

Urgent Care Curriculum

Teaching Methods & Venues:

1. Experiential Learning
 - a. Four week rotation at the Red Bank Urgent Care Center
 - b. Total of 15 shifts for the month, with 1 subtracted per night float scheduled and 3 for 1 week of vacation
 - c. Resident will evaluate acute non-life threatening complaints from patients with supervision from the Urgent Care Attending.
 - d. Resident will perform procedures on patients seen in the Urgent Care Center as appropriate.
1. Individual Reading and Quizzes
 - a. Each resident will complete the required reading, followed by completion of an online quiz.
 - i. Reading Topics (Located at: <http://tchucfm.squarespace.com/urgent-care/>)
 1. Suturing from AFP
 2. Splinting and Casting from AFP
 3. The Red Eye from AFP
 4. Tinea Infections from AFP
 5. Pharyngitis
 6. Evaluation of the Limping Child
 7. Update on Ankle Sprains
 - b. Each resident will complete the online Urgent Care Quiz during the four week block. Residents are expected to retake the quiz until they have scored over an 80%.
 - c. Each resident will maintain continuity in their outpatient clinic, working a minimum of 4 half days per week.

Evaluation Methods and Timing:

1. A global assessment summative evaluation will be completed at the completion of the rotation.
2. Immediate feedback on examination skills will be given by the attending physician supervising the resident.

Content Areas Covered:

1. Evaluation and treatment of Urgent Acute Non-Life Threatening Conditions
 - a. Infectious Disease
 - i. Pharyngitis
 - ii. AOM
 - iii. Viral Syndromes
 1. Flu
 2. URI
 3. Bronchiolitis
 4. Acute Gastroenteritis
 - iv. Community Acquired Pneumonia

- v. Skin and Soft Tissue Infections
 - vi. UTI
- b. Derm
 - i. Evaluation of rash
 - ii. Poison Ivy
 - iii. Tinea infections: Tine corporus, tinea vesicolor, tinea mannum, tinea pedis
 - iv. Insect bites: bed bugs, scabies, lice
- c. Orthopedic
 - i. Muscle strains and injuries
 - ii. Injuries to joints and sprains
 - iii. Back pain
 - iv. Shoulder dislocation
 - v. Fractures
 - vi. Limping child
- d. Ophtho
 - i. Corneal abrasions
 - ii. Foreign body
 - iii. Conjunctivitis
 - iv. Undifferentiated red eye
- e. Gynecology
 - i. STI Evaluation for male and female
 - 1. PID
 - 2. Chlamydia and Gonorrhea
 - 3. Cervicitis
 - 4. Urethritis
 - 5. Trichomonas
 - 6. Bacterial Vaginosis
 - 7. Syphilis
 - ii. Abnormal vaginal bleeding
- 2. Treatment for non-threatening injuries
 - a. Lacerations
 - i. Suturing
 - ii. Alternative wound closure methods (glue, steri strip)
 - b. Abscess
 - i. I&D
 - c. Splinting of joints
 - d. Setting Shoulder Dislocation
 - e. Animal bite
 - f. Burn management
 - g. Paronychia drainage
 - h. Fluorescein
 - i. Joint and bursa aspiration
- 3. Acuity decision making (who to send to ER vs manage in the outpatient setting)

Recommended Resources for the Rotation:

1. <https://tchucfm2.squarespace.com/urgent-care/>
2. Required Reading List (see website)

Goals and Objectives

Goals: (address, broad over reaching needs in a curriculum)

1. The resident will be able to evaluate, diagnose, and treat the common Pediatric and Adult acute complaints encountered by family physicians in their office.
2. The resident will be able to initiate treatment for the common fractures, dislocations, and sprains commonly seen by family physicians.
3. The resident will be able to perform the key procedures required by family physicians including suturing of lacerations, I&D of abscess, splinting of joints, and fluorescein of eyes.

Objectives/Evaluation Tools: (written as specific measurable, outcome based statements encompassing knowledge, skills, and attitudes)

Patient Care

- A. Gather the relevant historical data for the common acute non-life threatening conditions encountered by family physicians.
- B. Perform a complete and thorough exam, order appropriate diagnostic evaluation, and initiate treatment for the following complaints:
 1. Shoulder Pain
 2. *Sore throat*
 3. *Ear Ache*
 4. Knee Pain
 5. Back Pain
 6. Ankle Pain
 7. Dysuria
 8. Abdominal pain
 9. Vaginal discharge and bleeding
 10. The Red Eye and eye pain
 11. Cough
 12. Vomiting and diarrhea
 13. Rash
 14. Limp
- A. Formulate a differential based upon the historical and exam data gathered for the common acute non-life threatening complaints.
- B. Communicate clearly and concisely the diagnostic workup and treatment plan to the patient and family.
- C. Perform the common procedures in family medicine, including:
 1. Splinting of arm, ankle, hand, and wrist
 2. Placement of a fiberglass cast on arm, hand, and leg.
 3. Incision and drainage of an abscess

4. Simple and complex laceration repair

Medical Knowledge

- A. List the differential diagnosis for the following complaints encountered in the typical family medicine practice:
 1. Shoulder Pain
 2. *Sore throat*
 3. *Ear Ache*
 4. Knee Pain
 5. Back Pain
 6. Ankle Pain
 7. Wrist and forearm pain
 8. Dysuria
 9. Abdominal pain
 10. Vaginal discharge and bleeding
 11. The Red Eye and eye pain
 12. Cough
 13. Vomiting and diarrhea
 14. Rash
 15. Limp
- A. Compare and contrast the history, examination, and treatment for the following shoulder problems:
 1. Impingement syndrome (stage 1-3)
 2. Rotator cuff syndromes (Stage 1-3)
 3. Rotator cuff tears
 4. Bicep tendonitis and tears
 5. Dislocation of the shoulder
 6. Frozen Shoulder (Adhesive Capsulitis)
 7. Acromioclavicular Ligamentous Injuries (Sprains, Subluxation, Dislocation)
- B. Compare and contrast the history, examination and treatment for the following knee conditions:
 1. Anterior knee pain (Chondromalacia patellae)
 2. Anterior ligamentous injury
 3. Posterior ligamentous injury
 4. Meniscus injury
 5. Bursitis (pre patellar and superficial infrapatellar (housemaid), anserine bursitis)
 6. Tendonitis (patellar, iliotibial band)
 7. Osteoarthritis
 8. Osgood schlatters
 9. Gouty Arthritis
 10. Infection
 11. Rheumatic Disorders
- C. Compare and contrast the history, examination and treatment for the following eye complaints:
 1. Viral conjunctivitis

2. Bacterial conjunctivitis
 3. Scleritis
 4. Uveitis
 5. Keratitis
 6. Acute angle closure glaucoma
 7. Dry eye
- D. Describe the approach to a new rash, comparing and contrasting the history, examination and treatment for the following complaints:
1. Contact dermatitis
 2. Rhus dermatitis
 3. Scabies
 4. Bed bugs
 5. Tinea infections
 6. Viral exanthum
- E. Describe the antibiotic selection for cellulitis, comparing purulent cellulitis vs non-purulent cellulitis.
- F. Compare and contrast the history, examination and treatment for the following:
1. Viral URI
 2. Acute otitis media
 3. Bronchiolitis
 4. Community Acquired Pneumonia
 5. Flu
- G. Describe the exam and diagnostic work-up for vaginal bleeding and vaginal discharge.
- H. Compare and contrast the history, examination and treatment for the following back complaints:
1. OA
 2. Herniated disc
 3. Spondylolysis and spondylolithesis
 4. Scoliosis
 5. Cord compression (fracture, infection, malignancy)
 6. Spinal stenosis
 7. Ankylosing Spondylitis
- I. List the "red flags" in the evaluation of back pain.
- J. Be familiar with Wadell's signs in the evaluation of back pain.
- K. Describe the indications, contraindications, risks, and potential benefits for the following procedures:
1. Splinting of arm, ankle, hand, wrist, and lower extremity
 2. Incision and drainage of an abscess
 3. Simple and complicated laceration repair
 4. Fluorescein
 5. Aspiration of the: knee, shoulder, subacromial articular and burial injection

Practice-based Learning and Improvement

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
2. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
3. Use information technology to manage information, access on-line medical information; and support their education
4. Facilitate the learning of students and other health care professionals

Interpersonal and Communication Skills

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:

1. Create and sustain a therapeutic and ethically sound relationship with patients
2. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
3. Work effectively with others as a member or leader of a health care team or other professional group

Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

1. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitments to excellence and on-going development
2. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
3. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

Systems-Based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

1. Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice

2. Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
3. Practice cost-effective health care and resource allocation that does not compromise quality of care
4. Advocate for quality patient care and assist patients in dealing with system complexities

Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance