# Categorical PGY1 Curriculum

**Department of Medicine**
**Emory University School of Medicine**
**NRMP: 1113140C0**

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<tr>
<th>Rotation</th>
<th>Months</th>
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| General Medicine Inpatient | 5 | - Patient Population/Health System: Urban to rural; public to private to governmental  
- Daily bedside attending rounds with Emory faculty (hospitalists, generalists, subspecialists)  
- Chairman Bedside Rounds with Senior Faculty/Master Clinicians twice monthly  
- PGY1’s present cases at chief resident report  
- Medical student teaching opportunities available at all hospitals  
- In-House Call: Emory 1 in 4; VA 1 in 12; must depart by 1 pm post-call  
- No In-House Call at Grady or Crawford Long Hospitals  
- Night Float Team or hospitalists admit all patients after 8 pm or over the admission or team size cap and provide overnight cross coverage |
| Cardiology (Emory Hospital) | 1 | - General cardiology, heart failure, and tertiary referrals  
- Emory Hospital: “Top Ten Cardiology Hospital” nationally  
- Daily rounds with Cardiology Faculty, Cardiology Morning Report  
- In-House Call: 1 in 5; must depart by 1 pm post-call |
| Subspecialty Electives (Emory Hospital) | 2 | - PGY-1 residents have the opportunity to choose subspecialty services in which they have an interest  
- Close interaction with subspecialty faculty  
- Exposure to inpatient and outpatient subspecialty medicine  
- Subspecialty procedures  
- Extensive subspecialty didactics (lectures, journal clubs, and research conferences)  
- In-House Call: average 1 in 5; must depart post-call by 1 pm. |
| Special Immunology Service (SIS) (Infectious Diseases - Grady) | 1 | - Patient population: patients with HIV/AIDS served by the Grady Health System  
- Daily rounds with Infectious Disease Faculty  
- Interdisciplinary team approach to enhance systems-based learning  
- No overnight call; admissions 1 day in 4 until 8 pm  
- Night float admits and cross covers after 8 pm |
| Critical Care/MICU (Grady) | 1 | - Intensive care experience across all fields of internal medicine  
- Daily bedside rounds with Critical Care Faculty and subspecialty fellows  
- Procedures include intubations, ventilator/pressor management, central lines, & PA catheters  
- In-House Call: 1 in 4; must depart by 1 pm post-call |
| Primary Care (all hospitals) (For more detail, see “Ambulatory Curriculum”) | 2 | - Designed to prepare the resident to deliver comprehensive primary care (Emphasis on clinical and procedural skills, preventive medicine, and cost-effectiveness)  
- Clinical exposure to dermatology, office gynecology, ophthalmology, ENT, flexible sigmoidoscopy, stress ECG, and continuing through PGY-2 and 3 years. Time is spent in a walk-in clinic, pre-op clinic, and other primary care settings.  
- Broad-based core curriculum (e.g. evidence-based medicine)  
- Weekends free of clinical duties; no in house call |
| Continuity Care Clinic (Grady) Weekly over the 3 years | | - Throughout 3-yrs of training, residents maintain Continuity Clinic one-half day/wk  
- Residents evaluate patients and present to Grady-based Emory Faculty preceptors  
- Residents typically follow about 140 patients; many were cared for on the inpatient service are followed up in their own clinic  
- A case-based 30 minute pre-clinic conference occurs prior to each clinic sessions covering a broad range of topics (e.g., diabetes, hypertension, heart disease, cancer screening, asthma, COPD, women’s health topics, outpatient orthopedics) |
For all rotations:
- Daily noon conference with lunch.
- 24 hour attending backup at each hospital.
- Average every 7th day off.
- Inpatient admissions cap: 5 per PGY-1 resident.

## Categorical PGY2 Curriculum
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| General Medicine Inpatient (Grady, VA, Crawford Long) | 2 | • Patient Population/Health System: Urban to rural; public to private to governmental
• Daily bedside attending rounds with Emory faculty (hospitalists, generalists, subspecialists)
• Bedside Professor Rounds with Senior Faculty/Master Clinicians twice monthly
• Residents present cases at resident report
• No in-house call
• Night Float Team or hospitalists at all sites admit all patients after 8 pm or over the admission cap |
| Critical Care/ICU (VA) | 1 | • Extensive critical care experience
• Daily bedside rounds with critical care Faculty and subspecialty residents
• Critical care procedures incl. intubations, ventilator/pressor management, central lines, PA catheters
• In-House Call: 1 in 4.
• 24 hour backup by subspecialty fellows as well as attendings |
| Subspecialty Electives (Emory, Crawford, Grady, VA) | 3 | (Cardiology, Endocrinology, Gastroenterology, Geriatrics, Hematology-Oncology, Infectious Diseases, Neurology, Nephrology, Pulmonary Diseases, Rheumatology) • Residents have the opportunity to choose subspecialty services in which they have an interest
• Variety of patient populations including tertiary referrals from throughout the nation and the world, as well as from both medical and non-medical services
• Close interaction with subspecialty faculty
• Exposure to inpatient and outpatient subspecialty medicine
• Subspecialty procedures
• Extensive subspecialty didactics (lectures, journal clubs, and research conferences)
• In-House Call: 2-4 times a month; residents must depart by 1 pm post-call |
| Primary Care (all hospitals) (For more detail, see handout “Ambulatory Curriculum”) | 2 | • Designed to prepare the resident to deliver comprehensive primary care. Emphasis is on cost-effectiveness, preventive medicine, practical skills learning, etc.
• Clinical exposure to dermatology, office gynecology, family planning, ophthalmology, ENT, flexible sigmoidoscopy, stress electrocardiography. Time is spent in the walk-in clinic, pre-op clinic, and other primary care settings.
• Residents attend skills development workshops 4 hours/week
• One to two in house calls per month; must depart by 1 pm post call
• Weekends free of clinical duties if not on call |
| Emergency Care Center (Grady) | 1 | • Population: Principal emergency facility for Atlanta’s 2.5 million residents. Over 160,000 visits/year
• Full spectrum of diseases evaluated, both medical and surgical
• Opportunities for procedures, including intubations, line placement, suturing, etc.
• Residents evaluate and present patients to Emory Emergency Medicine Faculty present in the ED 24 hours/day, 7 days/week
• Shifts average 10 hours |
| Elective | 2 | • Each resident will have two months of elective time that may be used to augment clinical experience among the medicine subspecialties or in primary or intensive care. Alternatively, the resident may rotate in areas outside the department of medicine or pursue research opportunities
• One to two in house calls/month; must depart by 1 pm post call |
| Night float (Grady) | 1 | • Admit and cross cover patients from 8 pm-7 am; have night float report with chief resident daily and bedside rounds with program directors |
| Continuity Care Clinic (Grady) | Weekly over | • Throughout the 3-years, residents maintain a Continuity Clinic one-half day/week. |

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| the 3 years | • Residents evaluate patients and present to Grady-based Emory Faculty preceptors  
• Residents typically follow about 140 patients; many who were cared for on the in-patient service are followed up in their own clinic  
• A case-based 30 minute pre-clinic conference occurs prior to each clinic sessions covering a broad range of topics (e.g., diabetes, hypertension, heart disease, cancer screening, asthma, COPD, women’s health topics, outpatient orthopedics) |

| For all rotations: | Daily noon conference with lunch.  
Average every 7th day off.  
24 hour attending backup at each hospital.  
Inpatient admissions cap: 5 per PGY-1 resident. |
# Categorical PGY3 Curriculum
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### Emory University School of Medicine

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| **General Medicine Inpatient (Grady, VA, Crawford Long)** | 2-3      | - Patient Population: Urban to rural; public to private to governmental  
- Daily bedside attending rounds with Emory faculty (hospitalists, generalists, subspecialists)  
- Chairman Bedside Rounds with Senior Faculty/Master Clinicians twice monthly  
- Residents present cases at resident report  
- No in-house call at Grady or VA, Crawford is once monthly; post call resident departs at 1 pm  
- Night Float Team admits all patients after 10 pm |
| **Critical Care/ICU (Grady)**                   | 1        | - Intensive care experience across all fields of internal medicine (pulmonary, cardiology, etc.)  
- Daily bedside rounds with Pulmonary/Critical Care Faculty and subspecialty residents  
- Procedures include intubations, ventilator/pressor management, central lines, & PA catheters  
- In-House Call: 1 in 4; must depart by 1 pm post-call |
| **Subspecialties (Emory, Crawford, Grady, VA)** | 5-6      | - Individual preferences are considered in assignments  
- Patient population: Emory and Crawford patients include tertiary referrals from throughout the southeast. At Grady and the VA, subspecialty consults are from medical and non-medical services  
- Close interaction with subspecialty faculty  
- Exposure to inpatient and outpatient subspecialty medicine  
- Subspecialty procedures  
- Extensive subspecialty didactics (lectures, journal clubs, and research conferences)  
- In-House Call: 2-4 times a month; residents must depart by 1 pm post-call |
| **Primary Care (Emory, Crawford, Grady, VA)**   | 1        | - Designed to prepare the resident to deliver comprehensive primary care. Emphasis is on cost-effectiveness, preventive medicine, practical skills learning, etc.  
- Clinical exposure to dermatology, office gynecology, family planning, ophthalmology, ENT, flexible sigmoidoscopy, stress electrocardiography. Time is spent in the walk-in clinic, pre-op clinic, and other primary care settings.  
- Residents attend skills development workshops 4 hours/week  
- One to two in house calls per month; must depart by 1 pm post call  
- Weekends free of clinical duties if not on call |
| **Emergency Medicine (VA)**                    | 1        | - Population: Principal emergency facility for Atlanta’s veterans  
- Full spectrum of diseases evaluated, both medical and surgical  
- Opportunities for many procedure (e.g., intubations, line placement, suturing)  
- Residents work 7 am – 6 pm Monday through Friday  
- Residents work-up patients, then present them to ER faculty |
| **Elective**                                    | 1        | - Each resident will have two months of elective time that may be used to augment clinical experience among the medicine subspecialties or in primary or intensive care. Alternatively, the resident may rotate in areas outside the department of medicine or pursue research opportunities  
- One to two in house calls/month; must depart by 1 pm post call |
| **Continuity Care Clinic (Grady)**             | Weekly over the 3 years | - Throughout the 3-years, residents maintain a Continuity Clinic one-half day/week.  
- Residents evaluate patients and present to Grady-based Emory Faculty preceptors  
- Residents typically follow about 140 patients; many who were cared for on the in-patient service are followed up in their own clinic  
- A case-based 30 minute pre-clinic conference occurs prior to each clinic sessions covering a broad range of topics (e.g., diabetes, hypertension, heart disease, cancer screening, asthma, COPD, women’s health topics, outpatient orthopedics) |

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