4th Year Medical Student Emergency Medicine Rotation

WELCOME TO LOUISVILLE!
Welcome
Introduction to EM
Orientation
Scheduling and Attendance
Student Roles and Responsibility
Typical Student Shift
Didactics
Resources and Reading
Evaluation

Study Guide
Hospital Policies
The Department
  • Triage
  • Room 9
  • Main Department
  • X-Ray
  • EPS
  • First Care
Important Names and Numbers
Louisville Info
Welcome to the University of Louisville Department of Emergency Medicine! Founded in 1971, we are one of the oldest programs in the country. Here you will find an atmosphere that promotes clinical excellence and education through collegiality among the residents, attending physicians and staff. Our stability is rooted in dedicated faculty, institutional support, and the recruitment of fun, energetic, and hardworking residents that thrive in the setting of autonomous yet supervised practice. It is the approach that hones our residents’ clinical and decision making skills well prior to their graduation.

Again, welcome. Prepare to work hard, study, and learn skills that you can use throughout your career.
Introduction to EM

Emergency Medicine is a fun, fast-paced, fluid, and exciting specialty. We treat whatever may show up at the door. You will have the opportunity to provide critical, surgical, medical, gynecological, obstetrical, psychiatric, and even palliative care to a wide range of patients.

Procedures abound in the emergency department and you are invited to participate. Frequently, we perform trauma and medical resuscitations, FAST scan ultrasounds, central venous line placements, tube thoracostomy, fracture & dislocation reduction and splinting, intubation, incision & drainage, and laceration repair.

We have a lot for you to do and learn. Come to the shift excited and be prepared to get you hands dirty.
Introduction to EM

Student Goals and Objectives

- Develop good clinical judgement and learn to apply it to patient care
- Deliver appropriate and compassionate emergency care
- Broaden and apply your medical knowledge to patient care
- Work to communicate effectively with both patients and colleagues
- Always remain ethical, responsible, and reliable
- Learn what resources are available to the ED and how to utilize them
- Learn to recognize and treat a patient in distress
Introduction to EM

Student Core Competencies

- Patient Care
- Medical Knowledge
- Problem-based Learning
- Interpersonal Communication Skills
- Professionalism
- Systems-based Practice
Introduction to EM

What we expect of you:

- Strong work ethic with a desire to learn and then teach what you learn.
- Punctuality
- Follow-through with what you are asked/volunteer to do
- If a patient appears to be in distress, you need to IMMEDIATELY get help from an upper level resident or attending. **DO NOT** try to handle it yourself!
- Professionalism is a must! All staff – from environmental services to patients and consultants – are to be addressed in a professional and respectful manner. Remember, this is a team sport
Orientation

- On your first day, arrive in the ED academic office at 9:00 AM. It is located adjacent to the emergency department. Just ask anyone at the ED secretary’s desk and they will show you back.
- Dress code is business casual
- You will be making your own schedule this day, so bring your phone, planner, lunch napkin, or whatever else you use for organization.
- You will tour the department, be given your badge, and all other formalities this day.
- This will also be your opportunity to meet with the student coordinator, review the syllabus, ask questions, and get to know the other students on the rotation
- Plan for this orientation to last ~3 hours
Scheduling and Attendance

- Scheduling coverage is part of the EM career. Therefore, we leave it to YOU to create your own schedules. Here are the rules:
  - Students are required to work 15 shifts in the ED, 4 of which must be on a weekend.
    - Your 15 shifts must be **evenly** divided between the three shift times each day
      - 08:00 AM – 04:00 PM
      - 04:00 PM – 11:00 PM
      - 11:00 PM – 08:00 AM
  - You will need to be available the entire four weeks of your rotation. You cannot frontload or backload your schedule to complete it in a shorter time.
  - You may not work more than 5 consecutive days, and must have at least 8 hours between shifts.
  - No more than 2 students may work the same shift
  - Switching is allowed, but you are responsible for finding a student to switch. **All switches need to be approved by Alescia Bjelland 24 hours before the scheduled shift.**
Scheduling and Attendance

Other Responsibilities:

- Student Didactic Lectures: These are mandatory lectures/hands-on teaching sessions presented by the residents. The schedule will be provided to you by Alescia Bjelland. Every student must attend each of these unless you worked the 11PM – 8AM shift just prior.

- Resident Lectures: The department has lectures scheduled for the residents each Wednesday morning, typically 9AM -12PM. They are held in the ED conference room and cover a wide array of useful topics. It is highly recommended that you attend these conferences during your rotation. Topics and exact times can be found on the conference schedule posted on the conference room door.

- 16th Shift: In addition to the 15 shifts you must complete in the ED, you must also do one extra shift during your rotation with one of the following:
  - Procedural shift in the ED
  - Poison Control shadow
  - Air Methods helicopter ride-along
Late/Missed Shift

In the event that you are unable to attend a shift or will be late due to an emergency or illness, you are responsible for:

- Calling the main department at (502) 562-3015 and alerting the third year resident currently working.
- Calling your student coordinator (Alescia Bjelland) at (502) 852-1035 to alert her and reschedule your shift. You will be responsible for making up any missed shifts.

If you find out that you will not be able to work a shift 24+ hours in advance, you must contact Alescia ASAP to reschedule the shift. Again, you are able to switch shifts with other students, but it is your responsibility to arrange this.
Interview Season

- Interviews are important!
- Your schedule should accommodate most of your interviews as your schedule is self-made and flexible.
- You are required to complete 15 shifts, regardless if you have 0 interviews or 12.
- If you have an interview scheduled on a day you are supposed to work, it is your responsibility to switch shifts and make it up.
- If you are applying to UofL for a residency, there is a chance that you will interview during the month of your rotation.
  - The interview day will be announced in time for you to change your schedule (if necessary)
Student Roles and Responsibility

All students are responsible for the following:

- Completing histories and physicals
- Formulating clinical decisions
- Ordering treatment and additional tests with supervision
- Learning and performing procedures
- Determining patient disposition
- Learning how to obtain and completing consultation as directed by your resident
- Assisting in treatment of critically ill patients in the trauma room (Room 9)
- EMR documentation of ROS and PMHx/SHx/FHx
- Check your email daily for updates
Typical Student Shift

- Arrive 15 minutes early to your shift
- At the beginning of each shift, all residents and attending(s) will round on all patients in the department. At this time, the leaving residents will turn over their remaining patients to the oncoming team.
- Make sure that each patient you go to see appears stable. If the patient appears to be unstable or have a true emergency, get a resident immediately. Caution will never be viewed as a weakness. If a resident is not immediately available, ask a secretary or nurse to page the resident to the room STAT.
- Take the patient’s history, PMHx, etc. Perform a physical exam. Remember, you are only able to document ROS, PMHx, SHx, and FHx. But you must still perform a full H&P.
- Formulate a DDx and plan of action
- Present a concise history, physical, diagnosis, and plan to an upper-level resident. Include interpretation of completed labs/imaging/EKG as well as what else you would like to order and likely disposition (See slide 17)
Typical Student Shift

- Your resident will then see the patient, and they will assist you in ordering relevant studies.
- Once the orders are placed, be sure to follow up and get the results of the labs and x-rays. However, you must be quick or the residents will beat you to it!
- Once disposition is determined, the resident will guide you in obtaining consultation, admission, or discharge
- If procedures are necessary, you will be expected to participate
- Learn something from every patient you see. Try to pick up a wide range of chief complaints and patients.
- Keep enough patients to stay active but not overwhelmed.
- At the end of the shift, we will round again. **DO NOT LEAVE UNTIL ROUNDS HAVE FINISHED!**
  - You may be called to present on any of your patients that are being turned over. This will be like your initial presentation (slide 17 for example). Be prepared to be asked questions. You are not expected to know everything, but you will be responsible for the basics. Know why you ordered/performed what you did.
Example Presentation

Pt is a 67 y/o AA male. Presented to the ED today with worsening angina with exertion. Pain free on presentation. Came because his wife made him. Hx of CAD, CABG. Pt is a smoker for 40 years. PEx is unremarkable. Labs so far all negative, including cardiac enzymes. EKG unchanged from 6 months ago, with evidence of an old inferior infarct. Last cath 3 years ago. Pt has had ASA, O2, IV and lovenox. Suspect unstable angina. Will consult Cardiology. Plan for Cardiology admission for likely repeat cath.

- If you use a term, know the definition. A likely question here is “What are the different types of angina and how do you treat them?”
- Know why you did things. “Why did you give this patient lovenox?”
- Questions are meant to teach, not punish
Pt is a 67 y/o AA male. Presented to the ED today with worsening angina with exertion. Pain free on presentation. Came because his wife made him. Hx of CAD, CABG. Pt is a smoker for 40 years. PEx is unremarkable. Labs so far all negative, including cardiac enzymes. EKG unchanged from 6 months ago, with evidence of an old inferior infarct. Last cath 3 years ago. Pt has had ASA, O2, IV and lovenox. Suspect unstable angina. Will consult Cardiology. Plan for Cardiology admission for likely repeat cath.

- If you use a term, know the definition. A likely question here is “What are the different types of angina and how do you treat them?”
- Know why you did things. “Why did you give this patient lovenox?”
- Questions are meant to teach, not punish
Resources and Reading

Books
- Rosen’s and Tintinalli’s are the staples for Emergency Medicine
- Read about the topics outlined in the study guide
- All students are provided with a loaned copy of *Step-Up to Emergency Medicine*

Organizations
- [www.acep.org](http://www.acep.org)
- [www.emra.org](http://www.emra.org)
- [www.saem.org](http://www.saem.org)
- [www.aaem.org](http://www.aaem.org)
- [www.abem.org](http://www.abem.org)
Evaluation

Student grades will be compiled from two components:

- **Shift evaluations will count for 70% of your final grade**
  - An evaluation will be completed from your upper-level resident at the end of each shift
  - Each student should have a *minimum of 10 evaluations*

- **End-of-clerkship exam will account for 30% of your final grade**
  - Online, NBME exam. The date and time will be provided during orientation
  - See study guide for list of topics covered

- **Final grade breakdown**
  - 87 or higher: Honors
  - 81 – 86.4: High Pass
  - 60 – 80.4: Pass
Evaluation

Shift Evaluations are based on core competencies

- Patient Care
- Medical Knowledge
- Problem-based Learning
- Interpersonal Communication Skills
- Professionalism
- Systems Based Practice
<table>
<thead>
<tr>
<th>COMPETENCIES</th>
<th>Excellent</th>
<th>Above avg</th>
<th>Average</th>
<th>Below avg</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. PATIENT CARE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates appropriate clinical judgment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides essential clinical information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prioritizes plan of care for ED patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keeps medical record current</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. MEDICAL KNOWLEDGE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates appropriate level of medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makes use of available resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asks pertinent clinical questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaches decisions with confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. PRACTICE-BASED LEARNING AND IMPROVEMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviews and learns from errors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepts constructive criticism well</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes initiative for learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. INTERPERSONAL AND COMMUNICATION SKILLS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates appropriately &amp; professionally</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counsels/educates patient &amp; family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of patient care is complete &amp;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>legible</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates effectively with other members of</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the healthcare team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5. PROFESSIONALISM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhibits ethical behavior in the ED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrives for assigned shifts prepared and in a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>timely manner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhibits leadership abilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates reliability &amp; accountability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6. SYSTEMS-BASED PRACTICE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhibits awareness of cost effectiveness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilizes hospital resources to optimize care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gives appropriate/attainable follow-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS:** (Required)

**DATE:** __________  **EVALUATOR:** __________
Blackboard Evaluation

After your final shift and written exam, you will be asked to evaluate the residents

- Please fill these out honestly. They value your feedback greatly, especially on the effectiveness of their teaching skills.
- These evaluations are located on Blackboard under “Course Documents”
  - If you are a visiting student, Alescia will email you with access the last week of your rotation
  - These must be completed to receive your final grade
Important to Know

Your final grade will not be released until you have:

a) Completed the resident and course evaluation
b) Signed ALL of your patient charts
c) Returned your completed 16th Shift form to Alescia
Study Guide

The following information is meant as a \textit{broad} guide for the questions you may encounter on the final exam. Any and everything about each topic is fair game!
Study Guide

**HEENT**
- Otitis media
- Bell’s Palsy
- “The red eye”
- Pharyngitis
- Vertigo
- Ocular foreign body
- Glaucoma
- Epistaxis
- Globe rupture

**Environmental**
- Lightning
- Hypothermia
- Hyperthermia
- Diving
- High altitude sickness
- Drowning
Study Guide

Toxicology
- Beta-blockers
- Snake bite
- Cyanide
- Tylenol
- ASA
- TCA
- EtOH
- CO
- Spider bite

Trauma
- Resuscitation
- Management of multiple trauma
- Burns
- Cervical X-rays
- EMS Management
- Shock
Study Guide

Respiratory
- Dyspnea
- Airway Management
- ABG’s
- PE
- PNA
- Asthma/COPD

Abdomen
- Gallbladder
- Pyelonephritis
- Abdominal pain
- Acute abdomen
- SBO
- Mesenteric ischemia

Wounds
- Suturing
- Wound Care

Pediatrics
- Trauma
- Infections
Study Guide

OB/GYN
- Pregnancy
- Eclampsia
- Abortions
- Vaginal bleeding
- Ectopic Pregnancy
- PID

Dermatology
- Stevens Johnson Syndrome
- RMSF
- Lyme Disease

Neurology
- Meningitis
- CVA/Stroke
- Mimicry of CVA
- Seizures
- Headaches

Psychiatric
- Safety Measures
- Suicidal/Homicidal Pt
- Psychosis
Study Guide

Orthopedics
- Sprains
- Splints
- Fractures
- Hand Injuries
- Arthritis

Cardiology
- MI
- Arrhythmias
- CXR
- ACLS

Endocrine
- Adrenal
- Thyroid
- Anaphylaxis
- Graves Disease
- DKA
Hospital Policies

Fire Safety: we follow the RACE method

- **R** – **Rescue** persons from fire, know exit locations and fire compartments, feel doors for heat, search while yelling “blue flash” or “fire”
- **A** – **Activate** alarm pull station while yelling “blue flash” or “fire”. Dial 20 (code phone) to report fire location
- **C** – **Control/Contain** the fire, **Close** all windows and doors
- **E** – **Extinguish** or **evacuate** using portable fire extinguishers
Blood Exposure – If you experience a needle stick or other occupational blood exposure, please do the following:

- Obtain consent for the patient involved for HIV testing and contact the nursing supervisor
- Complete and incident report
- If you have a needle stick from a high-risk patient, call (502) 852-6446 immediately and ask to speak with MD on call. Start PEP within one hour.
- Follow all exposure protocol and if you have any questions, call (502) 852-6446, which is answered 24/7
The Department

The following is a quick tour of our department, with relevant information about each area.

This will give you an idea of the layout of the ED, where people can be found, and the ED flow.
Patients sign in here and are sent to the proper location based on illness.

Occasionally, residents are called to triage for evaluation of a pediatric patient, abnormal triage EKG, etc.
Room 9

Room 9 is our medical and trauma resuscitation room. There are four bays, one of which is seen here.

When you are in the ED and hear a buzzer sound followed by a “Room 9” page, please stop what you are doing and proceed to Room 9.
Generally, only critically ill patients are seen in Room 9. Everything we need is right at hand and things move very quickly.

As your rotation progresses, you will be asked to participate with increasing frequency in Room 9, so pay close attention!
As the residents become more comfortable with your skills, you may be asked to perform procedures in Room 9. So read up on nasal and oral intubation, chest tubes, central lines, and splints.

If you do not know how to perform a procedure or are uncomfortable doing it, say so! **Do not pretend to know how to do something you don’t know how to do.** Your resident will teach you, and you can do the next one.
Sometimes Room 9 patients are not serious and you may be dismissed to the department. When dismissed, please return to the department and continue seeing patients.

Sometimes the patient is too ill to be a teaching case. In this instance, you may be asked to stand aside and watch. This is only ever done when a patient’s life is on the line. Please do so quickly and do not take it personally.
Main Department

This is a partial view of the main department. The design is an arena style with patient rooms on the periphery and staff seating located centrally.

This is a view of where the residents and attendings sit and work. Please sit at the single monitor computers – upper levels will sit at the double-monitors.
Main Department

This is a picture of the glass room in the center of the dept. We call it the “fish bowl”. This is where our consulting services will do their work. That is Dr. Danzl, our chairman, on the phone. Of note, his name also appears on the cover of Rosen’s.

The phones and radios in this picture are located behind the resident’s seat. These are used to take transfer calls from EMS and AirMethods. Please do not use these phones at any time.
Remember, EM is a team sport and collegiality is a hallmark of our program. Can you imagine what it would be like if no one took pride in keeping the ED clean?

An important thing to learn is that being nice to nurses and other staff will save you a lot of time and work. Plus, they deserve it. They work even harder than we do.
Often, a patient or family will ask for food or drink. Other times it may be clinically important for the patient to eat/drink (diabetics, PO before d/c, etc.). Pictured here is the fridge and coffee maker where you can get drinks or crackers. Additional food is located at the secretary’s desk.
We have our own dedicated radiology suites and CT scanner. They are located in the hall just behind the department. This is also where you can find our radiologists for direct consultation.
EPS (Emergency Psychiatric Services) is our department for EM patients that present with only psychiatric complaints. Psychiatrists staff this area 24/7. Patients with both psych and medical complaints will be seen in the main ED, and then transferred to EPS once medically cleared.
First Care is a fast track area. It is staffed by midlevel providers. Patients presenting to the ED with minor complaints are sent here.
Important Contacts

▪ Course Director
  Raymond Orthober, MD
  raymondorthober@hotmail.com
  Cell/text  502-759-0515

▪ Student Coordinator
  Alescia Bjelland
  akbjel01@louisville.edu
  502-852-1035

▪ Help Desk (IT)
  502-562-3637 (3637 from ED phone)