University of Michigan Health System
Internal Medicine Residency

Emergency Medicine Curriculum

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Rotation Goals and Educational Purpose

Emergency care venues provide unique experiences in the evaluation and management of undifferentiated complaints. The goal of this rotation is for residents to gain experience with initial history and physical examination of acute medical conditions, and to develop facility with initial assessment, diagnosis, stabilization, and management of common urgent conditions.

This rotation is mandatory for residents at the HO2 or 3 level.

Rotation Competency Objectives

In supplement to the University of Michigan Longitudinal Learning Objectives, the following provide an overview of the knowledge, skills, and behaviors promoted in this rotation.

I. Medical Knowledge and Patient Care - By completion of the rotation, residents will

a. History: Residents will efficiently collect historical triage information from written, electronic, and oral sources. Collected information will be accurate and prioritized. Residents will demonstrate ability to integrate accurate collected information into succinct historical narratives that inform and prioritize differential diagnoses and diagnostic plans.

b. Physical Examination

   i. Under supervision, perform primary and secondary survey evaluation of all assigned trauma patients;

   ii. Perform focused physical examinations for patients with urgent focused complaints;

   iii. Identify critical abnormal findings affecting medical decision making, and correctly detect subtle findings (e.g. cardiac rub, enlarged aorta, focal neurologic findings, peritoneal signs).

c. Procedures: Under supervision, demonstrate knowledge of procedural indications, contraindications, necessary equipment, process for handling specimens and

patient after-care. Residents will participate in informed consent, assist patients with decision making, and attend to patient comfort. Residents will demonstrate attention to minimizing risk and discomfort to patients.

d. Clinical Judgment
    i. Under supervision but with decreasing reliance on faculty direction, develop initial prioritized diagnostic and therapeutic plans for common complaints in the emergency setting;
    ii. Correctly identify acute conditions requiring urgent intervention;
    iii. Manage common urgent conditions with minimal supervision;
    iv. Recognize when patient presentations deviate from common patterns, requiring supervisory assistance for complex decision making; and
    v. Under supervision, make determinations regarding hospital admission v. outpatient care.

II. Interpersonal and Communication Skills - Throughout the rotation, residents will

a. Elicit patient-centered and physician-centered information necessary to inform an accurate urgent care medical and social history;
b. Provide succinct, focused oral presentations and transition sign-outs;
c. Generate succinct and relevant written/electronic documentation of provided care;
d. Respectfully communicate with primary and referring providers regarding care of their patients;
e. Under supervision, compassionately communicate serious diagnostic or prognostic information to patients and families; and
f. Successfully negotiate communication with patients and families under stressful conditions, navigating most "difficult" patient encounters, such as the irate patient.

III. Professionalism - Throughout the rotation, residents are expected to demonstrate the objectives fully described in the U of M Longitudinal Learning Objectives. In particular, residents are reminded that the following skills and attitudes are critical to the practice of emergency medicine: promptness and dependability, timeliness of dictations, respect for all patients, commitment to ethical principles pertaining to provision or withholding of clinical care, preservation of confidentiality of patient information, attention to the process of informed consent, and willingness to seek and accept assistance from colleagues and supervisors for duties that exceed personal ability or capacity.

IV. Practice-Based Learning and Improvement - Throughout the rotation, residents will

a. Voluntarily seek supervised learning opportunities for procedures not yet mastered;
b. Demonstrate continual identification of personal learning opportunities, recognizing that all patient care interactions present opportunities for case-based learning and improvement;
c. Use information technology resources to support patient care and self-education. Model evidence-based search behaviors to assist medical students and other learners in their own acquisition of knowledge through technology; and

d. Participate in education of patients and families through provision of accurate and appropriate information.

V. Systems-Based Practice - Throughout the rotation, residents will

a. Support and use quality improvement protocols and tools developed and adopted by the emergency department;
b. Cooperate with administrative staff, emergency medicine residents, faculty physicians, and allied health care providers to facilitate efficient care for urgent patient needs;
c. Facilitate safe and timely transfer of patients admitted to an inpatient service; and
d. Demonstrate awareness of healthcare disparities limiting quality of patient care across populations.
e. HO3 residents will additionally
    i. Work with patient care managers and emergency room discharge coordinators to facilitate plans for transitions to outpatient continuing care;
    ii. Model cost-effective care through attention to appropriate triage decision making and prioritization of interventions; and
    iii. Recognize and appropriately refer patient safety concerns including at risk elderly, disabled and intimate partner violence, guardianship services, DPOA, and involuntary mental health needs.

Teaching Methods

I. Supervised Patient Care - The emphasis of this rotation is on experiential learning through supervised management of patients with urgent and emergent conditions. Residents perform initial and continuing care under full supervision of a faculty emergency medicine physician. Faculty discussions review each patient in a timely manner. Patients present from a broad range of ages, geographic area, and socioeconomic backgrounds. Procedures may be performed as medically indicated. All procedures are fully supervised until established minimum experience is demonstrated.

II. Structured Didactics and Small Group Learning

a. ER Chief Resident teaching rounds are conducted in the main ER dictation area at the conclusion of the day shift.
b. Medicine residents are invited to attend the standard ER residency conferences. Contact the ER Chief resident for the schedule details.

III. Special projects – Residents are encouraged to notify the ER faculty and residents of procedures they would like to perform under supervision.

IV. Independent study (including reading lists and other educational resources)

a. The following resources are available online through Taubman Medical Library:
    i. Emergency Medicine: A Comprehensive Study Guide (latest edition)
    ii. Rosen's Emergency Medicine

Rotation Schedule

Protocol: Present to location B1. ER medicine residents are expected to be in the main ER dictation area with the ER residents and attendings (behind the trauma bay area). This is where ER residents will look to find you to staff their cases for the appropriate medicine service admissions. On arrival, notify the main ER clerks that you are the Medicine "STAR" and they will give you the Medicine "STAR" triage phone, #62942. They will then sign you in to their roster. ER attending and residents look at this roster to find you to page re: admissions.

Computers: On arrival, sign in to Centricity, the ER patient census chart, and make sure your name is active on the Resident roster. You cannot sign in to see a patient if your name is not listed on the roster. Prior to leaving the end of your shift, make sure your name has been switched to the next resident taking sign out for you, or else the ER nurses and staff won't know who is taking care of the patient, and you will get paged.

Service Structure: There are two teams of ER attendings, one called 'Blue' and one called 'Gold'. You are not assigned to either team. The ER has a box full of 'golden rods' or patient chief complaint sheets. Take one out of the top of the box, go to Centricity, see if the patient is listed under 'blue' or 'gold' and put your name next to the patient. The attending you staff the case with is the one listed under the 'blue/gold' heading.

Your weekly schedule will vary based on your specific assigned shift hours.

Evaluation Methods

Each month, attendings complete online competency-based evaluations of each resident. The evaluation is shared with the resident, is available for on-line review by the resident at his/her convenience, and is sent to the residency office for internal review. The evaluation is part of the resident file and is incorporated into semiannual performance reviews for directed resident feedback. Residents also complete a service evaluation of the rotation faculty monthly.