency Medicine rotation, residents will work 10:00-5:00 shifts Monday, Tuesday, Thursday and Friday. 9:00-10:00 is reserved for attendance at morning report.
3. Wednesday mornings will be spent in the Ambulatory didactic sessions and Grand Rounds.
4. Continuity clinic will be scheduled for Wednesday afternoon.

IV. Principal Ancillary Educational Materials

A. Procedures and Services

1. The procedures that are either reinforced or learned during the Acute Care rotation include: venous phlebotomy, bladder catheterization, arterial blood sampling, central line placement, nasogastric tube placement, lumbar puncture, arterial line placement, and endotracheal intubation.
2. The interpretative skills that are either reinforced or learned during the rotation include ECG, chest radiographs, urinalysis, head CT scans, arterial blood gases, and other laboratory assays.

B. Educational Materials

1. At the beginning of each rotation, the resident is provided with the Acute Care Rotation Learning Goals and Objectives.
2. Reprints of articles on suturing and the oral case presentation are available upon request.

V. Methods of Evaluation

A. Resident Performance: All the attending physicians with whom residents come in contact are involved in resident evaluations. The final evaluation is a composite of many individual evaluations and include: clinical performance, attitude, fund of knowledge, interpersonal relationships, and communication abilities. Ultimately, all of the General Competencies are assessed. This evaluation is shared with the resident and is incorporated in the performance reviews for directed feedback.

B. Faculty/Service Performance: An end of rotation evaluation of the attendings and service is completed by the resident. This evaluation is reviewed and is available to the program director and Resident Evaluation committee for their review.

VI. Institutional Resources: Strengths and Limitations

A. Strengths.

1. Faculty:

a. Faculty members are all board certified in Emergency Medicine. Many have published in peer reviewed journals.

Several have authored textbooks or chapters in textbooks used nationally.

c. The teaching evaluations of the attending physicians by the residents are generally quite favorable.

2. Facilities and Technology:

a. Facilities are modern, the support staff is more than adequate 24/7. Consultation services from radiology, and all the medical subspecialties are available readily. Patient mix represents a good cross section of the general population with its acute care problems.

b. Web based searchable medical databases are available through those libraries, and standard medical journals are available in both print and electronic formats. In addition, all residents have 24-hour accessibility to the extensive online Temple University electronic library, including data bases and electronic printouts.

c. Computer based resources are available at the hospitals to facilitate patient care, education, and communication.

d. In the residency office and hospital libraries, a number of videotapes and CDs are available, including:

i. MKSAP booklets and audiotapes.

ii. Assorted procedures and videotapes.

B. Limitations. Lack of advanced technology such as hyperbaric chambers, ECMO, resources and organ transplant service, some extreme emergencies require transfer to other centers.

VII. Rotation Specific Competency:

A. Patient Care.

1. General physical examination with problem specific special testing is within the capability of residents at all levels. PGY-2 residents should seek aid from advanced residents in carrying out and interpreting specific testing (e.g., evaluating for paradoxical cardiac split sounds).

2. Primary and secondary survey is a part of the initial emergency evaluation of all trauma patients and completed by residents at all levels.

3. Procedures needed to treat Emergency Department patients will be known and performed by residents appropriate to the level of experience. These include the following procedures required by the ACGME RRC for Internal Medicine:

a. Venous phlebotomy

b. CPR
c. Arterial blood sampling
d. Central line access
e. Lumbar puncture
f. Nasogastric tube placement
g. Thoracentesis
h. Bladder catheterization
i. Abdominal paracentesis

B. Medical Knowledge. Residents at all levels will be familiar with interpreting laboratory and radiologic data, making logical assessments and epidemiological considerations. This will permit:

1. Accurate determinations of which patients need referral to outpatient care centers.

2. Discharge to home care with appropriate follow-up care arranged for those patients not requiring admission.

C. Interpersonal and Communication Skills. Residents at all levels will be able to provide legible records of their findings and make concise but complete oral presentations. This will include:

1. History and physical examination findings.

2. Management of acute problems and follow up needed.

3. Written brief but pertinent notes documenting findings.

D. Professionalism. All residents will demonstrate integrity, accountability, respect, compassion, patient advocacy, and dedication to patient care that supercedes self-interest. Residents will demonstrate a commitment to excellence and continuous professional development. They will be punctual and prepared for teaching sessions. Residents will demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, and informed consent. Residents are expected to show sensitivity and responsiveness to patients' culture, age, gender and disabilities.

E. Practice Based Learning and Improvement.

1. Residents will fully support and use quality improvement protocols and tools developed and adopted by the emergency department.
2. Residents will use hospital and University library resources to critically appraise medical literature and apply evidence to patient care. They will use desktop PCs and Internet electronic references to support patient care and self-education. They will model these

behaviors to assist medical students in their own acquisition of knowledge through technology.

3. They will, in addition consistently seek out and analyze data on practice experience, identify areas for improvement in knowledge or patient care performance, and make appropriate adjustments. They will regularly demonstrate knowledge of the impact of study design on validity or applicability to individual practice.

F. Systems Based Practice.

1. Residents will be sensitive to health care costs while striving to provide quality care. They will begin to effectively coordinate care with other health care professionals as required for patient needs.

2. PGY-2 residents, in addition to the above, will consistently understand and adopt available clinical practice guidelines and recognize the limitations of these guidelines. They will work with patient care managers, discharge coordinators and social workers to coordinate and improve patient care and outcomes.