

Emergency Room Rotation at LBJ Objectives

Daily Work/Conferences:

Residents, Interns, and Students are expected to show up for the planned ER shift as posted in the ED's amion page. In the unusual circumstance where you are unable to be present for your shift, you must inform the Internal Medicine Chief Medical Resident by page/phone.

Please follow the Emergency Department's instructions/handout regarding your required ED conferences and other rules/responsibilities during the rotation.

You are expected to attend your Continuity Clinic while on ER rotation. Please check your schedule ahead of time

Evaluations

1. A verbal mid-month evaluation will be given by the attending to Housestaff
2. An end of month verbal and written evaluation will be given by the Attending to Housestaff
3. All Housestaff will be expected to give a written evaluation of the rotation and of their Attending

Poor Performance on a specific rotation or in a particular Subspecialty on the October Inservice Training Exam will render assignment to that subject's Core Curriculum Program (CCP) Exam.

If the Resident fails the CCP or is a No-Show to take the assigned CCP, then the Resident must meet with their Associate Program Director for an Oral Exam

Learning Objectives:

- 1) Approach to Patient based on Clinical Presentations
 - a) Approach to the patient presenting with Chest Pain
 - b) Approach to the patient presenting with Dyspnea
 - c) Approach to the patient presenting with Abdominal Pain/Acute Abdomen
 - d) Approach to the patient presenting with Altered Mental Status
 - e) Approach to the patient presenting with Fever
- 2) Substance Abuse and Withdrawal
- 3) Toxic Ingestion and Antidotes
- 4) Indications for Intubation
- 5) ACLS Algorithms for VT/VF, PEA, Asystole and other arrythmias
- 6) Management of Acute Coronary Syndrome
- 7) Management of COPD Exacerbations
- 8) CO Poisoning
- 9) Pelvic Fractures
- 10) Shock – defining types and treatment approach
- 11) DKA, HONC and other Endocrine Emergencies
- 12) Cholelithiasis and Cholesystitis
- 13) Upper and Lower GI Bleeds – Causes and Management
- 14) Seizure Disorders
- 15) Stroke
- 16) Hypertensive Emergency and Urgency
- 17) Early Goal-Directed Therapy for Sepsis
- 18) Syncope
- 19) Pulmonary Embolism