

EMERGENCY MEDICINE SERVICE

Location: University of Washington Medical Center

FACULTY CONTACT:

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OVERALL GOALS AND OBJECTIVES

To provide internal medicine first-year residents exposure to a wide range of acute medical, surgical, and psychiatric problems in adults.

To demonstrate clinical skills in initial triage, diagnostic evaluation and management of the above mentioned patients.

To develop and enhance the technical skills necessary to care for acutely ill patients.

To demonstrate the ability to recognize patients that are severely ill and require admission to a medical, surgical, or psychiatric service.

To demonstrate the ability to manage multiple patients simultaneously and efficiently.

To develop the skills to manage common emergencies that the general internist is likely to encounter in office practice, and the skills involved with communicating with consultants.

PRINCIPAL TEACHING METHODS

CASE DISCUSSION AND REVIEW

Faculty physicians review all charts of first year residents.

DIDACTICS

All residents are required to attend didactic sessions held from 9am to noon three Wednesdays out of every month. This 12 hour program is presented by the emergency medicine faculty. It covers a wide variety of core emergency medicine topics ranging from acute MI treatment to ophthalmologic emergencies to shock to initial evaluation of the psychiatric patient. Practical “hands on” suturing and splinting workshops are also offered as part of the regularly scheduled didactic sessions.

Self taught case-based learning programs as well as procedures instruction are available on several computers available to residents in the Emergency Department. Residents are encouraged to test their skills and knowledge when they are not directly involved in patient care.

EDUCATIONAL CONTENT

Mix of Diseases

Patients presenting to the UWMC Emergency Department have a wide range of acute medical, surgical, and psychiatric problems. Medical problems routine disorders such as asthma, cancer, chest pain, UTIs, cellulites to complicated pre- and post-transplant patients with severe cardiac, lung, and liver disease. Acute surgical problems range from abdominal pain to minor trauma including fractures and soft tissue injuries. The UWMC has a large obstetrical center, but all patients less than 20 weeks gestation and patients with acute gynecologic problems are seen by the medical housestaff in the Emergency Department. In addition, psychiatric patients suffering from bipolar disorder, severe depression, and psychoses are initially evaluated by medical housestaff during the night shift, when the ED social worker is not available.

Common Clinical Presentations

Abdominal pain	Hip fracture
Acute loss of vision	Leg swelling
Cardiac arrest	Musculoskeletal trauma
Cardiac dysrhythmias	Palpitations
Chest pain	Severe hypertension
Coma, altered mental status	Shock
Dehydration	Syncope
Diarrhea	Vaginal bleeding
Dyspnea	Volume depletion
Gastrointestinal bleeding	Vomiting
Headache	Wheezing
Hemoptysis	Transplant complications

Principle Educational Materials Used **Recommended Readings**

The Emergency Department has a library which contains current textbooks in a variety of fields.

Residents have access in the department to computerized literature searching as well as access to "Up To Date."

The University of Washington Health Sciences Library is located adjacent to the UWMC.

METHODS USED IN EVALUATING RESIDENT AND PROGRAM PERFORMANCE

At the end of the rotation, the resident's performance is reviewed by every attending physician he or she has interacted with for a significant period of time. Faculty comments are compiled by a single faculty evaluator, who then rates the resident on a nine-point scale in each component of clinical competence (i.e. patient care, medical knowledge, practice based learning improvement, interpersonal and communication skills, professionalism, system based learning, educational attitudes, leadership, and overall clinical competence).

The resident is given the opportunity to evaluate in writing the quality of the curriculum and the extent to which the educational goals and objectives of the rotation have been met. The resident also evaluates the teaching competence of each attending with whom s/he has interacted for a significant period of time. Each resident fills out rotation evaluations at the end of the month. These confidential evaluations of didactic and clinical experiences are compiled and reviewed by the entire teaching faculty at the semi-annual staff retreat. Problems are discussed and solutions are then implemented and re-evaluated in six months.

EXPLICIT LINES OF RESPONSIBILITY FOR CARE OF PATIENTS ON THIS SERVICE

The Emergency Department has 24 hour attending coverage by faculty who are board certified in Internal Medicine, Emergency Medicine, or both. The first year residents have primary responsibility for evaluating their own patients initially. Diagnostic work-up, medical or surgical management and subspecialty consultation are decided with the help of the supervising attending. On occasion, a senior Emergency Medicine resident may be present in the ED and can assist the first- year resident as well. Critically ill patients are evaluated initially in tandem with the attending physician.

Patient Care Responsibility

Each patient that is evaluated by a first year resident is interviewed and evaluated by an attending. There are R-1 through R-3 level Emergency Medicine residents in the Emergency Department.

The R-3 EM residents may act in a supervisory role and assist the first year residents with evaluation and management of patients, but the attending physician is ultimately responsible for the care of the patient, and must see every patient before admission or discharge.

Patient Characteristics Overview

Patients presenting to the Emergency Department represent a full socio-economic spectrum. Many are homeless or require public assistance. Since the UWMC is a tertiary-care center, many patients have complex medical issues including pre- and post-transplant problems, cancer, dialysis, and cardiopulmonary conditions. The Travel Medicine Clinic is linked to the Emergency Department, and patients often present to the ED with illnesses related to foreign travel.

Types of Clinical Encounters

All clinical encounters occur in the Emergency Department. Residents work 10 hour shifts. In the majority of cases, the resident is the first physician to evaluate the patient. The resident is responsible for initial history and physical exam, management during the ED visit, and the decision for admission or further outpatient management, in close consultation with the attending physician. Residents deal with consulting services in the Emergency Department.

Procedures

Procedures encountered on this rotation include CPR, arterial and venous blood draws, central line and arterial line placement, defibrillation cardioversion, NG tube placement, lumbar puncture, pelvic exam, incision and drainage of abscesses, splinting, burn care (debridement), and suturing. In addition, residents are responsible for interpretation of electrocardiograms and chest x-rays. Residents also have the opportunity to perform and examine urinalysis, wet mounts, and KOH preps.

Services

The UWMC Emergency Department has a full range of services available for patient care 24 hours a day. The department is staffed 24 hours a day. The department is staffed 24 hours a day with both residents and faculty. Full laboratory and radiology services are available. All surgical and medical subspecialty consults are available at all times. Social work services are available until late in the evening.

Rotation Specific Schedule

Residents are assigned 15 to 17 10-hour shifts.

Last revised December 10, 2004 by Laura Fife, MD