

VA Emergency Medicine Curriculum

The VA Hospital emergency medicine rotation exposes residents to the care of patients in an acute setting with a wide array of medical, surgical, social and psychiatric complaints. The rotation provides residents the opportunity to become comfortable initially handling undifferentiated medical, surgical, and psychological urgencies and emergencies. They will be exposed to acute care issues that arise on inpatient services during a patient's hospitalization or during presentations in outpatient encounters.

The Syracuse VA ED closely resembles a community-based ED with a focus on Geriatrics. It is currently an accredited Level 2 American College of Emergency Medicine Geriatric ED. Residents will however be involved with potentially providing care to patients of all ages from young adults through the elderly. The patients will be from varying social and cultural backgrounds of both male and female genders.

The elective occurs in a federal hospital emergency department under the supervision of licensed emergency medicine physicians with a full complement of consultation services available.

I. Educational Purpose

Emergency medicine involves the evaluation and care of acute illness and injuries that require intervention and appropriate triage. Conditions may be encountered in office practices or in acute care settings such as the ED. Regardless of the setting, the general internist should be able to manage common emergency conditions and provide consultation and management for a variety of acute conditions. The range of competencies expected of a general internist will depend on the availability of emergency physicians and other specialists in the community.

II. Learning Venue

A. Rotation Description-The emergency department rotation is one to two weeks duration and occurs within the confines of the Veterans Administration Medical Center Emergency Department. The resident will work on various shifts lasting eight hours each with the emergency department attending, consultation services, nursing staff, social workers, and support staff. The number of patients seen daily will be determined by the patient load experienced during a particular shift and a resident's individual competency.

Expectations of PGY-1: The resident is expected to be the first physician to evaluate the patient wherever the acuity allows. They will interview and examine the patient using directed techniques based on the severity of the patient's illness and chief complaint. The resident will then formulate a working diagnosis and differential diagnosis as well as an approach to elicit the diagnosis and plan treatment of the problem. This plan will be discussed with the attending after which appropriate orders and treatment will follow. That patient will be followed through until a final disposition is made or the patient is signed out to the next shift.

B. Teaching Methods- Residents involved in the emergency department rotation will attend morning conference when available as well as

Chairman's Rounds. Teaching will occur mainly through direct interaction with the attending as care is provided for the acutely ill patient. Opportunities for teaching will also be present while interacting with consultation services. Direct supervision by the emergency department attending will assist in teaching by means of discussing the plan of treatment and examining/treating the patient.

1. **Recommended Reading** can be accessed through VISN 2 Library Services in CPRS under tools clinician application/support. VISN 2 Library Services includes a large majority of textbooks and including Access Emergency Medicine which includes some of the latest EM textbooks including Tintinalli's Emergency Medicine: A Comprehensive Study Guide 2020 which serves as a reference for this rotation.
2. **Unique Learning Opportunities**-The emergency department setting provides an inherently unique opportunity based on the acuity of the patients' complaints. Residents will be afforded the opportunity to be the first physician to diagnose and treat the patient's illness including acute and chronic psychiatric and surgical patients. Residents will learn to interact with consultants, nurses, and families under unique conditions.

3. **Mix of Diseases**

Common Clinical Presentations and diseases:

- Abdominal pain
- Acute loss of vision
- Back Pain
- Cardiac arrest
- Cardiac dysrhythmias
- Chest pain
- Coma, altered mental status
- Dehydration
- Diarrhea
- Dyspnea Fever
- Gastrointestinal bleeding
- Headache
- Hemoptysis
- Fractures
- Lacerations
- Leg swelling
- Musculoskeletal trauma
- Palpitations
- Severe hypertension
- Shock
- Sprains and Strains
- Syncope
- Vaginal bleeding
- Volume depletion
- Vomiting
- Wheezing

4. **Procedures:** Variable but may include

- Advanced cardiac life support
- IV/IO access
- Intubation
- Point of Care
- Ultrasound
- Suturing of laceration (optional)

III. Method of Evaluation

Six core competencies are used for evaluation of residents. Interim evaluations are done throughout the rotation for praise of outstanding work and correction of substandard performance. Emergency department attendings evaluate the residents at the end of the rotation using the Medhub web-based system.

Rotation Specific Competencies

- A. **Patient Care-** Residents must provide care to patients and counseling to family members under emergent conditions. This includes discussing potential end of life issues, admission into the hospital, coordinating consultative care in the emergency department and follow up care when patients are discharged. Residents are likely to encounter clinical situations in non-medicine areas and will need to recognize the appropriate early intervention of ED attendings and specialists from all disciplines.
- B. **Medical Knowledge-** Residents will need to have appropriate skills to assess knowledge in conditions with time constraints. They will need to be well rounded in that the care they provide may be emergent and require aggressive interventions. They will need to be able to interpret radiological studies, stabilize patients with hemodynamic or respiratory compromise and utilize criteria for admission.
- C. **Professionalism-** Residents will need to treat and stabilize patients, and they will also need to interact with staff and family members under stressful conditions. This will require a firm understanding and expression of the principles of professionalism. They will need to express compassion and understanding to people dealing with personal tragedy and stressful situations.
- D. **Interpersonal and communication skills-**Residents will have to maintain superior communication skills in order to explain treatment plans, the need for admission, medication use and follow up care.
- E. **Practice Based Learning** – Resident is expected to praise and assimilate evidence-based medicine to improve patient care. Additionally, self-assessment and targeted learning both experientially and independently is expected to enhance ongoing patient care.
- F. **Systems Based Practice-**Residents will need to develop cost- effective plans when treating patients in an emergency setting using their clinical skills and EBM. They will need to master skills used to determine which patients will need admission and which patients may be sent home with appropriate follow up care. This rotation will expose residents to a broad array of extended care providers and opportunities to improve the logistics of patient throughput in the ED.

Reviewed & Revised by: Dr. Mary Dirubbo

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