Family Medicine Residency
Emergency Medicine Rotation

Program Goal
The overall educational goal for the emergency medicine component in the Family Medicine Residency will be that the residents gain competence in managing a variety of emergency care situations and that they gain competence in utilizing the consultant process peculiar to the Emergency Department. Educational objectives for this experience will include other educational experiences in emergency medicine including conferences, and didactic programs during the 3 year program. The residents on ER rotation are encouraged to attend the monthly ER Fellow Didactic Session provided by Dr. Loren Crown

Attending Physicians are the Emergency Medicine physicians at JMCGH ER with Don Correll as the medical director and Mike Revelle as the evaluating physician in charge of the resident rotation. Each resident will be evaluated on the 6 Core Competencies at the end of their rotation.

1st Year rotation: (ER) Resident will spend 2 weeks during which they will rotate in the ER when they are scheduled for ER on the Master schedule. This should include 6 days of 8 hour shifts (48 hours). They should be seeing the same panel of patients as the ED physician. Residents will still take call during this rotation. The resident will have 2 half days of clinic.

2nd Year Rotation: (ER/PROC) Resident will work 8 separate 10 hour shifts to gain a broad experience. They should be seeing the same panel of patients as the ED physician. (80 hours) Residents will still take 2nd year call during this rotation. The residents will work 2 to 3 half days of clinic and be scheduled for Procedure Clinics at UTFM.

2nd Year Emergency Med Night: Resident is required to take call 3 nights per week and 2 weekend shifts per month. (Total of 12 shifts) During the weeknight call the resident is expected to see patients between 6PM and 12AM. They should be seeing the same panel of patients as the ED physician. After 12AM residents are available to assist the ER as needed and assist the UTFM On-call team primarily to help with admissions. On the weekend shift the resident is expected to round with the On Call team until they are completed. They are then expected to be present in the ER from 1PM until 11PM and available after that time as during the weekdays. (80 hours) The resident will have 3-4 half days of clinic.

Minimum contact hours (208)

During the rotation, residents will become familiar with the following:

• obtaining adequate information through history and physical examination with assistance as needed from attending and fellow physicians.
• writing orders for emergency visits including labs for further diagnostic evaluation and treatments.
• evaluation of patients with unstable vital signs and incorporating ACLS/PALS protocol into resuscitation of patients as needed.
• quality care markers and published guidelines for specific disease states such as congestive heart failure exacerbation, acute coronary syndromes, and pneumonia.
• discussing overall situation, plan of care and prognosis of patients who are being evaluated in the emergency room
**Supervision**
Direct observation by attending and fellow faculty physicians in the emergency room

**Rotation Objectives**
By the end of the Cardiology rotation, PGY I & II residents are expected to expand and cultivate skills and knowledge learned during previous training and to achieve the following objectives based on the six general competencies. The resident should exhibit an increasing level of responsibility and independency as he or she progresses throughout the year.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Required Skill(s)</th>
<th>Teaching Method(s)</th>
<th>Formative Evaluation Method(s)</th>
<th>Frequency of Evaluation</th>
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<tbody>
<tr>
<td><strong>Patient Care</strong></td>
<td><strong>SPECIALTY SPECIFIC OBJECTIVES</strong></td>
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<td>Develop skills that allow for up to date, compassionate care of the adult and pediatric patient in the emergency room while integrating evidence based medicine, local standards of care, nationally defined quality care markers and specialty recommendations upon consultation.</td>
<td>Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning</td>
<td>Direct Feedback Global Evaluation Procedure certification In-training Exam</td>
<td>Daily Monthly Quarterly Annually</td>
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<td>Perform an adequate history and physical examination of the adult and pediatric emergency room patient.</td>
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<td>Develop a rational plan of care for patients including diagnostic testing, initiation and alteration of medications, and specialty consultation.</td>
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<td>Maintain adequate, compassionate communication between the patient and medical staff.</td>
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<td>Establish a reasonable and safe method of outpatient follow-up of patients upon discharge or admission to the hospital.</td>
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<td>Evaluate, diagnose, and manage patients with cardiovascular conditions including cardiac arrest, myocardial infarction, dysrhythmias, congestive heart failure, hypertension, cardiomyopathies, pericarditis and coronary artery disease.</td>
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<td>Evaluate, diagnose, and manage patients with</td>
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<td>Direct Feedback Global Evaluation Procedure certification In-training Exam</td>
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| **gastrointestinal disorders including hepatitis, cirrhosis, pancreatitis, colitis, diverticulitis, cholecystitis, peptic ulcer disease, and bowel obstruction and gastroenteritis.** | **Daily Rounds**  
**Clinical Teaching**  
**Self Directed Learning** | **Global Evaluation**  
**Procedure certification**  
**In-training Exam** | **Monthly**  
**Quarterly**  
**Annually** |
|---|---|---|---|
| **Manage and diagnose fluid and electrolyte disorders including hypo/hyperkalemia, hypo/hypernatremia, hypo/hypercalcemia, and acidosis/alkalosis.** | **Conferences/Didactics**  
**Daily Rounds**  
**Clinical Teaching**  
**Self Directed Learning** | **Direct Feedback**  
**Global Evaluation**  
**Procedure certification**  
**In-training Exam** | **Daily**  
**Monthly**  
**Quarterly**  
**Annually** |
| **Evaluate, diagnose, and manage patients with endocrine conditions including diabetes mellitus, thyroid disorders, adrenal diseases, and lipid disorders.** | **Conferences/Didactics**  
**Daily Rounds**  
**Clinical Teaching**  
**Self Directed Learning** | **Direct Feedback**  
**Global Evaluation**  
**Procedure certification**  
**In-training Exam** | **Daily**  
**Monthly**  
**Quarterly**  
**Annually** |
| **Evaluate, diagnose, and manage patients with renal conditions including urinary tract infections, nephrolithiasis, acute and chronic renal failure and obstruction.** | **Conferences/Didactics**  
**Daily Rounds**  
**Clinical Teaching**  
**Self Directed Learning** | **Direct Feedback**  
**Global Evaluation**  
**Procedure certification**  
**In-training Exam** | **Daily**  
**Monthly**  
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**Annually** |
| **Evaluate, diagnose, and manage patients with hematologic conditions including anemia, coagulopathies, mononucleosis, polycythemia, and major hemoglobinopathies.** | **Conferences/Didactics**  
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**Procedure certification**  
**In-training Exam** | **Daily**  
**Monthly**  
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| **Evaluate, diagnose, and manage patients with musculoskeletal conditions including back pain, rheumatoid arthritis, collagen vascular diseases, osteoarthritis, sprains and strains.** | **Conferences/Didactics**  
**Daily Rounds**  
**Clinical Teaching**  
**Self Directed Learning** | **Direct Feedback**  
**Global Evaluation**  
**Procedure certification**  
**In-training Exam** | **Daily**  
**Monthly**  
**Quarterly**  
**Annually** |
| **Evaluate, diagnose, and manage patients with infectious diseases (bacterial, viral, and fungal) that are commonly encountered in the adult population.** | **Conferences/Didactics**  
**Daily Rounds**  
**Clinical Teaching**  
**Self Directed Learning** | **Direct Feedback**  
**Global Evaluation**  
**Procedure certification**  
**In-training Exam** | **Daily**  
**Monthly**  
**Quarterly**  
**Annually** |
| **Evaluate, diagnose, and manage patients with neurological conditions including stroke/TIA’s, seizures, meningitis, coma, movement disorders, dementia, delirium, nerve entrapment syndromes and tumors.** | **Conferences/Didactics**  
**Daily Rounds**  
**Clinical Teaching**  
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**Global Evaluation**  
**Procedure certification**  
**In-training Exam** | **Daily**  
**Monthly**  
**Quarterly**  
**Annually** |
| **Evaluate, diagnose, and manage patients with pulmonary disorders including asthma, COPD, bronchitis, pneumonia,** | **Conferences/Didactics**  
**Daily Rounds** | **Direct Feedback**  
**Global Evaluation** | **Daily**  
**Monthly** |
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<th>Medical Knowledge</th>
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<td>thromboembolism, fibrosis, neoplasms, and respiratory failure.</td>
<td>Demonstrate certification in each of the following areas:</td>
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<tr>
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<td>• ACLS Certification</td>
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<td>• PALS Certification</td>
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<td>• ALSO certification</td>
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<td>• ATLS Certification(encouraged but not required)</td>
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| | Clinical Teaching Self Directed Learning |
| | Procedure certification In-training Exam |
| | Quarterly Annually |

| Develop skills in the following procedures commonly performed in the emergency room | Conferences/Didactics Daily Rounds Clinical Teaching Self Directed Learning |
| | Direct Feedback Global Evaluation Procedure certification In-training Exam |
| | Daily Monthly Quarterly Annually |

- Medical Resuscitation
- Trauma Resuscitation
- X-Ray Interpretation
- Casting and Splinting
- EKG Interpretation
- Fracture Management
- Foreign Body Removal
- Laceration Repair
- Lumbar Puncture(Adult and Pediatric)
- I&D Abscess
- Joint Aspiration and Injection
- Nasogastric Intubation
- Regional Anesthesia
- Procedural Sedation
- Uncomplicated Joint Reduction
- Wound Debridement
- Mental Health Evaluation (Crisis Team)
- Chest Tube Insertion
- Central Venous Access including with USG Guidance
- Incision of Thrombosed Hemorrhoid
- Diagnostic Thoracentesis/Paracentesis
- Endotracheal Intubation
- Eye Exam for Foreign Body
- Anterior Nasal Packing
Develop an in-depth knowledge of normal anatomy and physiology.

Develop and demonstrate the understanding of the following patient care emergencies including but not limited to:
- Foreign Body management
- Acute Chest Pain
- Acute Abdominal Pain
- Acute Respiratory Distress
- Shock
- Multiple Trauma
- Disaster Triage
- Acute Psychiatric Illness
- Poisoning of varying severity and Causes
- Major and Minor Burns
- Lacerations
- Seizure Disorder
- Acute Eye Diseases and Injury
- Acute conditions of the Ear, Nose and Throat
- Legal-ethical Aspects of Emergency Care (Informed consent, Competent Patient, Treatment of a Minor)
- Confidentiality
- Physician-Patient Relationship (blood alcohol testing, privileged communications and termination of patient care responsibility)
- Good Samaritan Status
- Medical Records and Forms for Emergency Care
- Psychiatric Commitment (Criteria and procedure)
- Child Abuse
- Criminal or Sexual Assault
- Death on Arrival or in the Emergency Department

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<th>Conferences/Didactics</th>
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<th>Daily</th>
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<td>Self Directed Learning</td>
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Direct Feedback | Global Evaluation | Daily Monthly Quarterly Annually

Procedure certification | In-training Exam | Daily Monthly Quarterly Annually
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<th>Practice Based Learning and Improvement</th>
<th>SPECIALTY SPECIFIC OBJECTIVES</th>
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<th>Conferences/Didactics</th>
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<td>Practice Based Learning and Improvement</td>
<td>Utilize evidence based resources in the care of emergency room patients.</td>
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<td>Practice Based Learning and Improvement</td>
<td>Maintain a list of journal articles that apply to the care of emergency room patients</td>
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<td>Interpersonal and Communication Skills</td>
<td>Effectively communicate with patients and family members in the presence of the emergency medicine attending physicians.</td>
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<td>Interpersonal and Communication Skills</td>
<td>Describe the best approaches to choosing appropriate vocabulary, describing realistic outcomes, and working with “difficult” patients and family.</td>
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<td>Interpersonal and Communication Skills</td>
<td>Behave in a professional manner towards patients, their</td>
<td>Conferences/Didactics</td>
<td>Direct Feedback</td>
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<td>Systems-Based Practice</td>
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<td>Develop an understanding of the role of various ancillary modalities of patient care that are available including physical and occupational therapy, speech therapy, wound care, nutritional education and home health.</td>
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<td>Utilize available resources in the community such as the health department, DHS, DCS, and help for Abuse victims.</td>
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<td>Compare different disaster plans for the community.</td>
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**Educational Resources**
- [www.uptodate.com](http://www.uptodate.com) (available free through [www.utdol.com](http://www.utdol.com) in Jackson General Hospital based computers)
- [www.epocrates.com](http://www.epocrates.com)
- [www.emedicine.com](http://www.emedicine.com)
- ACLS Handbook (copy supplied by UT)
- Emergency Medicine A Comprehensive Study Guide; Sixth edition, Judith Tintinelli; American College of Emergency Physicians (copy supplied for each resident by ER group)
- Procedures for Primary Care Physicians, John Pfenniger and Grant Fowler (copy available in ER/ resident lounge and UTFM preceptor area)