

ST. VINCENT CHARITY HOSPITAL
Department of Surgery - Division of Orthopedics – Section of Podiatry
Podiatric Residency Training Program

EMERGENCY MEDICINE

GOALS

To become familiar with the Emergency Room protocol in the hospital setting.

To increase knowledge and experience in basic principles of emergency care with emphasis on acute trauma of the foot and ankle.

OBJECTIVES

Upon completion of the rotation, the resident should be able to:

- Be a functional member of the emergency room team and have an ability to perform basic triage of a patient.
- Assist in the provision of life saving measures in the acute trauma or cardiac arrest patient.
- Identify patients requiring a medical or surgical specialty consultation.
- Recommend and initiate appropriate treatment of musculoskeletal trauma (fractures, dislocations, compartment syndromes, open fractures, etc.) of the foot and ankle.
- Classify and manage soft tissue wounds (lacerations, puncture wounds, burns, etc.)
- Be able to prescribe appropriate tetanus prophylaxis and treatment.
- Discuss or initiate appropriate treatment for a patient in diabetic coma or insulin shock.
- Diagnose and recommend appropriate treatment for DVT or PE.

METHODOLOGY

- The resident will complete a one-month rotation in Emergency Medicine. A schedule should be determined by the ER Director or his designee.
- The resident will function as a member of the ER team as assigned and under the supervision of ER physicians.
- The resident will evaluate all acute foot and ankle cases seen while on rotation with the approval of the supervising physician. The resident is to initiate the appropriate consultation when approved.
- The resident is responsible for completing an appropriate reading which will enable them to achieve the objectives outlined above.
- The resident is to maintain a log of all foot and ankle trauma cases seen during the rotation which is to be submitted to the Director of Residency Training for review at weekly radiology conferences.
- The resident will be responsible for all foot and ankle trauma cases on a rotating one day per week basis as identified by the Director of Residency Training and the Chief of Podiatric Medicine. On the day of call, the resident is to be available within 15 minutes. Whenever special extenuating circumstances occur, the Director of Residency Training and/or the Division Chief is to be notified.

- A podiatric attending is to be notified of all cases involving care. Residents are to refer to the monthly call schedule prepared by the Division Chief. In cases where privileges for management represent a potential problem, the resident may select an attending with the known ability to handle such cases.
- An evaluation will be completed on each resident by the Director of the ER. All residents will be expected to complete an evaluation of the rotation.

SUGGESTED READINGS:

1. Bates, B. A Guide to Physical Examination and History Taking. 5th ed. Chapters 2, 3, 7, 15, 18.