

NAME OF ROTATION: IM Emergency Medicine

FOCUS OF THIS ROTATION

This selective clinical experience is aimed at a PGY 1 (junior resident) to provide an experience in the initial assessment of patients with a variety of undifferentiated health concerns. By working within the Emergency Department and with its staff, the resident will develop a deeper understanding of the pressures on the ED, the roles of the physicians and consultants within the ED context and gain a better appreciation of the transitions of care within the hospital based health care system.

CBD stage(s) for this rotation:

- TTD
- FOD

Length of this rotation:

- 1 block

PGY Level(s) for this rotation:

- PGY1

Locations for rotation:

- SHSC
- SMH
- SHS (MSH)
- UHN-TGH
- UHN-TWH

Required training experiences included in this rotation: indicate all that apply

Required training experiences (TTD Stage):

Clinical training experiences: 1.

1.1. Any inpatient emergency department

2.2.1. Diagnosis and management of common medical emergencies

Required training experiences (Foundations stage):

Clinical training experiences: 1.

1.4. Acute care experience with patients presenting to emergency department

Blue = TTD PGY1, Blocks 1-4; Green = FOD PGY1, Blocks 5-13

EPAs Mapped to this rotation:	Total # of EPAs 4+ per block
TTD1 Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care	2
TTD2 Identifying and assessing unstable patients, providing initial management, and obtaining help	2
COD 5 Performing the procedures of Internal Medicine	Do whenever possible
FOD 2B Managing patients admitted to acute care settings with common medical problems and advancing their care plans: Part B: Communication with Patient/Family	0-1 (can do)
FOD 2C Managing patients admitted to acute care settings with common medical problems and advancing their care plan: Part C: Handover	0-1 (can do)

EPAs Mapped to this rotation:	Total # of EPAs 4+ per block
FOD 3 Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan	0-1 (can do)
FOD 4A & B Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings: Part A: Discharge plan documentation & Part B Discharge plan communication	0-1 (can do)
FOD 6 Discussing and establishing patients' goals of care	0-1 (can do)
FOD 7 Identifying personal learning needs while caring for patients, and addressing those needs	0-1 (can do)
FOD 1 Assessing, diagnosing, and providing initial management for patients with common acute medical presentations in acute care settings	2
FOD 2B Managing patients admitted to acute care settings with common medical problems and advancing their care plans: Part B: Communication with Patient/Family	0-1
FOD 2C Managing patients admitted to acute care settings with common medical problems and advancing their care plan: Part C: Handover	0-1 (can do)
FOD 3 Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan	0-1 (can do)
FOD 4A & B Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings: Part A: Discharge plan documentation & Part B Discharge plan communication	1
FOD 5 Assessing unstable patients, providing targeted treatment and consulting as needed	Do whenever possible
FOD 6 Discussing and establishing patients' goals of care	1
FOD 7 Identifying personal learning needs while caring for patients, and addressing those needs	0-1 (can do)
COD 5 Performing the procedures of Internal Medicine	Do whenever possible
COD 8 Caring for patients who have experienced a patient safety incident (adverse event)	Do whenever possible

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER

	Key Objectives for this Rotation:	CanMEDS Role(s):
1.	Perform an accurate and concise history and physical examinations of the undifferentiated patient presenting to the emergency department.	Medical expert
2.	Formulate an appropriate plan for the initial investigation, treatment, and disposition of undifferentiated patient presenting to the emergency department.	Medical expert
3.	Plan and effectively perform procedures for the purpose of assessment and/or management.	Medical expert
4.	Effectively communicate the diagnosis and management plan with patients, including follow up plans.	Communicator
5.	Provide succinct, informed clinical notes and verbal handover when completing a clinical shift.	Communicator Collaborator
6.	Work collaboratively with all healthcare professionals in the emergency room.	Collaborator
7.	Identify and engage in opportunities for patient counseling and education regarding their medical conditions	Health Advocate

Royal College Internal Medicine Competencies emphasized on Emergency Medicine rotation.

Numbers refer to items identified in the Royal College Competencies document

Disorders

In the Emergency setting, using results of history, physical examination and investigations, be able to confirm the diagnosis of each of the following, and propose a management plan. The plan may include further investigations and treatment, taking into account the underlying cause and any complications.

- Develops an approach to patient resuscitation including: 1.4.13.1.4.
 - Initial management of the patient with a compromised airway
 - Indications for intubation of a patient and recognition of possible complications of this procedure
 - Exposure to the use of various airway adjuncts, ventilation devices, and oxygen administration devices
 - Initial assessment and treatment of the patient with common cardiac dysrhythmias: ventricular fibrillation, ventricular tachycardia, asystole, bradycardia, supraventricular tachycardias
 - Initial assessment and management of the patient in shock 1.4.13.1.3.
- Develops an approach to patients presenting with toxic exposures and substance abuse: 1.4.13.1.5.
 - Management of the poisoned patient including recognition of toxidromes, decontamination procedures, laboratory investigations, use of antidotes, and utilization of the Regional Poison Control Centre as a resource
 - Recognition and management of alcohol-related disease including alcohol withdrawal, alcohol withdrawal seizures, and delirium tremens
- Develops an approach to the emergency diagnosis and initial management of a wide variety of medical conditions which could include: 1.4.13.1.1.
 - Environmental exposures: 1.4.13.1.2.
 - Heat-related illnesses, Hypothermia, Bite wound (human or animal)
 - Central nervous system disorders
 - Coma, Seizure disorders, Suspected TIA or stroke, Suspected meningitis
 - Cardiovascular diseases:
 - chest pain including acute ischemic syndromes, pericarditis, and aortic dissection, hypertensive emergencies and urgencies, acute pulmonary edema
 - Respiratory diseases:
 - acute respiratory distress, acute exacerbation of asthma or COPD, pulmonary embolism, community-acquired pneumonia
 - Genitourinary diseases:
 - urinary tract infections, renal colic, sexually-transmitted diseases
 - Gastrointestinal diseases:
 - upper and lower gastrointestinal bleeding
- Recognize clinical features which may allow for identification of victims of domestic violence