



Welcome to the
University of Louisville
Department of Emergency Medicine
Medical Student Rotation

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Welcome



Founded in 1973, we are the second oldest Emergency Medicine residency program in the world.

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.



UL Health is an entity created in 2020 by merging two different large Louisville hospital service providers into one.

- University of Louisville Hospital
- Jewish Hospital
- Sts. Mary and Elizabeth Hospital
- Our Lady of Peace Psychiatric Hospital
- Jewish Southwest Hospital
- Jewish South Free-standing ER
- Jewish East Free-standing ER

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 your 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.**
- Dress code on first day 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 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 at your orientation. Here are the rules:
 - Students are required to work 15 shifts, 4 of which must be on a weekend.
 - 14 of your shifts will be completed at University of Louisville Hospital, 1 will be completed at Jewish Hospital downtown
 - Your 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. Between shifts, you must have a break equal to or longer than the shift you just worked.
 - 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 Alison Phillips 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 Alison Phillips but is typically 12PM – 1PM each Wednesday. 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. This is typically held each Wednesday, 08:30 – 12:00. 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.
- Pre-hospital Shift (16th Shift): In addition to the 15 Emergency Department shifts, you must also do one extra shift during your rotation with **one** of the following:
 - Poison Control shadow
 - Air Methods helicopter ride-along (October – March only)
 - Louisville Metro EMS ambulance ride-along

Late/Missed Shift



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

- Calling the main emergency department at (502) 562-3015 and alerting the third-year resident currently working.
- Calling your student coordinator (Alison Phillips) 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 Alison ASAP to reschedule the shift.** Again, you are able to switch shifts with other students, but it is your responsibility to arrange this.

Tardy to shift, or NO CALL/NO SHOW for any shift will trigger an immediate meeting with the Faculty Student Coordinator, Dr. Orthober, and may be grounds for dismissal or failure of the rotation.

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 (and your pre-hospital shift), 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.

Student Roles and Responsibility



All students are responsible for the following:

- Completing histories and physicals
- Developing treatment plans and obtaining specialty consultations 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)
- Check your email daily for updates

Student Roles and Responsibility



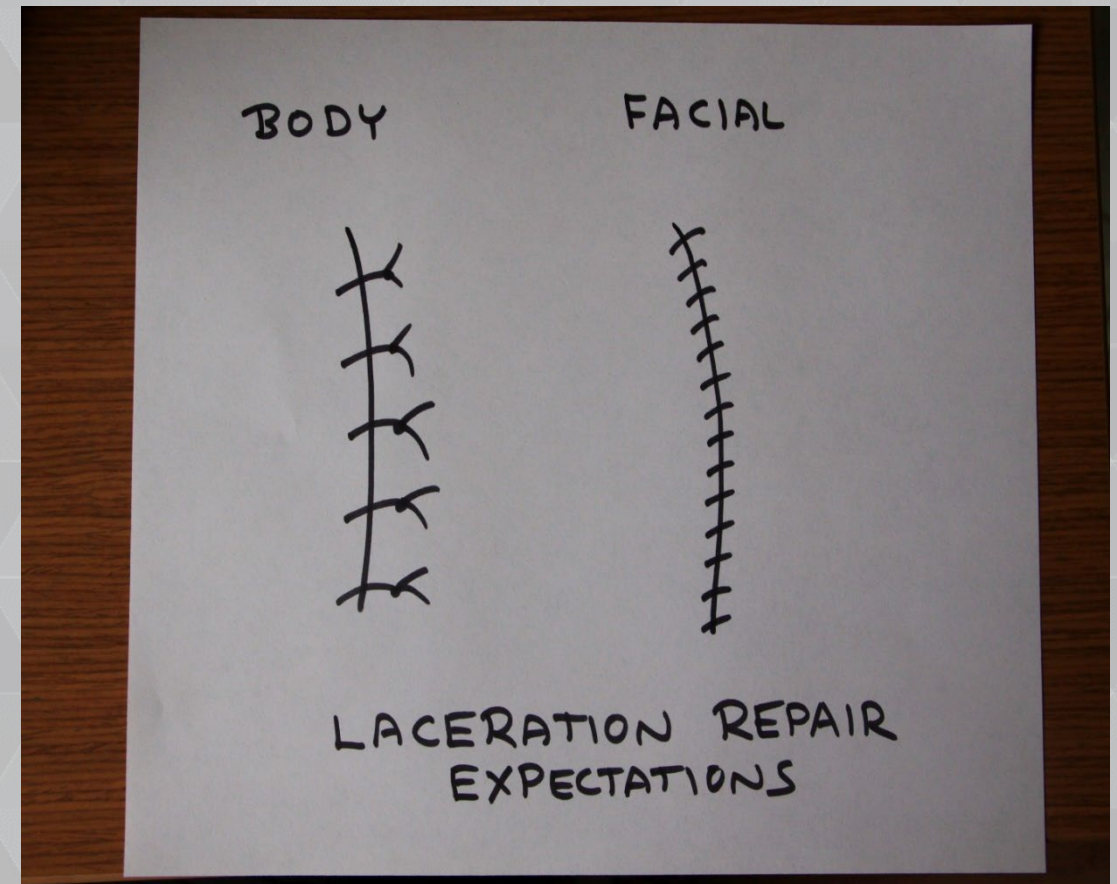
What it takes to be a SUPERSTAR on the rotation:

- Work hard and play well with others.
- Be attentive and interactive. Be willing to ask questions.
- Arrive on time and ready to go.
- Prepare an honest list of DIFFERENTIAL DIAGNOSES.
- Look at all your films. Always.
- Know your labs before your upper level does.
- Recheck your patient – multiple times.
- Work hard and play well with others.
- Your performance is ALWAYS being observed and evaluated. By everyone.

Student Roles and Responsibility

Facial Laceration Expectations:

- Lacs to the BODY can be closed with 4-0 Ethilon spaced 1cm apart.
- Facial laceration repair is more subtle.
- Facial lacerations must be repaired with small sutures....
- 6-0 Ethilon or FAST GUT for face.
- 5-0 Ethilon or FAST GUT is OK for neck.
- SMALL BITES
- FREQUENT SUTURES spaced 3mm.
- Ensure that your facial repair look like the illustration in photo.



Typical Student Shift



- Arrive 15 minutes early to your shift – CHAIR PHILOSOPHY = if you're not 10 min early, you're late.
- The resident shifts are staggered start times. There is no grand walk round event at shift change.
- 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.
- 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 example on slide 19).
- Continue to follow-up with your patient, their lab/imaging results, and disposition until discharged or admitted.

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, the residents will stagger their arrival.
 - You may be called to present on any of your patients that are being turned over. This will be like your initial presentation **ONLY MORE BRIEF**. 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 three years ago at OLH. Pt is a smoker for 40 years, smokes 1 pack per day. 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 fluids, and lovenox. Suspect unstable angina. Will consult Cardiology. Plan for Cardiology admission for likely repeat cath.

- Even if you strongly suspect a diagnosis, be prepared to give your differential!
- 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 – our faculty contribute chapters to these text books.
- Read about the topics outlined in the study guide
- All students are provided with a loaned copy of Step-Up to Emergency Medicine, a student text created by this Department of Emergency Medicine faculty.

Organizations

- www.acep.org
- www.emra.org
- www.saem.org
- www.aaem.org
- 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
- End-of-clerkship exam will account for **30%** of your final grade
 - Online, NBME exam. The date and time will be provided during orientation
 - NBME self-assessment, including 50 example questions, available for purchase (\$20) at:
www.nbme.org/students/sas/MasterySeries.html
- **Final grade breakdown**
 - 90 or higher : Honors
 - 83 – 90: High Pass
 - 60 – 82: Pass
 - Below 60 : Fail

Evaluation



MEDICAL STUDENT PERFORMANCE EVALUATION
DEPARTMENT OF EMERGENCY MEDICINE
UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE

Name: _____
Rotation Dates: _____

PLEASE EVALUATE ALL SIX COMPETENCIES	Independent, Performs at Level of Honors	IP	Can Competently Complete with Some Support, Average	P	Needs Frequent Coaching, Not Ready for Internship, Poor Performance
	Honors	IP	Avg	Student to meet with faculty	Student to meet with faculty
1. PATIENT CARE Demonstrates appropriate clinical judgment Provides essential clinical information Prioritizes plan of care for ED patients **Develops differential diagnosis					
2. MEDICAL KNOWLEDGE Demonstrates appropriate level of medical knowledge Makes use of available resources Asks pertinent clinical questions Reaches decisions with confidence ** Develops cohesive treatment plan					
3. PRACTICE-BASED LEARNING AND IMPROVEMENT Reviews and learns from errors Accepts constructive criticism well Takes initiative for learning					
4. INTERPERSONAL AND COMMUNICATION SKILLS **Communicates appropriately & professionally with patients Counsels/educates patient & family Communicates effectively with other members of the health care team					
5. PROFESSIONALISM Exhibits ethical behavior in the ED Arrives for assigned shifts prepared and in a timely manner Exhibits leadership abilities Demonstrates reliability & accountability **Assumes responsibility willingly; exhibits strong work ethic **Given the necessary guidance, what is your prediction of future success					
6. SYSTEMS-BASED PRACTICE Exhibits awareness of cost effectiveness Utilizes hospital resources to optimize care Gives appropriate/attainable follow-up instructions Effectively manages patient flow/turnover					
7. COMMENTS (REQUIRED, MAY CONTINUE ON BACK)					

DATE: _____ EVALUATOR: _____

Shift Evaluations are based on core competencies:

- Patient Care
- Medical Knowledge
- Problem-based Learning
- Interpersonal Communication Skills
- Professionalism
- Systems Based Practice

Evaluation Surveys



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

- Please fill these out honestly. Your responses are anonymous. We value your feedback greatly, especially on the effectiveness of the rotation.
- You will receive an email with the links to these surveys prior to your Shelf exam
 - **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 evaluations
- b) Returned your completed 16th Shift form to Alison
- c) Returned your textbook and HID card (if you are not a UofL student)

Hospital Policies



Fire Safety:

- 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

Hospital Policies



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 and attending
- Complete an 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 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

Triage



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 identical bays.
- 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.

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!



Room 9



- Medical Students will be asked to help in Room 9 and elsewhere.
- Any procedure is fair game. This includes splinting, ultrasound, intubation, lines, and much more
- 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.

Room 9



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 or racetrack style with patient rooms on the periphery and staff seating located centrally.



The physician work area is a single space where all providers work and chart.

Main Department



The FISHBOWL is the area where our consultants gather to discuss.

EMS communications, both air and ground, are done from a central radio array in the physician area.

These radios are for upper level resident use only.



Main Department



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.

Main Department



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.



Radiology



We have our own dedicated radiology suites and CT scanner across from Room 9.



The Department of Radiology staffs the Emergency Reading Room 24/7

Emergency Psychiatry Services



- UofL Emergency Psychiatric Services (EPS) is the only free-standing psychiatric emergency room in the state of Kentucky.
- It has roughly mental health 24 beds.
- It is contiguous to, but separate from, our Emergency Department.
- The Department of Psychiatry staffs EPS 24/7.
- Our job is to medically 'clear' the patients with decompensated mental health conditions prior to mental health evaluation.

Sexual Assault Examination



SAFE/SANE

- Sexual Assault Forensic Examiner
- Sexual Assault Nurse Examiner
- A hospital based sexual assault examination team of forensic nurses.
- Will perform all sexual assault exams and document and rx per legal requirements.
- The sexual assault patients are only seen by the resident.



First Care



- First Care is a separate 13 bed fast-track area for low-acuity patients.
- It is staffed by advanced practicing providers and moonlighting EM residents.
- Patients presenting to the ED with minor complaints are sent here.

Important Contacts



- **Course Director**
Raymond Orthober, MD
raymond.orthober@louisville.edu
Cell/text 502-759-0515
- **Student Coordinator**
Alison Phillips
amchea01@louisville.edu
502-852-1035
- **Emergency Department**
502-562-3015
- **Help Desk (IT)**
502-562-3637 (3637 from ED phone)