# Primary Care PGY1 Curriculum

**Department of Medicine**  
Emory University School of Medicine  
NRMP: 1113140M0

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<th>Rotation</th>
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| **General Medicine Inpatient**  
Grady Memorial Hospital: 2 months  
Crawford Long Hospital: 1 month  
Emory University Hospital: 1 month  
VA Hospital: 1 month | 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 |

| **Primary Care (Grady, VA, Emory, Crawford; didactic sessions based at Grady)**  
(For more detail, see handout "Ambulatory Curriculum") | 3 | - Designed to prepare the resident to deliver comprehensive primary care. Emphasis is on cost-effectiveness, preventive medicine, practical skills learning, etc.  
- Clinical experience in both internal medicine (endocrinology, infectious diseases, preventive cardiology, rheumatology, etc.) and non-internal medicine (orthopedics, dermatology, ENT, office gynecology) specialties.  
- Procedural training in common general medicine procedures – flexible sigmoidoscopy, stress electrocardiography, skin biopsy, joint injections, etc.  
- Wide-ranging general medicine experiences in public hospital, university-based, and community settings as well as ambulatory walk-in and pre-op clinics.  
- Didactic workshops and lectures emphasizing experiential, evidence-based learning from experts in the fields of preventive medicine, cost-effectiveness, ambulatory care, cross-cultural medicine, etc.  
- Weekends free of clinical duties; no overnight call |

| **Continuity Care Clinic** | 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 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) |

| **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 Elective (Emory)**  
(Endocrinology, Gastroenterology, Geriatrics, Hematology-Oncology, Infectious Diseases, Neurology, Nephrology, Pulmonary Diseases, Rheumatology) | 1 | - 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 |

### 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.
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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 |
| Primary Care (all hospitals) (For more detail, see handout “Ambulatory Curriculum”) | 3        | - Please see full description under PGY-3 curriculum                                                                                                                                                                                                                           |
| Continuity Care Clinic                        | 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) |
| 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 |
| Subspecialty Electives (Emory, Crawford, Grady, VA) (Cardiology, Endocrinology, Gastroenterology, Geriatrics, Hematology-Oncology, Infectious Diseases, Neurology, Nephrology, Pulmonary Diseases, Rheumatology) | 3-4      | - 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 |
| Critical Care/ICU (VA)                        | 0-1      | - 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 |
| 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 |
| Night Float (Grady)                           | 1        | - Cross cover and admit patients from 8 pm-7 am; have night float report with chief resident daily and bedside rounds with program directors |

**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.
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| General Inpatient Medicine (Grady, VA, Crawford) | 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 |
| Primary Care                                  | 3        | • Designed to prepare the resident to deliver comprehensive primary care. Emphasis is on cost-effectiveness, preventive medicine, practical skills learning, etc.  
• Each resident can design his or her primary care month to meet personal learning goals in general medicine. Time available to pursue independent projects (especially in concert with elective month).  
• Clinical experience in both internal medicine (endocrinology, infectious diseases, preventive cardiology, rheumatology, etc.) and non-internal medicine (orthopedics, dermatology, ENT, office gynecology) specialties.  
• Procedural training in common general medicine procedures – flexible sigmoidoscopy, stress electrocardiography, skin biopsy, joint injections, etc.  
• Wide-ranging general medicine experiences in public hospital, university-based, and community settings as well as ambulatory walk-in and pre-op clinics.  
• Didactic workshops and lectures emphasizing experiential, evidence-based learning from experts in the fields of preventive medicine, cost-effectiveness, ambulatory care, cross-cultural medicine, etc. Extra workshops provided on development of teaching skills, workshop design.  
• In house call: 1-2 per month, post-call resident departs by 1pm  
• Weekends free of clinical duties unless on call |
| Continuity Care Clinic                        | 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 session covering a broad range of topics (e.g., diabetes, hypertension, heart disease, cancer screening, asthma, COPD, women’s health topics, outpatient orthopedics) |
| Subspecialty Electives (Emory, Crawford, Grady, VA) | 5        | • 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 |
| 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 |
| Emergency Room (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

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