

Emergency Medicine Curriculum Temple University Internal Medicine Residency Program

I. Educational Goals

The emergency medicine rotation is a supervised clinical experience in caring for unselected patients who present to the emergency department. For the rotating internal medicine residents, particular attention is focused on

- i. developing efficient, thorough history taking and physical examination skills on critical and non-critical emergency department patients
- ii. determining the appropriate disposition for each patient under their care.
- iii. developing proficiency in procedural skills appropriate for their level of training.
- iv. recognizing critically ill patients and assisting in the management of these patients under the supervision of an attending physician.

II. Roles and Responsibilities

a. The resident will:

- i. Be the primary caregiver of critical and non-critical patients within the emergency department.
- ii. Perform the initial history and physical examination of critical and non-critical patients.
- iii. Present each case to either the EM-3 resident or the attending physician. The attending physician will review each case and determine the final treatment plan and disposition of the patient.
- iv. Provide needed therapy as directed by the EM-3 resident or attending physician.
- v. Order the appropriate ancillary studies as directed by the EM-3 resident or attending physician.
- vi. Recognize presentations of critical illness and help initiate stabilizing measures while notifying the EM-3 resident or attending physician.
- vii. Prioritize the management of multiple patients.
- viii. Discuss the need for consultants with the EM-3 or attending physician prior to requesting a consultation.
- ix. Determine a patient's need for admission in conjunction with the EM-3 and attending physician. All admissions will be confirmed with the attending physician prior to admitting the patient.
- x. Develop patient discharge and follow-up plans in conjunction with the EM-3 and attending physician. All discharge plans will be confirmed with the attending physician prior to discharging the patient.

III. Schedule

- a. The length of the rotation will be determined by the IM program director.
- b. The resident will work a combination of day, evening, and/or night shifts.
 - i. PGY-1 residents will work in the emergency department in shifts that are 12 hours in length.
 - ii. PGY-3 residents will work in the emergency department in shifts that are 8 or 10 hours in length.
- c. The resident will have at least 12 hours off between shifts.
- d. The resident will have at least one full day off per week.

IV. Principal Teaching Methods

- a. Supervised direct patient care
 - i. The resident will function as a member of the ED team. The ED team consists of two attending physicians, one to two EM-3 residents, one EM-2 resident, one to two EM-1 residents, off-service residents, and medical students.
 - ii. The resident will serve as the primary caregiver for their patients in the emergency department. After completing every patient evaluation, the resident will present the case to an EM-3 or an attending physician. At that time, a treatment plan will be discussed. Under the continued supervision of an attending physician, the resident will be expected to see the treatment plan through to completion. The results of any ancillary studies will be reviewed with an EM-3 resident or attending physician in conjunction with this process.
- b. Teaching rounds

Teaching rounds will occur every day after morning sign-out. The residents and two attendings on shift will proceed to the bedside of all active patients in the ED. A brief summary of each case will be presented by one of the residents and/or medical students to the entire group. Important historical features and physical findings of each case will be discussed. If time allows, ancillary studies of note will be reviewed.
- c. Conference

Emergency medicine resident conference will occur every Thursday morning for four hours. Core EM topics will be reviewed. All residents are encouraged to attend conference. Residents may be scheduled to work in the ED during conference. However, the resident may be excused to attend conference at the discretion of the attending physician in the ED.

V. Method of Evaluation

Standardized evaluation forms will be completed by the faculty for each resident at the completion of the rotation. These forms will evaluate each resident's performance based on their medical knowledge, patient care skills, interpersonal and communication skills, professionalism, practice based learning, and system-based practice. Specific comments made by the faculty will also be recorded. A summary evaluation will then be completed for each resident and submitted to the IM program director. Urgent concerns will be referred directly to the IM program director.

VI. Tiered Objectives Organized by Competency

a. Patient Care

i. PGY-1 resident will:

1. Administer patient care in a structured environment under the direct supervision of an EM-3 resident or attending physician.
2. Be expected to manage 2-3 cases at a time in consultation with the EM-3 resident or attending physician. The PGY-1 resident's caseload may be limited by the need for supervision.
3. Participate as a resuscitation team member.
4. Perform, under the direct supervision of an EM-3 resident or attending physician, essential emergency medicine procedures. Procedures performed may include but are not limited to peripheral venous catheter placement, arterial puncture, incision and drainage, laceration repair, arthrocentesis, lumbar puncture, and central venous catheter placement.
5. Develop discharge or admission plans in conjunction with an EM-3 resident or attending physician. All decisions relating to disposition must be confirmed with the attending physician.

ii. PGY-3 resident will:

1. Administer patient care in a structured environment under the direct supervision of an attending physician. In general, the PGY-3 resident is afforded expanded clinical responsibilities as compared to the PGY-1 resident.
2. Be expected to manage 3-4 cases at a time in consultation with the attending physician.
3. Participate as a resuscitation team member. The PGY-3 may direct resuscitations under the direct supervision of an attending physician.
4. Perform, under the direct supervision of an attending physician, essential emergency medicine procedures.

Procedures performed may include but are not limited to peripheral venous catheter placement, arterial puncture, incision and drainage, laceration repair, arthrocentesis, lumbar puncture, and central venous catheter placement.

5. Develop discharge or admission plans in conjunction with the attending physician.
- iii. All residents will demonstrate efficient, thorough history taking and physical examination skills on critical and non-critical emergency department patients presenting with any illness or injury.
- b. Medical Knowledge
Upon completion of the rotation, the resident is expected to
 - i. Demonstrate the ability to formulate a broad differential diagnosis based upon a patient's presenting symptoms and signs.
 - ii. Demonstrate the ability to consider the differential diagnosis in order from the most serious pathology to the least.
 - iii. Demonstrate the ability to order and interpret appropriate ancillary studies in a timely fashion.
- c. Practice Based Learning and Improvement
All residents will continuously seek to expand their medical knowledge, with particular focus on the disorders commonly encountered in patients who present for care to the emergency department.
- d. Interpersonal and Communication Skills
 - i. PGY-1 residents will:
 1. develop effective and respectful relationships with patients, students, peers, supervisors, and other medical and administrative workers.
 2. develop skills for dealing with difficult patients and stressful situations.
 - ii. PGY-2 residents will:
 1. model effective and respectful relationships with patients, students, peers, supervisors, and other medical and administrative workers.
 2. model skills for dealing with difficult patients and stressful situations.
- e. Professionalism
The resident will act in a professional manner at all times.
- f. System-based Practice
All residents will
 - i. Be able to identify when consultation of an appropriate specialist can augment patient care.
 - ii. Recall indications for hospital admission.
 - iii. Recall indications for admission to an intensive care unit.