

**University of Washington
Internal Medicine Residency**

Emergency Medicine Curriculum

Educational Goals:

IM Residents will rotate through general internal emergency medicine rotations to:

- Develop skills to evaluate and manage patients with undifferentiated illness presenting for emergent evaluation
- Develop skills at triage; demonstrate ability to recognize patients who are severely ill and require admission
- Resuscitate and stabilize critically ill patients
- Learn the mechanisms, clinical manifestations, and diagnostic strategies for patients with common emergent disease states
- Optimize communication strategies to transition patients from the emergency medicine department to the inpatient setting or to home
- Demonstrate the ability to manage multiple patients simultaneously and efficiently
- Develop collegial relationships among physician colleagues from all departments
- Learn and appropriate and selective use of technology and diagnostic studies in evaluation of patients

This chart details the minimum curricular goals for each year of residency.

Patient Care: History Taking **Resident Competency Evaluation Form, Mini-CEX**

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| PGY-1 | Demonstrates the ability to obtain and document an accurate and complete history from patient, caretaker or outside resources with moderate input from faculty. Specific historical areas include: Risk factors for the disease in question Symptom driven history for patients presenting with chest pain, delirium, syncope, shortness of breath, weight loss, failure to thrive, infectious syndromes, acute renal failure, edema, trauma, lacerations. Begins to deal with sensitive topics such as: <ul style="list-style-type: none"> • End of life issues • Sensitive histories such as sexual history, domestic violence history, psychiatric history, and substance abuse history. |
| PGY-2 | Demonstrates the ability to obtain and document an acc and complete history from patient, caretaker or outside resources with occasional input from faculty. Increased skills in dealing with topics and histories. Provides feedback to junior team members on their history taking skills. |
| PGY-3 | Demonstrates the ability to obtain and document an accurate triage history from patient, caretaker or outside resources independently. Successfully deals with sensitive topics. |

Patient Care: Physical Exam **Resident Competency Evaluation Form, Mini-CEX**

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| PGY-1 | Demonstrates the ability to perform accurate and complete physical exam: <ul style="list-style-type: none"> • Systemic evaluation for infection or hemodynamic instability • Cardiac examination for evidence of congestive heart failure including abnormal PMI, JVP, HJR, S3 • Pulmonary exam for evidence of pneumonia or effusion • Abdominal exam for pain, masses, or organomegaly • LE exam for evidence of ulcers, orthopedic injuries • Vascular exam for evidence of venous and arterial insufficiency • Neurologic exam including mini mental status exam for complaints of weakness, sensory symptoms and/or altered mental status. • Examination of women with pelvic or abdominal complaints Attempts to characterize abnormalities on exam with regular input from faculty. |
| PGY-2 | Demonstrates the ability to reliably recognize abnormalities on the physical exam and appropriately characterize: <ul style="list-style-type: none"> • S3, Jugular venous Pressure, Hepatojugular reflex • Names and quantifies the significance of systolic and diastolic murmurs • Able to localize site of neurologic dysfunction from clinical exam findings. Requires regular input from faculty. |
| PGY-3 | Independently carries out an accurate physical examination with both normal and abnormal physical findings. |

Pt care: Medical Decisions **Methods: Resident Competency Evaluation Form, Chart Review/documentation**

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| PGY-1 | <p>Reliably recognizes critical illness and appropriately seeks assistance. Writes progress notes that identify important data and demonstrate thoughtful problem based assessment and plan. Compares and Contrasts the common differential diagnoses for:</p> <ul style="list-style-type: none"> • Pneumonia • ARF • Hyponatremia • Delirium • Weight Loss • Respiratory Failure • Chest Pain • Abdominal Pain • Hypertensive urgency • Accute Hepatitis and Liver Failure <p>Defines, recognizes and initiates diagnostic and therapeutic management for</p> <ul style="list-style-type: none"> • Non ST segment Elevation MIs • Congestive Heart Failure • Common infectious syndromes:community acquired pneumonia, pyelonephritis • COPD/Asthma exacerbations • Atrial fibrillation with rapid ventricular response • DVT/PE • Pancreatitis, cholecystitis, diverticulitis • Acute Renal F ailure • Volume Depletion • Delirium • DKA and NKHOC • Uncontrolled hypertension <p>Depends on moderate faculty input</p> |
| PGY-2 | <p>Reliably recognizes critical illness and can independently initiate management strategies. Ongoing management goals are correct with moderate faculty input. Identifies the indications, benefits (morbidity vs mortality) risks and contraindications for the following general medicine therapies:</p> <ul style="list-style-type: none"> • Antibiotics and prednisone use in bronchospastic lung disease exacerbations • Coiumadin for stroke prevention in atrial fibrillation • Antibiotic choice for CAP • Inpatient tight control of diabetes • Choice of agents to manage DM • ASA< cladipogrel and Heparin in ACS • Thrombolytics • ACEI for AMI and CHF • Beta blockers in ACS and CHF • Spironolactone in CHF |
| PGY-3 | <p>Reliably recognizes critical illness and can independently initiate emergent and ongoing management strategies. Knows the evidence for various treatment strategies of common emergent conditions.</p> |

Patient Care: Procedural skills **Methods: Resident Competency Evaluation Form, Procedure Log**

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| PGY-1 | |
| PGY-2 | <p>Masters the cognitive, counseling and technical skills for: Central line placement in IJ and Subclavian Thoracentesis Paracentesis Lumbar Puncture Interprets:</p> <ul style="list-style-type: none"> • ECG reports • CXRs • Pleural fluid results • Acidic fluid results • Cardiovascular stress tests • Simple cardiac catheterization film report • CT scan for pulmonary embolism and for evaluation of masses, chest abnormalities and abdominal symptoms <p>Understands the indications for:</p> <ul style="list-style-type: none"> • Initiation of acute dialysis <p>Relies on occasional faculty input</p> |
| PGY-3 | <p>Independent in performing, interpreting and planning appropriate procedures for patients with general internal</p> |

medicine diseases. Functions almost independently.

Patient Care: Consultation Process

Methods: Resident Competency Evaluation Form

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| PGY-1 | Uses relevant questions to obtain consultation and follows up on unclear recommendations. |
| PGY-2 | Develops strategy for managing patient referrals and follow-up in the outpatient arena. |
| PGY-3 | Critically analyses consultant recommendations and manages conflicting opinions of multiple consultants. |

Medical Knowledge

Methods: Resident Competency Evaluation Form, Attd Review of Written Documentation

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| PGY-1 | <p>Applies relevant clinical and basic science knowledge in the following common medical conditions:</p> <ul style="list-style-type: none"> • Cardiovascular emergencies (chest pain, hypertensive emergency, resuscitation, AAA, Congestive Heart Failure, Syncope, Shock) • Respiratory Emergencies • Neurological Emergencies • Infections • Musculoskeletal • Toxicology • Gastrointestinal Emergencies • Endocrine Emergencies • Hyperbaric oxygen therapy • Hyper and hypo-thermia • Ectopic pregnancy • PID • Rhabdomyolysis • Suicide |
| PGY-2 | Demonstrates a progression in content knowledge and analytical thinking with well formulated differential diagnoses and management plans. |
| PGY-3 | Understanding and application of medical literature related to common medical conditions. |

Interpersonal Skills and Communication

Methods: Resident Competency Evaluation Form, Mini-CEX

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| PGY-1 | <p>Effectively establishes rapport with patients and families. Presents to the attending in an organized and articulate fashion. Appropriately communicates with other health care professionals and consultants. Functions as an effective team member. Provides timely and thorough electronic documentation of patient care.</p> |
| PGY-2 | <p>Effectively carries out difficult discussions, such as sensitive topic discussions with moderate faculty input. Provides teaching and feedback to more junior team members on their communication styles. Functions as an effective team leader.</p> |
| PGY-3 | <p>Able to deal with the most challenging patients and families with minimal direction. Coordinates team communication to optimize patient care. Functions as an effective team leader with decreasing reliance on attending. Functions as a consultant.</p> |

Professionalism

Methods: Resident Competency Evaluation Form, Conference Attendance

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| PGY-1 | <p>Identifies ethical issues. Strives for patient care and knowledge excellence. Reliably accomplishes assigned tasks Demonstrates integrity, respect for others, honesty and compassion. Demonstrates timely completion of administrative tasks and documentation.</p> |
| PGY-2 | <p>Identifies ethical issues and the resources available to solve them. Strives for patient care and knowledge excellence. Reliably identifies and accomplishes necessary tasks.</p> |
| PGY-3 | <p>Identifies ethical issues and solves them using the available resources Provides counseling on professionalism issues for more junior team members. Sets a tone of respect and collegiality for the team and acts as role model for patient care and professional behavior.</p> |

Practice Based Learning and Improvement

Methods: Resident Competency Evaluation Form

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| PGY-1 | Identifies ethical issues and solves them using the available resources Provides counseling on professionalism issues for more junior team members. Sets a tone of respect and collegiality for the team and acts as role model for patient care and professional behavior. |
| PGY-2 | Understands EBM principles, and begins to utilize relevant research to support decision-making. Identifies knowledge deficiencies and seeks to correct them. Demonstrate EBM based practice when teaching junior colleagues or peers. |
| PGY-3 | Appropriately integrates EBM with expert opinions and professional judgment. Able to utilize and suggest data-driven modifications to protocols. Ability to accurately self-assess skills and performance. |

Systems Based Practice

Methods: Resident Competency Evaluation Form, 360 degree evaluations

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| PGY-1 | Effectively communicates with nurses and other professionals to optimize patient care. Writes effective notes. Appropriately transitions patients to the next level of care and discharge planning and hospitalization. Uses strategies to obtain information from other practitioners about patients' current health. Reflects on healthcare provided, and has awareness of cost effective practices. |
| PGY-2 | Develops advocacy strategies for patients with access to health care issues. Understands and moderately practices cost effective care of patients and selective test ordering. Assumes leadership role in management of complex care plans. |
| PGY-3 | Consistently advocates for patients, insures appropriate referrals and progress notes accurately reflect care. Develops systems designed to optimize follow-up. Practices cost effective care of patients and selective test ordering. |