

# 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: Lori Wright , Emergency Dept Office Coordinator  
by mobile phone 515-868-8974; or, email [WrightLJ@ihs.org](mailto:WrightLJ@ihs.org)

## II. First Day Orientation

- A. The resident will contact the course director 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. The resident will be assigned at least two weeks of day shifts (8 AM to 6 PM), one week of afternoon shifts (10 AM to 8 PM) and one week of evening shifts (4PM to 2 AM). At least one weekend will be assigned for duty during the month Any vacation time to be taken during this rotation must be approved in advance through the usual means. Vacation should be taken during one of the weeks that day shifts are scheduled in order to ensure a balanced experience. In addition, residents should complete a minimum of 140 hours during the course of the rotation, including vacation time, 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 Dr. McCracken 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 of a large community medical center.
- 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 will 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.

- D. Residents should complete the assigned readings available on the on-line syllabus, and engage in case-based learning using core textbooks.

#### **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 that functions as the receiving area for a large tertiary care facility serving as the designated trauma center for central Iowa.
- 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 will 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 may interact with pediatric residents and faculty during the evaluation of adolescent patients presenting to the emergency room.
  6. 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.

## VI. Medical Records and Procedure Documentation

The resident will be responsible for documenting patient visits using the electronic medical record. Any procedures performed should also be documented there. The resident should also make note of any procedures performed in their personal procedure log, have the supervising emergency room staff physician sign that the procedure was successfully performed, and record the procedure electronically through E-value.

## VII. 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 as supervising faculty. There will be opportunities to work with other emergency room faculty for some of the assigned time during this rotation.
- 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 presenting with acute abdominal pain requiring possible surgical intervention, and trauma patients. The resident will 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.
- D. The resident will receive direct and indirect supervision (with direct supervision immediately available from the attending faculty physician).
- E. The resident **will attend** his/her weekly Continuity of Care Clinic during this rotation.

## VIII. 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.

Reviewed and revised 3/27/12  
WJY