

EM320.01 EMERGENCY MEDICINE

Subinternship

Location: CHS/OVH

**2001-2002
3/9/2001**

COURSE CHAIR: **PHONE #**
Larry J. Baraff, M.D. (310) 794-0580
E-Mail: lbaraff@ucla.edu

SUPPORTING FACULTY:
UCLA and Olive View Emergency Medicine Faculty.

STUDENT COORDINATOR: **PHONE #**
Wayne Hasby (310) 794-0585
E-Mail: whasby@mednet.ucla.edu

REPORT TO:
Attending Physician, EMC Central Work Area, CHS 8:00

PREREQUISITES: Surgery, Medicine, OB/Gyn and Pediatrics

AVAILABLE TO EXTERNS: YES

STUDENTS / PERIOD: max 2. Additional students with course chair approval. E-mail Dr. Baraff with dates desired and post-

DURATION: 3 weeks

2001-2002 ELECTIVES BEGIN WEEKS:
1,4,7,10,13,16,19,22,27,30,33,36,39,42,45

DESCRIPTION: The course will provide didactic and clinical training in Emergency Medicine. Students will be given graded responsibility commensurate w/their abilities in a setting of supervision by emergency department faculty & senior residents. The course w/be equally divided between 2 weeks at UCLA and 2 weeks at Olive View-UCLA Medical Centers. Students will be part of the emergency medicine health care team. After obtaining a pertinent history and selected physical examination, the student will discuss diagnostic and therapeutic plans with the faculty. Students will then carry out this plan & follow their patients through until discharge or admission to the hospital.

STUDENT EXPERIENCES

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

INPATIENT: 0%
OUTPATIENT: 100%
CONSULTATION: 0%

CLOSE CONTACT WITH:

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

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 75

TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 6,500

TYPICAL WEEKLY SCHEDULE

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Attending Rounds Primary Patient Care	M & M Conference Grand Rounds Conference Primary Patient Care	Attending Rounds Student Lectures Primary Patient Care	Primary Patient Care Pediatric/Surgery Conference	Trauma Conference X-Ray Rounds Resident Lecture Primary Patient Care
PM	Primary Patient Care	Primary Patient Care	Primary Patient Care	Primary Patient Care	Primary Patient Care

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Shifts are either 1500-2300 or MN-0800 at UCLA and 0800 to 1600, 1600 to 2400 and 2400-0800 at OVMC, 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 post-graduate training

EM320.02 EMERGENCY MEDICINE

2001-2002
3/5/2001

Subinternship

Location: HARBOR

COURSE CHAIR:
Wendy Coates, M.D.

PHONE #:
(310) 222-3501

- COURSE OBJECTIVES (in order of**
1. Rapid and appropriate evaluation and treatment of emergency patients.
 2. Improved history and physical examination skills
 3. Exposure to emergency medicine
 4. Improvement of techniques of wound care, suturing , resuscitation, IVs, LPs.
 5. Exposure to pre-hospital care and the paramedic system.

SUPPORTING FACULTY:
Emergency Medicine Faculty

STUDENT COORDINATOR:
Lucy Hadley

PHONE #:
(310) 222-3500

REPORT TO : 1) Medical Director's Office, 8th floor @8:30 a.m. 2) Emergency Medicine Department Office, D9 @ 9:00 am (first day

PREREQUISITES: Medicine and Surgery

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 5 min 1

DURATION: 3 weeks

2001-2002 ELECTIVES BEGIN WEEKS: 1,5,8,11,14,17,20, 27, 30, 33, 36, 42, 50

DESCRIPTION: Harbor-UCLA Medical Center is a level I trauma center seeing greater than 190,000 patients per year. Students assume responsibility for the care of trauma patients, critical medical and pediatric patients, orthopedic injuries, and other emergencies. Students function as an integral part of the Emergency Medical Team. They have the opportunity to experience the prehospital system and a community ED.

COMMON PROBLEMS/DISEASES	STUDENT EXPERIENCES		CLOSE CONTACT WITH:
1. Chest pain	INPATIENT: 0%		X FULL TIME FACULTY
2. Dyspnea	OUTPATIENT: 100%		X CLINICAL FACULTY
3. Lacerations			X FELLOWS
4. Orthopedic injuries	CONSULTATION: 0%		X RESIDENTS
5. Cutaneous infections			X INTERNS
6. Altered mental status			X OTHER: Nurses, paramedics
7. Overdose			
8. Abdominal pain			
APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:		60 - 80	
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:		3600	

TYPICAL WEEKLY SCHEDULE

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
AM	7:00 Morning Rounds 9:00- 12:00 Medical Student Lecture Day (1 st day)	7:00 Morning Rounds 8:30 Pediatric EM Conference	7:00 Morning Rounds	7:00 Core Curriculum 8:30 Procedure Conf. 9:00 Medical Student Conference	8:00 Grand Rounds 9:00 M&M Conference 10:00 Journal Club
PM	7:00 Evening Rounds	7:00 Evening Rounds 12:00-3:00 Medical Student Lecture Day (1 st week)	7:00 Evening Rounds	7:00 Evening Rounds	7:00 Evening Rounds
ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Students spend 40 hours per week in the department which may include weekend and night shifts.					

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Additional rotations may be available by special arrangement.

EM320.03 EMERGENCY MEDICINE

2001-2002
3/9/2001

Subinternship

Location: ST MARY

COURSE CHAIR:

Drs. C. Choi & B. Heller

PHONE #:

(562) 491-9350

COURSE OBJECTIVES (in order of

1. Knowledge of certain disease processes or problems.
2. Medical judgment, analysis of medical data, and synthesis of information.
3. Improved history and physical examination.
4. Basic Science foundation.
5. Interpretation of tests.
6. Suturing, chest tubes, COR, intubation.
7. Utilization of health care team.
8. Improved doctor-patient relationship.
9. Cost effectiveness.
10. Knowledge of drugs.

SUPPORTING FACULTY:

Emergency Room Staff

STUDENT COORDINATOR:

Julie Yan

PHONE #:

(562) 491-9350

REPORT TO: Department of Medical Education, 529 E. 10th St., Long Beach, CA 90813.

PREREQUISITES: Medicine and Surgery Clerkships

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2001-2002 ELECTIVES BEGIN WEEKS:

1,5,8,11,14,17,20,27,30,33,36,39,42,45

DESCRIPTION: Students will see Emergency Medicine patients for their initial evaluation and will work directly with the EM attending physician to carry out diagnostic treatment plans. The attending physician provides the primary teaching input and additional informal instruction is given by residents and interns rotating in the department.

STUDENT EXPERIENCES

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

INPATIENT: 0%
OUTPATIENT: 100%

CONSULTATION: 0%

CLOSE CONTACT WITH:

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

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 300

TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 2600

TYPICAL WEEKLY SCHEDULE

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Emergency Room Activities	Emergency Room Activities	Emergency Room Activities	Emergency Room Activities	Emergency Room Activities
PM	Noon Teaching Conference Emergency Room Activities	Noon Teaching Conference Emergency Room Activities	Noon Teaching Conference Emergency Room Activities	Noon Teaching Conference Emergency Room Activities	Noon Teaching Conference Emergency Room Activities Emergency Room Teaching Conference
ON-CALL SCHEDULE & WEEKEND ACTIVITIES:	Five 8-hour shifts each week.				

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Students will see EM patients for their initial evaluation & will work directly with the EM attending physician to carry out diagnostic & treatment plans. The attending physician provides the primary teaching input & additional informal instruction is given by residents and interns rotating in the depart. By arrangement, a room within the hospital may be available for the entire month's rotation. St. Mary Medical Center. 1050 Linden Avenue. Box 887.

EM320.06 EMERGENCY MEDICINE SUBINTERNSHIP

2001-2002
3/5/2001

Subinternship

Location: KERN

COURSE CHAIR:

Eugene E. Kercher, M.D.

PHONE #:

(805) 326-2160

COURSE OBJECTIVES (in order of

1. *Recognition, evaluation, and management of emergency disease processes, including cardiopulmonary resuscitation.*

SUPPORTING FACULTY:

Drs. Purcell, Docherty, Dong, Downie, Horn, Martinez, Sverchek, Patel, McPheeters, Heer, Ferguson.

2. *Improved problem oriented history and physical examination.*

STUDENT COORDINATOR:

Gloria McAfee

PHONE #:

(805) 326-2161

3. *Development of clinical judgment, synthesis of clinical and laboratory data.*

REPORT TO : *Emerg. Medicine Admin. Office/Kern Med.*

Ctr., 1830 Flower St., Bakersfield, CA @ 8:00 a.m.

4. *Improvement of manual dexterity in performing emergency procedures.*

PREREQUISITES: *Medicine, Surgery, Pediatrics & OB/Gyn*

5. *Consideration of cost effective emergency care and health care access issues.*

AVAILABLE TO EXTERNS: *Yes*

STUDENTS / PERIOD: *max 1 min 1*

6. *Interpretation of tests and special skills (e.g., lab tests, x-rays, CT scans, emergency ultrasound)*

DURATION: *3 weeks*

7. *Medical record keeping.*

2001-2002 ELECTIVES BEGIN WEEKS:

By Arrangement

8. *Improving the doctor-patient relationship.*

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

STUDENT EXPERIENCES

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*

INPATIENT: 0%
OUTPATIENT: 100%

CONSULTATION:
0%

CLOSE CONTACT WITH:

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

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 80

TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 4500

TYPICAL WEEKLY SCHEDULE

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
AM	8:00 - 12:00 <i>Emergency Department</i>	8:00 - 10:00 <i>Conference</i> 10:00 - 12:00 <i>Emergency Department</i>	8:00 - 12:00 <i>Emergency Department</i>	8:00 - 10:00 <i>Conference</i> 10:00 - 12:00 <i>Emergency Department</i>	8:00 - 12:00 <i>Emergency Department</i>
PM	12:30 - 4:00 <i>Emergency Department</i>	12:30 - 4:00 <i>Emergency Department</i>	12:30 - 4:00 <i>Emergency Department</i>	12:30 - 4:00 <i>Emergency Department</i>	12:30 - 4:00 <i>Emergency Department</i>
ON-CALL SCHEDULE & WEEKEND ACTIVITIES :					

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

EM350.04 EMERGENCY MEDICINE

2001-2002
3/9/2001

Subinternship

Location: KDMC

COURSE CHAIR:

Patrick Aguilera, M.D.

PHONE #:

(310) 668-4510

COURSE OBJECTIVES (in order of

1. Recognize and evaluate severely traumatized patients and establish the priorities of management.
2. Observe and perform, under direct faculty supervision, those manipulative skills and procedures involved in diagnosis and stabilization of the acutely ill and injured patient.
3. Recognize the need and appropriateness of referral to other clinical services in the hospital.
4. Manage certain urgent medical emergencies in the emergency room and eliminate expensive hospitalization.
5. Be involved in cost-efficient emergency care without compromising patient care (elimination of skull x-rays in head trauma).
6. Recognize, evaluate, and devise a treatment plan for all emergencies, including acute cardiac, acute pulmonary, acute non-traumatic surgical, etc.
7. Knowledge of pathophysiology in the urgent and emergent patient: Shock and fluid balance, cardio-pulmonary resuscitation, etc.
8. Familiarize with role and capabilities of pre-hospital care personnel

SUPPORTING FACULTY:

Dept. of Emergency Medicine Faculty at Charles Drew/MLK

STUDENT COORDINATOR:

Debra Williams

PHONE #:

(310) 668-5235

REPORT TO: *Emergency Medicine Faculty Emergency Room, KDMC @ 7:00 a.m.*

PREREQUISITES: *Medicine and Surgery*

AVAILABLE TO EXTERNS: *No*

STUDENTS / PERIOD: *max 6 min 1*

DURATION: *3 weeks*

2001-2002 ELECTIVES BEGIN WEEKS:

By Arrangement

DESCRIPTION: *This elective will provide the student an excellent opportunity to be involved in the diagnosis and management of critically ill and injured patients, not only at the source of entry to the health care system (emergency room), but also at the pre-hospital care level through their involvement with the base stations activities of the Emergency Room. There are over 90,000 urgent and emergent types of patients seen in the ER at MLK, providing over 70% of the inpatient admissions (continued in "Add'l Comments").*

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

1. Multi system trauma
2. Acute Cardiac (M.I.)
3. Acute Pulmonary
4. Acute Overdose
5. Acute GYN Emergencies
6. Diabetics / life threatening complications
7. Upper and Lower G.I. Bleeding

INPATIENT:

0%

OUTPATIENT:

100%

CONSULTATION:

0%

CLOSE CONTACT WITH:

- X FULL TIME FACULTY
- X CLINICAL FACULTY
- X FELLOWS
- X RESIDENTS
- X INTERNS
- X OTHER PAs, Paramedics, etc.

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 50

TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 6000

TYPICAL WEEKLY SCHEDULE

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
AM	7:00 - 8:00 Staff Rounds 8:00 - 10:00 Emergency Medicine Conference 11:00 - 12:00 Didactic Lecture to Students By Faculty	7:00 - 8:00 Staff Round 8:00 - 9:00 Emergency Medicine Conference	7:00 - 8:00 Staff Rounds 8:00 - 9:00 Emergency Medicine Conference	7:00 - 8:00 Staff Rounds 8:00 - 10:00 Emergency Medicine Conference 11:00 - 12:00 Didactic Lecture to Students By Faculty	7:00 - 8:00 Staff Rounds 8:00 - 9:00 Emergency Medicine Conference
PM	Patient Workup and Care 7:00 - 7:30 Staff Rounds	Patient Workup and Care 7:00 - 7:30 Staff Rounds	Patient Workup and Care 7:00 - 7:30 Staff Rounds	Patient Workup and Care 7:00 - 7:30 Staff Rounds	Patient Workup and Care 7:00 - 7:30 Staff Rounds

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: *Students work on teams with Senior Resident in Emergency Medicine, 36-48 hours/week including nights and 2 weekends/month.*

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: *The patient load consists of all possible life threatening emergencies and consists of the following: 1) 30% major multisystem trauma; 2) 5% acute cardiac; 3) 5% acute pulmonary emergencies; 4) 6% acute seizure disorders; 5) 5% acute psychiatric emergencies; 6) 3% acute drug overdose; 7) 1.5% diabetics with life threatening complications; 8) 3% acute non-traumatic surgical emergencies, etc.*

EM350.05 EMERGENCY MEDICINE

2001-2002
3/5/2001

Subinternship

Location: WVA

COURSE CHAIR:
Zhaoping Li, M.D.

PHONE #:
(310) 268-3125

COURSE OBJECTIVES (in order of

1. Rapid emergency room evaluation and treatment of common internal medicine problems.

SUPPORTING FACULTY:

Samuel Burnstein and Gino Vaghaiwalla

2. Rapid stabilization of critically ill patients and initiation of diagnostic and therapeutic maneuvers prior to ICU transfer.

STUDENT COORDINATOR:

Dorothy Frazier

PHONE #:
(310) 268-3034

3. Evaluation of ABGs, radiographs, EKGs, and preliminary lab data in an ER setting.

REPORT TO: Zhaoping Li, M.D., Emergency Room
Wadsworth VA, Bldg 500

4. Decision making with respect to acute hospitalization versus out-patient management.

PREREQUISITES: Medicine, Surgery, OB-Gyn, and

5. Gain confidence in rapid establishment of doctor-patient relationship in the acute care setting.

AVAILABLE TO EXTERNS: Yes

6. Continuity of care in the acute care setting.

STUDENTS / PERIOD: max 1 min 1

7. Opportunity to provide non-emergent follow-up of patients seen in the ER who require further ambulatory evaluations.

DURATION: 3 weeks

2001-2002 ELECTIVES BEGIN WEEKS:

1,5,8,11,14,17,20,27,30,33,36,39,42,45

DESCRIPTION: This rotation allows 4th year students to be the patient's initial contact with the Emergency Room at the physician level. An emphasis is made upon rapid stabilization and assessment. There is close supervision by an upper-level resident or 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

INPATIENT: 0%
OUTPATIENT: 100%

CONSULTATION:
0%

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 MONTH/STUDENT: 60-80

TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 1500

TYPICAL WEEKLY SCHEDULE

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
AM	8:30 - 9:30 Resident Intake	8:30 - 9:30 Resident intake		8:30 - 9:30 Resident Intake	8:30 - 9:30 Resident Intake
	10:00- 12:00 Primary Patient Care	10:00- 12:00 Primary Patient Care	10:00- 12:00 Primary Patient Care	10:00- 12:00 Primary Patient Care	10:00- 12:00 Primary Patient Care
PM	Medical Noon Conference	Interns Report	Medical Grand Rounds	Journal Club	Medical Noon Conference
	1:00 - 5:00 Primary Patient Care	1:00 - 5:00 Primary Patient Care	1:00 - 5:00 Primary Patient Care	1:00 - 5:00 Primary Patient Care	1:00 - 5:00 Primary Patient Care
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.