

Emergency Medicine Rotation

Inova Fairfax Medical Campus
Internal Medicine Residency Program
PGY-2 Level Rotation

Course Director: Randall Myers, MD

1. Educational Purpose and Goals

- a. Expose internal medicine residents to critical and urgent medical problems seen in the Emergency Department setting to get a better understanding of initial steps involved in evaluation of presenting to the emergency department.
- b. Gain experience in patient triage including in decision to admit, observe or discharge patients to outpatient follow up.
- c. To learn how to efficiently diagnose and treat patients with undifferentiated chief complaint
- d. Prioritize diagnostic testing to meet emergency department needs and standards.

2. Principal Teaching/Learning Methods

- a. *Supervised patient care*: Residents will encounter adult patients in the Inova Fairfax Hospital Emergency Department except for trauma patients. The hospital is a tertiary care center that is able to provide specialized services in all fields.
- b. *Didactics/Small group sessions*
 - i. Resident should attend Medical Grand Rounds, Med/Path/Rad, Educational Grand Rounds if working that shift that day.
 - ii. Residents will attend regularly scheduled Emergency Department Grand Rounds and other conferences if scheduled to work that shift
- c. *Independent reading* – all residents are expected to read about patients they see in the hospital (suggested resources below).
- d. *Hopkins modules* – The Hopkins modules pertinent to Emergency Medicine rotation and not already covered elsewhere should be completed during this rotation and include:
 - i. *Bioterrorism*
 - ii. *Anxiety*
 - iii. *Health Disparities*
 - iv. *Back Pain*

3. Educational Content

- a. Patient/Disease mix – Patients presenting to the Inova Fairfax Hospital Emergency Department provide the broadest array of medical diseases requiring either critical or urgent management in addition to other common complaints. Emphasis will be on initial diagnosis and management. Residents will gain experience in interpretation of core studies such as ECGs, plain radiographs, and CT scans and may have

opportunities to use POCUS. Residents will participate in procedures when appropriate which may include blood draws, peripheral and central venous catheter placement, lumbar puncture, nasogastric intubation, and endotracheal intubation. Residents will also participate in cardiopulmonary resuscitation and implementation of ACLS protocols. There is a “non-acute” and fast track side in which residents can be exposed to procedures such as suture laceration and splinting for non-operative orthopedic injuries. All procedures will be observed and supervised by teaching faculty in the emergency department.

- b. Learning venues
 - i. Inova Fairfax Hospital Emergency Department
- c. Structure – The rotation is a two-week block during PGY-2 year. Residents will typically work 7 ten-hour shifts during the two-week rotation. At the beginning of each shift, the resident will be paired up with an attending faculty member. Residents will continue to attend their continuity clinic during this rotation and the shifts assigned to them will not interfere with their continuity clinic time. The residents will not be assigned to work a night shift on the night prior to the continuity clinic day. The educational coordinator will orient the resident to the rotation at the beginning of the block and will review the specific schedule at that time. Residents will never work more than 12 hours in a day, will always have 10 hours in between shifts, and will never work more than 60 hours in a week. They will have at least four days off per month.

4. Principal Educational Materials

- a. At the beginning of the rotation, the educational director will provide materials, including this curriculum, and a resource list. Additional reading materials will be available in the Emergency Department as well as access to Up To Date, Micromedex and other online resources

5. Methods of Evaluation

- a. Feedback will be provided to the resident throughout the rotation as appropriate. At the end of the rotation, a designated emergency medicine provider will complete web-based evaluation (MedHub) and review it with the resident. This evaluation will be a composite and also include information collected from other faculty members that have worked with the resident during the rotation.
- b. The residents will also evaluate faculty and the rotation in an anonymous fashion (summarized semi-annually in a composite form).
- c. In-training exam to modify the curriculum as needed.
- d. A patient care director from the emergency department will be chosen to evaluate the resident (360 degree or multi-source component) where applicable

6. Resource List

- a. Rosen's Emergency Medicine: Concepts and Clinical Practice, 2002
- b. American Heart Association, ACLS guidelines handbook
- c. New England Journal of Medicine website – procedure videos
- d. Hopkins modules

NEJM – Videos in Clinical Medicine: Basic Laceration Repair - N Engl J Med 2006; 355:e18. DOI: 10.1056/NEJMvcm064238

NEJM – Videos in Clinical Medicine: Basic Splinting Techniques - N Engl J Med 2008; 359:e32. DOI: 10.1056/NEJMvcm0801942

Annals of Emergency Medicine– Managing Nontraumatic Acute Back Pain (August 2015) - DOI: <http://dx.doi.org/10.1016/j.annemergmed.2014.11.011>

Annals of Emergency Medicine - Managing Atrial Fibrillation (May 2015)
 DOI: <http://dx.doi.org/10.1016/j.annemergmed.2014.12.010>

Annals of Emergency Medicine – Clinical Policy: Critical Issues in the Evaluation and Management of Adult Patients Presenting to the Emergency Department with Acute Headache (October 2008) - Ann Emerg Med. 2008 Oct;52(4):407-36. doi: 10.1016/j.annemergmed.2008.07.001.

Annals of Emergency Medicine – Clinical Policy: Critical Issues in the Evaluation and Management of Adult Patients Presenting to the Emergency Department With Suspected Pulmonary Embolism (January 2011) - DOI: <http://dx.doi.org/10.1016/j.annemergmed.2011.01.020>

Annals of Emergency Medicine – Clinical policy: critical issues in the evaluation and management of adult patients presenting to the emergency department with seizures (April 2014) - Ann Emerg Med. 2014 Apr;63(4):437-47.e15. doi: 10.1016/j.annemergmed.2014.01.018.

Learning Venues

1. Supervised patient care/Attending discussion of patients seen
2. Small group and Didactic sessions
3. Lecture to ED team
4. Independent reading
5. Pre and post test on the Hopkins modules

Methods of Evaluation

- A. Attending evaluation
- B. Patient care director evaluation
- C. Direct observation with feedback
- D. Lecture evaluation
- E. Hopkins modules

Below applies to all categorical PGY2 IM program residents. Emergency Medicine rotation will be a required component of PGY-2 year.

Competency: Patient Care	Learning Venues	Evaluation methods
Perform a primary survey (ABC’s) and secondary survey (ACLS) when	1	AC

indicated		
Perform an efficient history physical exam	1,2,4,5	ACE
Perform procedures as listed above when necessary	“	“
Competency: Medical Knowledge	Learning Venues	Evaluation Methods
Work with the attending ED physician to determine which patients need hospital admission	1-5	ACDE
Appropriately determine level of care after decision for admission	“	“
Initial management of patients in the ED	“	“
Competency: Interpersonal and Communication Skills	Learning Venues	Evaluation Methods
Interact in an effective way with physicians and nurses participating in the care of patients requiring emergency department care	1	ABC
Be able to succinctly explain rationale for admission to admitting physicians	1	AC
Competency: Professionalism	Learning Venues	Evaluation Methods
Treat team members, primary care givers, and patients with respect	1	ABC
Actively engage in the academic process	1-5	ACDE
Attend and participate in all scheduled conferences	2,3	ACD
Competency: Practice Based Learning	Learning Venues	Evaluation Methods
Identify limitations of medical knowledge in evaluation and management of patients in the emergency department and use the medical literature, colleagues, ancillary staff, and attending faculty to address these gaps	1-5	ACDE
Competency: Systems-Based Practice	Learning Venues	Evaluation Methods
Understand the necessity for efficient coordination of care in a emergency department	1-5	ACE
Arrange appropriate follow-up for patients discharged from the emergency department	1-5	“