

**Department of Medicine****Internal Medicine Residency Program Rotation Curriculum****I. Rotation Sites and Supervision**

Rotation Name: Long Beach Memorial Emergency Medicine Rotation

Site	Faculty Supervisor	Administrator	Phone
LBMHC	Angie Nguyen, MD	Elayne Turner	562-933-3804 562-933-1411

**II. Rotation Introduction**

The purpose of the Emergency Medicine rotation is to help residents understand the evaluation and care of acute illness and injuries that require intervention within a limited time span. The general internist should be able to manage common emergency conditions, regardless of their practice setting. The **Core Values** of the rotation are: patient welfare, empathy, problem-based management, team work, communication and respect.

**III. Rotation Logistics**

- This rotation takes place in the Emergency Department of Long Beach Memorial Medical Center. On each rotation there is one or two third year internal medicine residents assigned to the emergency medicine service and scheduled for rotating shifts by the ER scheduler.
- Each resident receives an orientation packet in the mail from the emergency medicine department prior to the start date of the rotation. On the first shift, the resident is to report to the ER attending and is required to watch an orientation video.
- Attendance at each scheduled clinical session is **REQUIRED**. Requested schedule changes will be accommodated for emergencies after the block has begun. If a resident calls in sick for a shift, the ER scheduler will assign another shift to the resident based on the ER need. If calling in sick for a shift, the resident is to contact Elayne Turner at 562-933-1411, the ER attending on duty 562-933-1400 and the internal medicine chief resident by pager at 714-506-6666.
- The resident will be evaluated by every attending he or she worked with. Evaluations are online on New Innovation (<https://www.new-innov.com/Login/>). Competencies evaluated include: patient care, medical knowledge, practice-based learning improvement, interpersonal and communication skills, professionalism, system-based learning, teaching skills, organization, medical records and overall clinical competence.
- Days off and MICU call days are scheduled into the block. The resident is to report to the internal medicine chief resident in the GME office 30 minutes prior to the first MICU call of the rotation to receive an orientation.

**IV. Resident Responsibilities**

- The focus of patient care on this rotation is acute care, in the context of the patient's overall health state. To help you develop the efficiency that is required when managing acute problems, your target is to see 10 patients per shift, which may require that you manage 2 to 3 sick patients at one time.
- Participate as a member of the emergency medicine team and initiate friendly, positive relationships with health care team members.
- Integrate into the care of patients as directed by the supervising physician and look for ways to assist the staff to meet patient care needs, especially during busy times.

- Evaluate and manage patients, including the writing of orders and dictation of notes as appropriate. Discuss patient status and assessment with appropriate faculty.
- Complete EPIC online module for the Emergency Department before starting your first shift. This is a separate training module from the inpatient online module.
- Evaluate teachers and the rotation at the end of the rotation.
- Cover the MICU overnight duty once per week and be available for back-up call as scheduled.
- Attend continuity clinic during the block. This has been coordinated by the Medicine chief resident and Elayne Turner.

## V. Faculty Responsibilities

- Assure educational value of resident cases.
- Set expectations for patient care and documentation.
- Provide resident case-based teaching and supervision.
- Involve the residents in patient management decisions and allow autonomy when appropriate.
- Encourage case-based reflection and reference to and application of the medical literature.
- Treat residents with patience, respect and gratitude.
- Provide ongoing formative evaluation and feedback to the resident directly in a constructive manner and report informally to the Program Director as needed before the end of the rotation.
- Review documentation to assure that it is organized around problems and that decision-making is sound.
- Appropriate documentation in the medical record by faculty is important for patient care, teaching clinical judgment and written communication.
- Fill out and return written or online evaluation forms of resident and the rotation at the end of the rotation.

## VI. Faculty

Diego Abdelnur, M.D. (6 mos LOA)  
 Anthony Arguija, D.O. (starts 7/1/09)  
 Rishi Bhargava, M.D. (Peds ER)  
 William Burden, M.D.  
 Gregory Bush, M.D.  
 Gail N. Carruthers, M.D.  
 Kenneth Chuang, M.D.  
 James A. Collier, M.D.  
 Joanne B. Crowley, M.D.  
 GianCarlo DiMassa, M.D.  
 Ronald Forgey, D.O.  
 Ruben Gomez, M.D.  
 Atul Gupta, D.O. Gary  
 Hofmann, M.D. Timothy  
 Horeczko, M.D. Amy  
 Kaji, M.D.  
 Patrick Kane, M.D. (starts 7/20/09)  
 William J. Koenig, M.D.  
 Jennifer Lim, D.O. (Peds ER - starts 7/7/09)  
 Pej Manoochehri, D.O. (starts 7/1/09)  
 Bobby Massoudian, M.D.  
 Gary P. Moreau, M.D.  
 Tuan Nguyen, M.D.  
 Shahrzad Rafiee, M.D.

Tamer Salib, D.O.  
Raynard Sebastian, M.D.  
Amy F. Stone, M.D.  
Edward Vargas, M.D. (Peds ER)  
Catherine Vojtus, M.D.  
Andrew Wittenberg, M.D.  
Richard Taraska, M.D.  
Christel Zeumer, M.D.

## **VII. Competency-based Objectives for the Memorial Emergency Medicine Rotation for PGY3 Residents**

### **A. Patient Care**

#### **Overview:**

Residents are expected to learn and practice patient care in the ER that is compassionate, appropriate and effective. Residents are expected to become familiar with the management of the acute illnesses and injuries that patients most commonly present with to the ER and the common procedural skills involved in patient care in the ER.

#### **Objectives:**

Residents should demonstrate increasing competence in the following:

1. General approach to caring for patients in an emergency room setting.
2. Procedural skills including:
  - evaluation of the cornea
  - suturing of lacerations.
3. Ordering and understanding tests including:
  - computed tomography of head, chest, abdomen
  - echocardiography
  - noninvasive vascular studies
  - pulmonary angiography
  - toxicology studies
  - ultrasound of abdomen, pelvis
  - ventilation/perfusion scans of the lungs

### **B. Medical Knowledge**

#### **Overview:**

Residents should learn the established and developing knowledge necessary to care for the most common conditions seen in the emergency department. They should be aware of gender differences in health and common disease states. Residents are expected to utilize the Memorial Care best practices and order sets whenever appropriate for their patients.

#### **Objectives:**

By the end of their residency training period, residents should have a thorough understanding of the medical knowledge needed to care for patients with the common clinical presentations listed below. Up to Date is one of many resources residents can use to expand their knowledge of these topics

1. Abdominal pain
2. Acute loss of vision
3. Cardiac arrest
4. Chest pain
5. Coma, altered mental status
6. Dehydration

7. Diarrhea
8. Dyspnea
9. Emesis
10. Gastrointestinal bleeding
11. Headache
12. Hemoptysis
13. Hip fracture
14. Leg swelling
15. Musculoskeletal trauma
16. Palpitations
17. Severe hypertension
18. Shock
19. Syncope
20. Vaginal bleeding
21. Volume depletion
22. Wheezing

### **C. Communication:**

#### **Overview:**

The ability to quickly establish a relationship based on trust and respect is a key aspect of caring for patients in the emergency department. Residents are expected to communicate in a way that results in effective information exchange and provides collaboration with patients, their families and all members of the healthcare team. They should maintain sensitivity to ethnic diversity.

#### **Objective:**

Residents should demonstrate competence in the following:

1. Effective communication with patients and their families in appropriate terminology, avoiding medical jargon.
2. Effective use of an interpreter to facilitate patient care and patient education.
3. Effective communication with other physicians involved in the care of each patient with the goal of delivering the best and most appropriate care for each patient.
4. Assess and counsel patients to reduce health risks.
5. Assess and counsel for physical abuse and domestic violence.
6. Awareness of cultural and racial differences.
7. Awareness of the potential power differential between the physician and patient.
8. Ability to successfully communicate information to patients and their families upon discharge from the emergency department to improve understanding of the patients' medical conditions and to facilitate appropriate follow-up care.
9. Team based care.

### **D. Professionalism**

#### **Overview:**

Residents are expected to carry out professional responsibilities and adhere to ethical principles. The professional responsibilities that residents are expected to engage in include:

1. Practices necessary for lifelong learning that include becoming proficient at the evidence-based information cycle, the application of the basic sciences in the emergency medicine domain, and critical thinking skills during presentations
2. Understand and respect patient/family confidentiality and informed consent
3. Interact appropriately with other members of the health care team in a way that demonstrates respect and understanding.
4. Give constructive feedback in response to problems encountered in the workplace

5. Receive feedback openly and identify a personal improvement plan.
6. Adhere to the appropriate dress code for the emergency medicine service.
7. Ethical principles that residents should learn and practice include patient autonomy and social justice.
8. Apply training appropriately with thoughtful consideration of the risks/benefits of each procedure or treatment.

### **Objectives:**

Residents should demonstrate competency in the following:

1. Working with other healthcare team members in an acute care setting.
2. Understanding the basic ethical principles of patient care and applying these to common ethical dilemmas encountered when caring for patients.

## **E. Practice Based Learning and Improvement**

### **Overview:**

All physicians who want to deliver high quality and up to date medical care have a commitment to learn for a lifetime and apply new knowledge in the practice of medicine. This process begins during residency by assessing the effectiveness of the health care that residents deliver and learning to critically appraise evidence about diagnostic and treatment effectiveness.

### **Objectives:**

During the emergency medicine rotation, residents are expected to:

1. Reflect on their own knowledge, behaviors and mistakes in providing care for emergency medicine patients and set appropriate learning and care improvement goals.
2. Apply the [Evidence Based Practice Information Cycle](#) to issues relevant to emergency medicine.

The five steps of the EBP Information Cycle are:

**ASSESS** your patient.

**ASK** a clinical question.

**ACQUIRE** information from the appropriate database.

**APPRAISE** the literature for relevance and validity.

**APPLY** the information found to patient care.

This process should be informally evaluated by each attending in the course of a resident's patient presentations with feedback given by the attending.

## **F. System Based Improvement**

### **Overview:**

The quality and safety of health care depends on how well the systems of health care delivery function. All physicians should play an integral role in the improvement of the quality and safety of the delivery system, including the identification of new models of health care delivery.

### **Objectives:**

Residents should learn:

1. How health care is delivered in the emergency room.
2. To use the Memorial Care best practices and order sets whenever appropriate for their patients.
3. To collaborate with other members of the health care team to assist patients and their families in dealing effectively with their health problems and to improve systematic processes of care.
4. To identify areas for quality improvement and systematic solutions to gaps in care delivery.

## Competency-based Objectives for the PGY3 Emergency Medicine Rotation

<b>Patient Care</b>	PGY1	PGY2	PGY3
Complete medical data base (H&P) relevant to this discipline and good patient care overall	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Diagnostic decision making based upon the best evidence	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Involving patients in decisions about their care	Most of the time	All of the time	
Working with other health care professionals to ensure the best care	All of the time		
Teaching patients and families	Most of the time	All of the time	
Patient triage and evaluation of severity	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Response to emergencies	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Commitment to wellness, screening & prevention.	Most of the time	All of the time	
Identification & intervention in psycho-social issues, including domestic violence & depression	Most of the time	All of the time	

<b>Medical Knowledge</b>	PGY1	PGY2	PGY3
Medical illnesses	Reporter & Interpreter	Manager & Educator	Competent to practice independently
Complete differential diagnoses	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Epidemiology & biostatistics	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Research design		Competent in basic issues	Competent in basic issues
Ambulatory medicine	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
ICU Medicine	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Recognizing own limitations	All of the time		

<b>Practice-based Learning</b>	PGY1	PGY2	PGY3
Take advantage of patient care to read & learn	Consistently		
Use of medical information resources & search tools	Consistently		
Inspiring others to use Evidence-based resources and make EBM-based decisions	Basic understanding	Consistently	
Applying critical appraisal techniques consistently to patient resources I use for patient care	Basic understanding	Consistently	

<b>Interpersonal &amp; Communication Skills</b>	PGY1	PGY2	PGY3
Create personal relationships with each patient by appropriately engaging them at	Most of the time	All of the time	

each encounter			
Use of verbal & non-verbal facilitation	Most of the time	All of the time	
Consistently demonstrate appropriate empathy & <b>good listening skills</b>	All of the time		
Respectful communication with colleagues & other professionals	All of the time		
Involve patients & families in discussions about care. Patient education.	Most of the time	All of the time	
I go out of my way to ensure the best possible care.	All of the time		
Enlist patients & families in health care decisions, including their feedback	Most of the time		
My ability to accept & integrate feedback from faculty & peers	All of the time		
I always sit down at the bedside to speak with my patients.	All of the time		

<b>Professionalism</b>	PGY1	PGY3	PGY3
Altruism: patients needs above their own	Most of the time	Most of the time	Most of the time
Confidentiality (including HIPAA)	All of the time		
Ethical behavior	All of the time		
Commitment to excellence	All of the time		
Sensitivity to age, gender, gender-preference, ethnicity, culture & disability	Most of the time	All of the time	
Awareness of duty hours, fatigue in myself & others, & other outside stresses, including substance abuse & finances	All of the time		
Commitment to education & to learning	All of the time		Accelerated
Personal insight & self-reflection	Most of the time	All of the time	
Completion of assignments	All of the time		
Timely response to pages	All of the time		
Timely completion of medical records	All of the time		
Conference attendance	Meets requirements		
Hand-offs and sign-outs	Consistently well presented	Consistently of the highest quality	
Leadership skills	Developing	Consistent	Consistent

<b>Systems-based Practice</b>	PGY1	PGY2	PGY3
Cost-effectiveness	Generally aware	Integrates into all plans	
Use of outside resources	Generally aware	Integrates into all plans	
Use of case-management	Generally aware	Integrates into all plans	
Attention to quality, safety, and process improvement	Generally aware	Integrates into all plans	Makes these a top priority in all areas
<b>Systems-based Practice (continued)</b>	PGY1	PG2	PGY3
Identification of systems issues that affect patient care	Developing	Consistently	Consistently
Use of the incident reporting systems to identify systems issues	Developing	Consistently	Consistently
Understanding of the business of medicine, health care systems, & public policy	Developing	Generally aware	Sophisticated understanding

<b>Teaching Skills</b>	PGY1	PGY2	PGY3
Commitment to teaching	Generally aware; expresses importance	Strong commitment	
Use of the microskills of teaching	Developing	Skilled	Skilled
Understanding of the teachable moment	Developing	Skilled	Skilled
Patience with learners	Developing	Skilled	Skilled
Conference presentation	Developing	Basic	Skilled
Patient education & adherence	Basic	Clearly competent	

<b>Organization Skills</b>	PGY1	PGY2	PGY3
Patient care organization systems & practice	Uses systems	Fully integrated; multi-tasks easily	
Ability to prioritize personal issues in accord with personal values & priorities (Get my life in order)	Basic understanding	Consistent focus	
Ability to help others get organized		Advisor	Educator
Organizing for study, reading, & life-long learning	Conscious of necessity	Competent & committed	
Organizing teams to include & prioritize learning & teaching		Competent & committed	
Organizing to obtain & prepare for careers or fellowships	Aware	Competent	

### VIII. Core Primary Resource Readings

Basic Recommended Readings for this rotation come from **Current Medical Diagnosis and Treatment**, 2009. Access these readings at

<http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1>

In addition, you should be familiar with basic practice guidelines in this discipline. Access these at

<http://www.accessmedicine.com/guidelines.aspx?type=1>

Select the appropriate chapters for review. These chapters can be accessed through the Grunigen Medical Library website.

<http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1>

Chapters of specific relevance for this rotation are

Chapter 37 **Disorders Due to Physical Agents**

Chapter 38 **Poisoning**