EMERGENCY MEDICINE ULTRASONOGRAPHY

Advanced Clinical Clerkship Location: HARBOR 2012-2013 Revised: 12/8/11

STUDENT EXPERIENCES

CLOSE CONTACT WITH:

X FULL-TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
OTHER:

0%
100%
100%
0%

COMMON PROBLEMS/DISEASES

1. Undifferentiated abdominal pain
2. Biliary Colic
3. Multiple trauma
4. Vaginal bleeding in the pregnant patient
5. Pericardial effusion
6. Central venous cannulation/access
7. Paracentesis

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 25
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 150-200

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>9:00 – 11:00 Ultrasound Lecture Series Emergency Dept. Ultrasound</td>
<td>Emergency Dept. Ultrasound</td>
<td>Emergency Dept. Ultrasound</td>
<td>8:00 – 10:00 EM Conference Emergency Dept. Ultrasound</td>
<td>8:00 – 10:00 EM Conference Emergency Dept. Ultrasound</td>
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<td>PM</td>
<td>Emergency Dept. Ultrasound</td>
<td>Emergency Dept. Ultrasound</td>
<td>12 – 4 Formal Ultrasound</td>
<td>Emergency Dept. Ultrasound</td>
<td>12:00 – 1:00 Library/Research 1:00 – 2:00 Meeting with Mentor</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: None

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: 4 week rotations available by arrangement for visiting students.
**STUDENT EXPERIENCES**

CLOSE CONTACT WITH:

- X FULL-TIME FACULTY
- X CLINICAL FACULTY
- X FELLOWS
- X RESIDENTS
- INTERNs
- OTHER:

**COMMON PROBLEMS/DISEASES**

1. Major & Minor Trauma
2. Cardiac Emergencies: Chest Pain
3. Acute Respiratory Distress
4. Acute Febrile Illness
5. Toxicology
6. Altered Mental Status
7. Abdominal Pain & Ob/Gyn Emergencies
8. Suturing Techniques

**APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:** 37 - 38

**TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:** 1,375

**TYPICAL WEEKLY SCHEDULE**

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<tr>
<td>AM</td>
<td>Attending Rounds</td>
<td>Trauma Conference</td>
<td>Attending Rounds</td>
<td>Attending Rounds</td>
<td>Primary Patient Care</td>
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<td>Student Lectures</td>
<td>Grand Rounds</td>
<td>Primary Patient Care</td>
<td>Primary Patient Care</td>
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<td>Primary Patient Care</td>
<td>Resident Conference</td>
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<td>Primary Patient Care</td>
<td>X-Ray Rounds</td>
<td>Primary Patient Care</td>
<td>Primary Patient Care</td>
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<td></td>
<td>Primary Patient Care</td>
<td>Resident Conference</td>
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<td>Primary Patient Care</td>
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**ON-CALL SCHEDULE & WEEKEND ACTIVITIES:** Shifts are either 1500 to 2300 or MN-0800 at UCLA and 0800 to 1600, 1600 to 2400 and 2400 to 0800 at OVCM, including weekends. Attendance at all conferences is mandatory regardless of rotating schedule.

**ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:** There will be ample opportunity to perform procedures (laceration repair, venous access, slit lamp examination, ENT procedures, etc.) The clinical experience will be supplemented through lecture, rounds, and formal conferences. Externs with an interest in Emergency Medicine encouraged. E-mail Dr. Baraff with dates desired and postgraduate training interests.
EM320.02 EMERGENCY MEDICINE

Subinternship Location: HARBOR 2012-2013
Revised: 1/9/12

STUDENT EXPERIENCES

CLOSE CONTACT WITH:
- FULL-TIME FACULTY
- CLINICAL FACULTY
- FELLOWS
- RESIDENTS
- INTERNS
- OTHER: Nurses, paramedics

COMMON PROBLEMS/DISEASES
1. Chest pain
2. Dyspnea
3. Lacerations
4. Orthopedic injuries
5. Cutaneous infections
6. Altered mental status
7. Overdose
8. Abdominal pain
9. Trauma

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 15 - 20
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 500

SAMPLE WEEKLY SCHEDULE

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<td>Morning Rounds</td>
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<td>Morning Rounds</td>
<td>Core Curriculum</td>
<td>10:00</td>
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<td>8:00 – 12:00 Medical Student Lecture Day (1st day)</td>
<td>7:00 – 3:00 Procedure Shift</td>
<td>7:00 – 3:00 Procedure Shift</td>
<td>9:00 - Case Conf.</td>
<td>10:00</td>
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<td>Patient Care</td>
<td>Patient Care</td>
<td>7:00 – 3:00 Community ED Or</td>
<td>Or</td>
<td>Patient Care</td>
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<td>Or</td>
<td>10:00 - Medical Student Conf.</td>
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<td>1:00 – 8:00 Paramedic Ride-Along</td>
<td>Patient Care</td>
<td>Evening Rounds</td>
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<td>4:30 Evening Rounds</td>
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<td>Evening Rounds</td>
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<td>PM</td>
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<td>Evening Rounds</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Students spend 40 hours per week in the department, which includes weekend and night shifts.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
EM320.03 EMERGENCY MEDICINE

Subinternship Location: ST. MARY 2012-2013 Revised: 12/8/11

STUDENT EXPERIENCES

CLOSE CONTACT WITH:

- FULL-TIME FACULTY
- CLINICAL FACULTY
- FELLOWS
- RESIDENTS
- INTERNS
- OTHER: Paramedics

COMMON PROBLEMS/DISEASES

1. Major and minor trauma
2. Acute cardiac emergencies
3. Pulmonary edema
4. Acute respiratory emergencies
5. Orthopedic emergencies
6. Acute surgical abdomen
7. Complications of alcoholism
8. Upper gastrointestinal hemorrhage

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 75

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 650

TYPICAL WEEKLY SCHEDULE

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<tr>
<td>PM</td>
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<td>Noon Teaching Conference Didactic Teaching</td>
<td>Noon Teaching Conference Didactic Teaching</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Five 8-hour shifts each week. Shifts are either morning (7 am—3 pm), afternoon (3 pm—11 pm) or night (11 pm—7 am).

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Upon request, a paramedic “ride-along” can be arranged to observe a paramedic team during the course of their day. St. Mary Medical Center, 1050 Linden Avenue, Long Beach, CA 90813
EM320.06  EMERGENCY MEDICINE SUBINTERNSHIP

Subinternship  Location: KERN  2012-2013  Revised: 4/20/12

COURSE CHAIR:  Faried Banimahd, M.D.  PHONE #:  (661) 326-2160
E-MAIL: faried1000@yahoo.com

SUPPORTING FACULTY:
Drs. Dong, Sverchek, McPheeters, Heer, Winter, Amin, Tobias, Walsh, Banimahd, and Mroz

STUDENT COORDINATOR:  Marina Avalos-Kegley  PHONE #:  (661) 326-2115
E-MAIL: avalosm1@kernmedctr.com

REPORT TO:
Emergency Dept./Kern Med. Ctr., Bakersfield, CA at 8:00 a.m.

COLLEGE AFFILIATION:  Acute Care

AVAILABLE FOR EXTERNS:  No
STUDENTS / PERIOD:  max 2  min 1
DURATION:  3 weeks
2012-2013 ROTATIONS BEGIN WEEKS:
By Arrangement

DESCRIPTION:  Clinical exposure in the ED of a receiving county hospital/trauma center.  Student responsible for initial H&P and management under senior resident and faculty supervision.  Patients are unselected; all emergencies represented.

COMMON PROBLEMS/DISEASES
1. Resp. emergency:  asthma, COPD
2. Cardiovasc:  AMI, CHF, CPR
3. Blunt and penetrating trauma
4. Pediatric emergencies
5. Toxicology, coma
6. OB/GYN emergencies
7. Abdominal pain
8. Psychiatric emergencies

STUDENT EXPERIENCES

COURSE OBJECTIVES (in order of importance)
1. Recognition, evaluation, and management of emergency disease processes, including cardiopulmonary resuscitation.
2. Improved problem oriented history and physical examination.
3. Development of clinical judgment, synthesis of clinical and laboratory data.
4. Improvement of manual dexterity in performing emergency procedures.
5. Consideration of cost effective emergency care and health care access issues.
6. Interpretation of tests and special skills (e.g., lab tests, x-rays, CT scans, emergency ultrasound).
7. Medical record keeping.
8. Improving the doctor-patient relationship.
10. Improving oral presentation.

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:
20
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:
1,125

TYPICAL WEEKLY SCHEDULE

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: All students will have equal amounts of days, weekends, and evening shifts.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: All patients seen are presented to faculty who are in the ED 24 hours/day. Students function approx. at level of an intern. Housing, travel, and malpractice/health insurance are not provided by KERN. Students may elect to take any 8-hr shift, 24/hrs a day. A student handbook of core reading materials is provided at start of the rotation.
EM350.05 EMERGENCY MEDICINE

Subinternship: Location: WVA 2012-2013 Revised: 12/8/11

COURSE CHAIR: Jennifer Chen, MD, MPH (310) 268-3291
E-MAIL: Jennifer.chen6@med.va.gov

SUPPORTING FACULTY:
Drs. Neil Patel, Kwame Donkor, Jonathan Crisp, Jonie Hsiao, Gelareh Gabayan, Frank Day and Carol Lee

STUDENT COORDINATOR: Christine Seydel (310) 268-3034
E-MAIL: christine.seydel@va.gov

REPORT TO: Emergency Room Wadsworth VA, Bldg 500

COLLEGE AFFILIATION: Acute Care

AVAILABLE FOR EXterns: Yes
STUDENTS / PERIOD: max 1 min 1
DURATION: 3 weeks
2012-2013 ROTATIONS BEGIN WEEKS:
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 37, 40, 43, 46, 49

DESCRIPTION: This rotation allows 4th year students to be the patient's initial contact with the Emergency Department at the physician level. An emphasis is made upon rapid stabilization and assessment. There is close supervision by a full-time staff physician.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Ischemic heart disease/chest pain
2. Acute respiratory distress
3. Altered mental status
4. Infection, sepsis
5. Drug overdoses
6. Abdominal pain
7. Hypertension
8. Complications of diabetes

INPATIENT: 0%
OUTPATIENT: 100%
CONSULTATION: 0%
PRIMARY CARE: 100%

CLOSE CONTACT WITH:
X FULL-TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER: ER Nurses, Nurse Practitioners

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 15 - 20
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 500

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>8:15 – 9:00 Morning Report</td>
<td>8:15 – 9:00 Morning Report</td>
<td>10:00 – 12:00 Primary Patient Care</td>
<td>8:15 – 9:00 Morning Report</td>
<td>8:15 – 9:00 Morning Report</td>
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<td>10:00 – 12:00 Primary Patient Care</td>
<td>10:00 – 12:00 Primary Patient Care</td>
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<td>10:00 – 12:00 Primary Patient Care</td>
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<td>PM</td>
<td>12:00 – 1:00 Noon Conference</td>
<td>12:00 – 1:00 Noon Conference</td>
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<td>1:00 – 5:00 Primary Patient Care</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: This elective provides an excellent exposure to acute ambulatory medicine in the setting of an emergency room. The rotation emphasizes student autonomy and responsibility under the watchful eye of a resident and staff physician. The student will be allowed to initiate the first steps in patient stabilization and evaluation prior to hospital admission or further ambulatory management.