I. Purpose and Educational Value
The purpose of the Emergency Medicine (EM) rotation is to expose the internal medicine resident to common, critical and urgent medical problems with the supervision of the full-time emergency medicine faculty. Residents will learn how to diagnose, manage, and/or triage patients with unselected medical problems; how to work within a health care team; and perform a variety of invasive medical procedures.

II. Principal Teaching Methods
1. Supervised Direct Patient Care: Patient encounters take place in the emergency departments Medical Center Hospital in Odessa or Midland Memorial Hospital under the supervision emergency medicine physicians. Both emergency departments are associated with institutions that provide acute interventional cardiac services.
2. Teaching: Resident education is provided on a patient-by-patient basis with direct, one-to-one interaction with the supervising attending physician. Instruction is accomplished through role modeling, discussion, observation, independent reading and consultation with supporting departments (e.g., Radiology, Vascular Surgery, ICU Medicine, Trauma, Neurology).
3. Case Presentation: A resident case presentation is required of all residents rotating through the Emergency Medicine rotation.
4. EM topic presentations: Residents are required to discuss five emergency medicine topics with an emergency medicine attending. The five topics include: cardiac arrest, allergic emergencies, shock/fluid resuscitation, pulmonary edema, and airway management. After successfully presenting the topic, the resident has a sign-off sheet initialed by the attending or senior resident.
5. Didactic Lectures: Medical Emergencies lectures are part of the Core Curriculum series of the Department of Internal Medicine. Residents on the EM rotation are required to attend all of the Core Curriculum lectures.
6. Self-study: all residents are expected to read independently about patients seen in the Emergency Department, on pulmonary topics assigned by faculty, and in preparation for core curriculum lectures.
III. Educational Content

1. Patient characteristics: The emergency departments hosting the rotation provide most of the emergency care to the residents of Ector and Midland counties. In addition, numerous patients are referred for higher level of from other West Texas counties, mostly at Medical Center Hospital. Patients seen by the residents range from young adolescents to elderly with advanced diseases. Patients are of different race and socioeconomic background.

2. Disease Mix: A broad disease mix is represented at both the emergency departments in both hospitals, with varying level of acuity. There is an over-representation of indigent and uninsured population.

3. Learning venues, type of clinical encounters, procedures and services: The resident will experience first contact with unselected patients in the emergency department. The residents on the rotation provide emergency care services. The emergency departments serve an average of 120-150 patients per day. The number of clinical encounters experienced by the resident on the Emergency Medicine rotation is determined by the level of training of the resident, their previous experience and competence as judged by the supervising physician. While on the Emergency Medicine rotation, residents will work an average of four 40-hour weeks in 10-12 hour shifts. Shifts will include a minimum of one weekend shift (three days) out of the four weekends of the rotation and four night shifts.

4. Procedures and interpretive skills: The procedures that are either reinforced or learned during the Emergency Medicine rotation include: cardiopulmonary resuscitation, venous phlebotomy, arterial blood sampling, central line placement, nasogastric tube placement, lumbar puncture, arterial line placement and endotracheal intubations. The interpretive skills that are either reinforced or learning during the rotation include: ECG, chest radiographs, urinalysis, head CT scans, arterial blood gases and other laboratory assays.

5. Structure of rotation: The resident will present at the beginning of a 12 hour rotation. The resident is expected to work five 12 hour shifts per week.
   I. This rotation will be in blocks of two week durations.
   II. EM exposure will not exceed 12 weeks over 36 months of training.
   III. The resident will have first contact with patients admitted to the EM. A focused history and physical will be obtained. Once H&P has been completed the resident will develop a differential diagnosis and a diagnostic/treatment plan and then present the case to the attending EM physician. While on the EM rotation the resident is expected to attend required didactic lectures and continuity clinics.

IV. Principal Ancillary Educational Materials
   b. Online access to standard pulmonary texts and journals through TTUHSC library
V. Methods of Evaluation
1. Resident Performance: Gastroenterology faculty complete written resident evaluation forms provided by the Internal Medicine Residency coordinators. The evaluation is competency-based, and uses a detailed assessment of resident’s effort, progress and achievement on each core competency component. Faculty reviews the written evaluation in person with each resident and provides detailed feedback on resident’s performance. In addition, the following sources and methods of evaluation are included in assessing residents performance: a) mini-CEX and CEX. b) all other (verbal, written) evaluation comments provided to the Program Director/Associate Program Director by faculty and community physicians interacting with the resident during GI rotation are documented in writing. f) performance on the periodic Gastroenterology exam administered as part of the monthly subspecialty exams. All evaluations are available for resident review (excluding direct review of evaluations completed by resident colleagues). All evaluations are part of the resident file and are incorporated into the semiannual performance review for directed resident feedback.
2. Procedures: Residents submit documentation of any procedures performed during the rotation, on a hard-copy form, completed by supervising faculty. Procedure forms include supervisors’ evaluation of resident’s performance.

VI. Rotation Specific Competency Objectives
1. Patient Care
   I. Residents at all level of training will demonstrate capability to perform problem-focused, hypothesis-driven history and physical examination. PGY-2 residents should develop skills in carrying out and interpreting specific testing (e.g., evaluating for paradoxical cardiac split sounds).
   II. Primary and secondary survey should be part of the initial emergency evaluation of all trauma patients and properly completed by residents at all levels.
   III. Procedures needed to treat Emergency Department patients will be known and performed under supervision by residents, appropriate to the level of experience. These include the following procedures required by the ACGME RRC for Internal Medicine:
      a. Venous phlebotomy
      b. CPR
      c. Arterial blood sampling
      d. Central line access
      e. Lumbar puncture
      f. Nasogastric tube placement
      g. Thoracentesis
      h. Bladder catheterization
      i. Abdominal paracentesis

2. Medical Knowledge:
   Residents at all levels will demonstrate progressive expansion of knowledge to properly assess history and physical exam findings along with ability to interpret laboratory and radiological data, making logical assessments and epidemiological considerations to permit:
   a. Accurate determinations of which patients need hospital admission or referral to outpatient care centers.
b. Appropriate initial management for those patients requiring stabilization in the Emergency Department prior to admission.
c. Discharge to home care with appropriate follow-up care arranged for those patients not requiring admission.

3. Practice-Based Learning and Improvement:
   I. Residents will fully support and utilize quality improvement protocols and tools developed and adopted by the emergency department.
   II. Residents will use University library resources to critically appraise medical literature and apply evidence to patient care. They will use desktop PC’s and Internet electronic references to support patient care and self-education. They will model these behaviors to assist medical students in their own acquisition of knowledge through technology.
   III. All residents will in addition consistently seek out and analyze data on practice experience, identify areas for improvement in knowledge of patient care performance, and make appropriate adjustments. They will regularly demonstrate knowledge of the impact of study design on validity or applicability to individual practice.

4. Interpersonal and Communication Skills:
   I. Residents are expected to demonstrate professional communication skills throughout their interactions with patients and their families, EM attending and other clinicians and non-clinical staff involved in patients’ care. Residents are expected to act as a constructive and proactive member of the EM team.
   II. The resident will develop and demonstrate skill communicating with patients who have severe and life threatening conditions and communicate effectively with the families of very ill patients.
   III. Residents at all levels will be able to accurately and clearly document their findings and make concise but complete oral presentations.

5. Professionalism:
   All residents will demonstrate integrity, accountability, respect, compassion, patient advocacy, and dedication to patient care that supersedes self-interest. Residents will demonstrate a commitment to excellence and continuous professional development. They will be punctual and prepared for emergency medicine shifts and teaching sessions. Residents will demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, and informed consent. Residents are expected to show sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

6. System-based practice:
   I. Residents at all levels of training will be sensitive to health care costs while striving to provide quality care. They will begin to effectively coordinate care with other health professionals as required for patients needs.
   II. PGY-2 residents, in addition to the above, will consistently understand and adopt available clinical practice guidelines and recognize the limitations of these guidelines. They will work with emergency department patient care managers, discharge coordinators and social workers to coordinate and improve patient care and outcomes.
   III. PGY-3 residents, in addition, will enlist social and other out-of-hospital resources
to assist patients with therapeutic plans and maximize the continuity of care for patients discharged from the emergency department. PGY-3 residents are expected to model cost-effective therapy.