

# Adult Emergency Medicine Rotation

## I. General Information

- A. Rotation Length: 4 weeks (usually in 2 week segments)
- B. Faculty: IMMC Adult Emergency Room Staff Physicians
- C. Course Director: Ryan McCracken, MD.

Contact: Sam Heckethorn, Emergency Dept. Office  
Coordinator

by phone 515-241-6204; or, email  
[Sam.Heckethorn@unitypoint.org](mailto:Sam.Heckethorn@unitypoint.org)

## II. First Day Orientation

- A. The resident will contact Sam Heckethorn prior to the start of the rotation to confirm the schedule for the month. There is a requirement of 40 patient contact hours per week during the emergency medicine rotation. Typically four 10 hour days of work will be assigned each week. Shifts will take place at Iowa Methodist Medical Center, Iowa Lutheran Hospital, and/or Methodist West Hospital. . The resident will be assigned a variety of day shifts (6 AM to 4 PM or 7AM to 5 PM), and evening shifts (4PM to 2 AM or 9PM to 7AM). At least one weekend will be assigned for duty during the month Residents should complete a minimum of 140 hours during the course of the rotation in order to ensure an adequate experience in emergency medicine. In order to also provide flexibility for the resident, the resident will have the opportunity to request the days he or she will work. The resident will submit the proposed schedule to Sam Heckethorn at least two weeks before the rotation begins.
- B. Orientation will be provided on the first day of the rotation by Dr. McCracken or his designee.

## III. Objectives and Description of Rotation

- A. The primary purpose is to expose the internal medicine resident to the variety of medical and surgical problems commonly presenting to the adult emergency department.
- B. Principal Teaching Method: The resident will perform the initial evaluation on patients presenting to the emergency room. The only exception is major trauma patients where the resident may assist as a member of the trauma team. After completing a focused history and physical examination, the resident will discuss the case with the attending staff emergency department physician. Final diagnostic and treatment plans will be developed and then implemented by the resident. Appropriate documentation should then be completed by the resident.

- C. Certain procedures are commonly performed in the emergency room setting. It is expected that placement of at least three nasogastric tubes will be completed during this rotation. There may also be opportunities to perform other procedures including breast examination, rectal examination, pelvic examination, arterial puncture, paracentesis, thoracentesis, arthrocentesis of the knee joint, lumbar puncture, endotracheal intubation and central venous line placement. Certain basic surgical skills are also available, including suturing and incision and drainage of wound abscesses.

Any procedures performed during the emergency medicine rotation should be entered in the resident's procedure log on E-value with the electronic signature of the supervising emergency room physician obtained for documentation.

#### **IV. Educational Content**

- A. Patient mix: There will be a roughly 50/50 mix of male and female patients. There will be opportunities to see adolescent patients and older adult patients during the course of this rotation.
- B. Residents will be exposed to the multiple problems encountered in a busy emergency room.
- C. Specific patient care opportunities during the rotation:
1. Critically ill patients will be seen where rapid stabilization and diagnosis is essential.
  2. Trauma patients may be seen where the resident may function as a member of the trauma team coordinating care for these patients.
  3. Patients with complicated medical problems will be seen, where decisions regarding hospital admission versus outpatient management will need to be made.
  4. Interaction with physicians from other disciplines will be a regular part of this rotation. Medical and surgical specialists will provide regular consultations to patients seen by residents and provide an opportunity for them to interact and learn from these specialists in the care of patients seen.
  5. Internal medicine residents will interact with general surgery residents during this rotation. This will occur when the resident participates as a member of the trauma team, and when the resident evaluates patients presenting with problems such as acute abdominal pain, requiring surgery input during the evaluation process.

#### **V. Ancillary Education**

- A. A syllabus for use during the emergency medicine rotation is available on-line for each Resident and should be reviewed and studied during the one month rotation.
- B. A small library is available in the emergency department for use by the residents. This includes valuable resources such as emergency medicine textbooks.
- C. Residents are expected to attend the Emergency Medicine Management Series in July to

augment the curriculum.

- D. Residents are expected to attend all educational activities throughout their rotation as requested by the ED staff.
- E. Residents will complete assigned readings and participate in reading discussions as requested.

## **VI. Mechanics of Rotation**

- A. The work schedule will be developed prior to the start of the month. There will be evening and weekend duty hours assigned as discussed above. The majority of the month may be spent working with Dr. McCracken or one of his colleagues as supervising faculty.
- B. The resident will see patients presenting to the emergency room for evaluation and will be given specific assignments during the month involving adolescent patients, patients who have acute abdominal pain requiring possible surgical intervention, and trauma patients. The resident may function as a member of the trauma team evaluating the trauma patients. The number of patients the resident will see depends on the volume of patients presenting to the emergency room for unscheduled visits and the complexity of patients encountered.
- C. The resident will participate in all morning and noon teaching conferences of the residency program during this rotation.

## **VII. Evaluation**

At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and a formal evaluation will be completed and returned to the residency office. The evaluation form will be reviewed and signed by the resident and will be kept in the resident's confidential file for future reference.

The resident will be evaluated by faculty in each of the required six general competency areas as follows:

1. **Patient Care:**
  - a. Demonstrate ability to effectively evaluate and manage patients with emergency medical conditions.
  - b. Demonstrate competence with required procedures encountered during the rotation, including common ER procedures such as ET intubations, performing CPR, suturing lacerations, placing Foley catheters and passing NG tubes.
2. **Medical Knowledge:** Demonstrate ability to access and critically evaluate current medical information relevant to emergency problems and demonstrate understanding of assigned reading materials in the syllabus provided.
3. **Interpersonal and Communication Skills:**
  - a. Demonstrate effective communication abilities in dealings with patients and families.
  - b. Demonstrate effective communication in dealing with referring and consulting physicians during the rotation.
  - c. Demonstrate timely and complete medical records as assessed by supervising ER faculty.

4. **Practice-Based Learning:** Demonstrate ability to identify gaps in knowledge and skills in the care of patients with emergency medicine conditions and demonstrate real-time strategies to address these gaps.
5. **Professionalism:** Demonstrate respectful behavior towards patients and families, colleagues, nurses and other allied health personnel. Reliably complete all assignments and all scheduled shifts. Always protect patient confidentiality and provide informed consent.
6. **Systems-Based Practice:** Demonstrate an evidence-based, cost-conscious approach to patient care. Collaborate with nursing, social services and other allied health care providers to assure that timely, comprehensive emergency care is provided and adequate follow-up arranged.

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