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**Description of Rotation.**

Residents will have four weeks in an emergency room setting to learn about urgent and emergent care. They will triage many different populations of patients, from young adults to the elderly and from gynecologic cases to surgical cases. A wide variety of illnesses with different treatment plans will be seen. Residents must know when it is appropriate to recommend patients to follow-up outpatient care and when emergent evaluation and intervention must be done.

A precise history must be rapidly and accurately obtained from the patient, caregivers and any other relevant parties. An open and honest dialogue about medical concerns and possible treatments will be a part of every interaction between the residents and the patients. Residents must perform a complete physical exam in a timely fashion. The physical exam, along with the history, will determine which imaging, tests or procedures will be necessary to confirm the disease and its severity. Before transferring patients to the appropriate service in the hospital, patients may need to be stabilized, so residents must be proficient in basic life support and life-saving procedures. They must prioritize patient care steps and work to stay within timed guidelines.

In the Mercy Hospital Emergency Room, residents are expected to function autonomously and will see patients in the order determined by emergency room guidelines. They will make a list of differential diagnoses based on the history and exam they obtain. They will discuss their findings with staff physicians and decide on a treatment plan. Residents will order tests that they will ensure are carried out in a timely manner, and they will tailor the management plan according to the findings. Under the supervision of the attending physicians, residents will learn fundamental principles of emergency medicine.

Residents will have no call responsibilities outside of their shifts. They will not take vacation during this block.

**Schedule.**

Before the first shift, the residents will meet with the Emergency Medicine Chief resident to review goals and expectations. Residents will be notified of the time and place of meeting.

The schedule will be created by the Emergency Medicine Chief Resident. Residents will spend 180 hours in the emergency room during the 4 week rotation. They will do 18 shifts that are each 10 hours long, and they should have at least 10 hours between shifts. Shifts occur at the following times: 7 am – 5 pm, 4 pm – 2 am, and 9 pm – 7 am.

**Competency-Based Rotation Goals and Objectives.**

*Residents will work on achieving the following objectives and be assessed by the indicated method: A, B, C, and/or D. Please refer to the legend directly below. The methods are re-stated in the section “*[*Assessment Methods (Residents)*](#_1fob9te)*”*

***Assessment Methods Legend.***

A. Attending physician observation in the emergency room.

B. Informal and/or formal questioning, verbal quizzes by the attending physician.

C. Review of residents’ H&P notes.

D. Residents will give lectures on relevant subjects and on relevant journal articles.

**Patient Care.**

***Goal.*** “Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.”3

***Specialty-Specific Competencies and Objectives.***

* Residents will know how to evaluate the following common complaints seen in the emergency room: (A, B, C, D)
	+ Abdominal pain, acute loss of vision, altered mental status, cardiac arrest, cardiac dysrhythmias, chest pain, coma, dehydration, diarrhea, dyspnea, gastrointestinal bleeding, headache, hemoptysis, hip fracture, leg swelling, musculoskeletal trauma, palpitations, severe hypertension, shock, syncope, vaginal bleeding, volume depletion, vomiting, wheezing.2
* Residents will formulate a differential diagnosis based on their findings and study of the medical literature. (B, C)
* Residents will construct plans for the initial diagnostic evaluation and management. (B, C)
* Residents will decide to either send the patient home with necessary follow-up care or admit the patient to the most appropriate service. Residents will provide the treating physician with a complete written assessment and, if admitting the patient, will verbally communicate with the accepting team prior to transferring the patient. (A, B, C)
* Residents will identify and prioritize medical and surgical issues in patients. They will consult medical and/or surgical services to initiate and determine care for their patients. (A, C)
* Residents will perform basic life support and stabilize patients before transferring them. (A, B)
* Residents will know how to do the following procedures: (A, B, D)
	+ Advanced cardiac life support (including CPR, emergency airway procedures, defibrillation, intubation), arthrocentesis, fluorescent staining of cornea, mask ventilation to maintain airway, needle decompression of tension pneumothorax, placement of nasogastric tube, insertion of temporary pacemaker (optional), pericardiocentesis (optional), suturing of laceration (optional).1, 2

**Medical Knowledge.**

***Goal.*** “Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.”3

***Specialty-Specific Competencies and Objectives.***

* Residents will know how to diagnose and initiate management for the following diseases seen in the emergency room: (A, B, C, D)
* Dermatologic (cutaneous ulcers, rash), domestic violence, hyperthermia, hypothermia, ophthalmologic (acute loss of vision, red eye), otolaryngology (epistaxis, vertigo), overdose, poisoning, sexual abuse.
* Cardiovascular (acute or chronic congestive heart failure, arrhythmias, cardiopulmonary arrest, chest pain, hypertension, hypertensive emergencies, myocardial infarction, shock, stable and unstable angina, syncope, unstable thoracic or abdominal aortic aneurysms).
* Endocrine (acute complications of hyperthyroidism, acute complications of hypothyroidism, addisonian crisis, diabetes mellitus, diabetic ketoacidosis, hyperglycemia, hypoglycemia).
* Gastroenterology (acute abdomen, acute diarrhea, acute liver failure, acute pancreatitis, ascites, bleeding, bowel obstruction, cholecystitis, gallstones, nausea and vomiting).
* Hematologic (acute complications of sickle cell disease, anemia, easy bruising, ecchymosis, leukocytosis, leucopenia, polycythemia, purpura, thrombocytopenia, thrombocytosis).
* Infectious (active tuberculosis, bronchitis, encephalitis, epididymitis, herpes simplex infection, herpes zoster infection, HIV infection [including infectious complications], meningitis, otitis externa, otitis media, pharyngitis, pneumonia, prostatitis, pyelonephritis, sepsis, sexually transmitted infections, sinusitis, upper respiratory infection, urethritis, urinary tract infection, viral hepatitis).
* Neurologic (coma, head trauma, headache, seizure, stroke, subarachnoid hemorrhage, transient ischemic attack).
* Pulmonary (acute respiratory failure, asthma, chronic obstructive pulmonary disease, deep venous thrombosis, phlebitis, pneumothorax, pulmonary embolism, severe airway obstruction).
* Renal (acute renal failure, acid-base disorders, chronic renal insufficiency, electrolyte disorders, kidney stones, renal colic).
	+ Rheumatologic (acute arthritis [including gout], back pain).1, 2
* Residents will order the following tests judiciously, and they will be able to interpret the findings: (A, B, C)
	+ Aortography, computed tomography and other radiology imaging (abdomen, chest, head), echocardiography, noninvasive vascular studies, pulmonary angiography, toxicology studies, ultrasound (abdomen, pelvis), ventilation/perfusion scans of the lungs.1, 2

**Practice-Based Learning and Improvement.**

***Goal.*** “Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning.”3

***Specialty-Specific Competencies and Objectives.***

* Residents will work to match or exceed the national averages for evaluating patients and administering medications within recommended times for specific protocols in the Emergency Room . (A, C)
* Residents will search for recent articles to provide patients with treatment plans that are evidence-based and up-to-date. (A, B, C, D)

**Systems-Based Practice.**

***Goal.*** “Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.”3

***Specialty-Specific Competencies and Objectives.***

* Residents will be aware of the details and coordination involved in transporting critically ill or severely injured patients. (A, C)
* Residents will offer patients the needed referrals and will provide a feasible outpatient plan for follow-up care. (A, C)
* Residents will be aware of the costs of their practice of medicine and will work to limit unnecessary testing and procedures without diminishing the standard of care. (A, C)
* Residents will work on behalf of the patient to secure the best possible care and will help patients understand the protocols within the emergency room. (A)
* Residents will know the steps to follow in case of a natural disaster or a bioterrorist attack. (A, B, C)
* Residents will teach paramedics how to help in managing trauma patients and will use their abilities to aid in stabilizing patients. (A)

**Professionalism.**

***Goal.*** “Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.”3

***Specialty-Specific Competencies and Objectives.***

* Residents will be aware of the varied patient populations they are treating and the cultural, social and economic differences that may exist. When treating patients, residents will take into account the age and sex of the patient, as well as any handicaps the patient may have. (A, B, C)
* Residents will place the patients’ wishes over their own desires. (A, C)
* Residents will show kindness and sympathy for patients. (A)
* Residents will hold themselves accountable to the patients. (A, C)
* Residents will strive to provide the best care possible. (A, C)
* Residents will maintain patient confidentiality. (A, C)
* When obtaining informed consent from patients, residents will honestly provide patients with accurate information in a considerate manner. They will not further their own agenda when explaining the benefits and risks of treatment plans available, including the choice of no medical intervention. (A)

**Interpersonal and Communication Skills.**

***Goal.*** “Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.”3

***Specialty-Specific Competencies and Objectives.***

* Residents will be responsible for a patient and the patient’s orders until they have discussed the patient with the admitting team. Once the admitting team has agreed to accept the patient, it becomes the duty of the admitting team to take care of the patient. Residents should make this clear during the transition of care of the patient. (A, C)
* Residents will accurately dictate or write patient notes within a reasonable time frame. (A, C)

**Teaching Methods.**

* Attending physicians will review all cases with residents.
* Goals and objectives for this rotation will be given to the residents at the beginning of the block. Copies are also kept in the Emergency Medicine office for perusal at any time.
* Didactic education will continue with daily noon conference as expected of all residents

**Assessment Methods (Residents).**

Resident performance will be assessed using the methods below, and this assessment will be summarized on an evaluation completed by the attending physician at the end of the rotation:

A. Attending physician observation in the emergency room.

B. Informal and/or formal questioning, verbal quizzes by the attending physician.

C. Review of residents’ H&P notes.

D. Residents will give lectures on relevant subjects and on relevant journal articles.

**Assessment Method (Program Evaluation).**

* Residents will complete an evaluation of their experience at the end of the rotation. These evaluations will be reviewed periodically.

**Level of Supervision.**

* Staff physicians will be available to precept and provide guidance.
* Residents’ H&P notes will be reviewed.
* Procedures will be supervised by attending physicians.
* Residents should not hesitate to ask emergency medicine residents with more proficiency in urgent care settings for advice and help.

**Educational Resources.**

* Residents will have access to the internet to research subjects and questions they encounter in the Emergency Room.

The following resources are optional and are not required by the rotation. They are available for free through [UIC library access](http://library.uic.edu/lhs-chicago).

* Bayés De Luna, A. (2007). *Basic electrocardiography: Normal and abnormal ECG patterns.* Malden, MA: Blackwell Futura*.* **Please cut and paste the following address into the browser window:** <http://www3.interscience.wiley.com.proxy.cc.uic.edu/cgi-bin/booktext/117925461>
* Gertsch, M. (2009). *The ECG manual: An evidence-based approach.* London, United Kingdom: Springer-Verlag London. **Please cut and paste the following address into the browser window:** <http://www.springerlink.com.proxy.cc.uic.edu/content/w70307/>
* Marx, J. A., Hockberger, R., & Walls, R. (2009). *Rosen’s Emergency Medicine: Concepts and clinical practice, 7th edition.* Mosby. **Please cut and paste the following address into the browser window:** <http://www.mdconsult.com.proxy.cc.uic.edu/book/player/book.do?method=display&type=aboutPage&decorator=header&eid=4-u1.0-B978-0-323-05472-0..X0001-1--TOP&isbn=978-0-323-05472-0&uniq=207132309>
* Stone, C. K., & Humphries, R. L. (2008). *CURRENT diagnosis & treatment: Emergency Medicine, 6th edition*. New York, NY: McGraw Hill. **Please cut and paste the following address into the browser window:** <http://www.accessmedicine.com.proxy.cc.uic.edu/resourceTOC.aspx?resourceID=55>

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**References:**

1 Ende, J., Kelley, M. A., Ramsey, P. G., Sox, H. C., Abboud, F. M., Ruppert, R. D., ... Zuckerman, R. (1997). *Graduate education in Internal Medicine: A resource guide to curriculum development*. Philadelphia, PA: American College of Physicians.

2 Alguire, P., Broder, M., DeHoratius, R., Goroll, A., Kountz, D., Lynn, L., …Yingling, K. (2002). *FCIM Internal Medicine curriculum: A resource guide to curriculum development, 2nd edition*. Retrieved from <http://www.acponline.org/education_recertification/education/training/fcim>

3 Curriculum template. (n.d.). Retrieved from <http://www.acgme.org/outcome/e-learn/module4_CurriculumTemplate.doc>