

Curriculum on Emergency Medicine

Danbury Hospital Internal Medicine Primary Care Track Residency Program

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A. Educational Purpose and Goals

Danbury Hospital Internal Medicine Program initiated the Primary Care track in 2010 with the goal of training physicians to provide comprehensive inpatient and outpatient primary care. It accomplishes this goal through combining the strengths of the categorical training program with an intensified and diverse ambulatory care experience. Emergency Department rotation is an integral part of primary care training. Our goal for this rotation is to help equip residents with the experience, skill sets and knowledge base to be able to navigate and manage a vast array of patient-care needs that ranges from acute and critical care as seen in the emergency department to the management and care of patients in urgent care setting which is frequently encountered during primary care.

Residents reporting to the Emergency Department for a rotation are here to gain first-hand experience in patients presenting themselves to the Emergency Department. They will gain that experience primarily by being the first physician seeing patients presenting with a variety of complaints. They will have available to them twenty-four hours a day, as faculty, Emergency Department Physicians who will supervise them concerning their diagnostic work ups and their treatment plans, and will also instruct them in procedures they are unfamiliar with and to examine patients with them. Emergency Department Physicians instruct the residents on all of the logistics necessary to obtain laboratory and other diagnostic tests through the Emergency Department. We will instruct the Residents in the procedure for transferring patients between our Emergency Department and other hospitals as cases indicate. In summary, the goals are as follows:

- 1: To develop improved and more streamlined diagnostic approaches, clinical evaluations, and differential diagnoses of disease and correlate history and physical exam findings with disease patterns.
- 2: To develop the attitudes, knowledge, and skills for competent care of injured and/or infirmed individuals of all ages, socioeconomic statuses, and ethnic backgrounds; including disease prevention, recognition of disease presentation, and promotion of optimal health habits.
- 3: To learn basic procedural skills such as wound care, suturing, and splinting; as well as advanced skills such as central venous lines, acute airway management, and resuscitation.

B. Teaching Methods

Patient encounters take place in the emergency department at Danbury Hospital. The Residents will be expected to be the primary physician dealing with the problems commonly seen in the Emergency Department and will be charged with developing diagnostic and treatment plans which will be supervised by the Emergency Department Faculty.

Medical Residents are assigned to 10 hr shifts at different times of the day and different areas of the department no more than 40 hrs a week. They are free to attend their noon lectures and other requirements as determined by the Dept of Medicine. Teaching is provided on a patient-by-patient basis involving direct one-to-one interaction with the supervising attending physician. Instruction is accomplished through role modeling, discussion, observation, providing direct patient care, and independent reading and consultation with other specialties including; Radiology, Surgery, Pulmonary-Critical Care, Trauma, Neurology, Cardiology, GI, Heme-Onc and all of the other services provided at Danbury Hospital. See the following section for specifics.

As for Resident expectations, Residents are expected to be present on time for their scheduled shifts to take over care of those patients whose work-up and management is in progress; as well as start the evaluation and treatment of new individuals who present to the department during their shifts. Residents are expected to write-up complete and accurate history & physical exams, review old patient records when available, to confirm medication profiles with patients and families, and to assist primary care providers in the care of their patients. Also, Residents are expected to share the burden of patient load in a fair manner with their cohorts and inform the attending physician on duty of any difficulties that might be arising. Residents are expected to interact with physicians of different services in a collegial manner and make themselves available to assist in providing the best care for patients and their families. Residents will be expected to develop more detailed differential diagnoses and streamlined work-up and treatment plans as they advance from PGY1 to PGY3 in their respective residency programs.

C. Educational Content

1. Mix of Diseases, patient characteristics, procedures and services

Medical Residents rotation through the Emergency Department will be expected to see and treat a wide variety of patient complaints and will also be expected to become knowledgeable of, and proficient in, a significant number of procedures that are common in the Emergency Department.

The Residents will be exposed to a wide range of general medicine, surgical and sub-specialty problem. Residents will be expected to participate in the work up and diagnosis of patients with a wide range of medical problems including, congestive heart failure, myocardial infarction, chest pain, stroke, abdominal pain, respiratory and urinary tract infections, G.I. problems, etc. Residents will also be exposed to acute abdomen, the evaluation and treatment of patients who have sustained both multiple and minor trauma, the interpretation of x-rays for orthopedic injuries and surgical problems, the manufacture of

splints and in some cases casts for common orthopedic problems seen in the Emergency Department. Basic skills on wound repair and Incision and Drainage will be encouraged.

Residents will also be exposed to a wide range of ear, nose and throat complaints and a wide range of ophthalmologic problems, both medical and surgical, including the use of the slit lamp, the removal of foreign bodies from the eyes, the treatment of common adult eye infections. Medical Residents will also participate in the diagnosis and treatment of Obstetrics and Gynecological problems.

2. Reading lists, other educational resources

Subject material intended for coverage during rotations by educational levels include (R-corresponds to PGY level):

1. R-1, Trauma: Orthopedic injuries, hand injuries , wound management, c-spine injury.
2. R-1, Pain Management
3. R-1, Back Pain
4. R-1, Abdominal Pain Evaluation
5. R-2, Abuse Identification
6. R-2, Stroke Management
7. R-2, Infections.
8. R-2, Chest Pain Evaluation
9. R-3, Pandemic and Bioterrorism Identification and Response
10. R-3, Airway Management
11. R-3, GU Emergencies Abdominal Pain Evaluation
12. R-3, Toxicology

Literature is provided on most of these topics as well as audio tapes available discussing the topics. These are focus topics for discussion with the ED staff during patient care time. The following educational material is available in the Emergency Department:

- Atlas of Emergency Medicine. Kevin Koop, Lawrence Stack Alan Storrow, Magraw Hill, 1997
- Clinical Procedures in Emergency Medicine. Roberts/Hedges, W.B. Saunders, 2004
- The Airway – Emergency Management

Dailey, Young, Simon, Stewart
Mosby Yearbook, 1992

- Emergency Medicine, A Comprehensive Guide. American College of Emergency Physicians. Judith Tintinalli, M.D.
- Emergency Medicine, Concepts and Clinical Practice. Peter Rosen, M.D. Mosby, 1998

Access is available via the Hospital Intranet from all ED Work Stations to the Hospital's Electronic Library and Searches

B. Method of Evaluation of Faculty and Resident Competence

A multiple-choice test is given at the end of the rotation to test material competency.

The ED Attending most involved in each Resident's rotation as identified by the required resident record keeping during the rotation completes the resident's final evaluation utilizing the current Department of Medicine Residency evaluation criteria.

After each block rotation faculty provides a review of the resident's competency based performance on New Innovations. In turn the resident evaluates the faculty's performance as well as the rotational experience. These evaluations are reviewed during our biannual House staff evaluation committee meetings.

- Evaluation of residency performance and professionalism
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored

C. Rotation Specific Competency Objectives

Please refer to the Core Curriculum for the expected General Medicine Curriculum core competency objectives and graded responsibilities.

1. Patient Care.

- Residents from all levels are responsible for the evaluation of emergent care patients and are expected to make an independent assessment for presentation to the attending physician.
- Accurate determinations of which patients need hospital admission or follow to outpatient care centers or discharge home
- Appropriate initial management for those patients requiring stabilization in the Emergency Department prior to admission.
- Procedures needed to treat Emergency Department patients are similar to the core program's ABIM requirements as follows: venous phlebotomy, arthrocentesis, pelvic exams, central line access, ABG sampling, EKG analysis, CPR, NGT placement, etc

2. Medical Knowledge.

- Residents at all levels will be familiar with interpreting laboratory and radiologic data. These should be interpreted and discussed with the attending to make logical assessments concerning patient care.

3. Interpersonal and Communication Skills.

- Refer to the Core Curriculum

4. Professionalism.

- Refer to the Core Curriculum, in addition residents of all levels are expected to demonstrate integrity, respect, compassion and patient advocacy. Residents are expected to treat all patients with dignity and help coordinate their care plan with their respective
- Residents will fully support and use quality improvement protocols and tools developed and adopted by the emergency department.

5. Systems Based Practice.

- Residents will strive to practice cost effective and evidence based care in the emergency room. They will begin to effectively coordinate care with other health care professionals as required for patient needs.
- Residents will learn to work with the clinical pathways designated to provide quality care recognizing the limitations of these guidelines.
- Residents will work with patient care managers, discharge coordinators and social workers to coordinate and improve patient care and outcomes.

6. Practice Based Learning and Improvement

- Residents will utilize the educational material listed above as well as other library resources to enhance their medical knowledge of their patient encounters. This in turn will lead to improved practice principles
- Refer to the Core Curriculum for the standard recommendations