EM320.01 EMERGENCY MEDICINE

Subinternship Location: CHS/OVH 2008-2009 Revised: 6/25/08

COURSE CHAIR: PHONE #:

Larry J. Baraff, M.D. (310) 794-0580

E-MAIL: lbaraff@mednet.ucla.edu

SUPPORTING FACULTY:

UCLA and Olive View Emergency Medicine Faculty

STUDENT COORDINATOR: PHONE #: Mickey Murano (310) 794-0586

E-MAIL: mmurano@mednet.ucla.edu

REPORT TO:

Attending Physician, EMC Central Work Area at CHS, 8:00 a.m.

PREREQUISITES: Surgery, Medicine, OB/Gyn and Pediatrics

AVAILABLE FOR EXTERNS: Yes
STUDENTS / PERIOD: max 4 min 1

DURATION: 3 weeks

Suturing Techniques

2008-2009 ROTATIONS BEGIN WEEKS:

1, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48 (not offered wk 2)

COURSE OBJECTIVES (in order of importance)

- First hour management of medical and surgical emergencies
- Differential diagnosis of common illnesses presenting to the Emergency Department.
- Tailoring of history and physical examinations for acutely ill patients.
- 4. Refinement of surgical techniques.
- Evaluation of laboratory results, including x-ray and EKG interpretation.
- 6. Appropriate use of laboratory tests.
- Learning to establish good patient-doctor relationships in the acute care setting.
- 8. Appropriate use of essential drugs.
- 9. Exposure to cardiac, brain and trauma resuscitations.

DESCRIPTION: This 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 and senior residents. The course will be equally divided: 1 1/2 weeks at UCLA and 1 1/2 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 and follow their patients through until discharge or admission to the hospital.

STUDENT EXPERIENCES **CLOSE CONTACT WITH: COMMON PROBLEMS/DISEASES** INPATIENT: 0% Major & Minor Trauma **OUTPATIENT:** 100% **FULL-TIME FACULTY** Cardiac Emergencies: Chest Pain **CLINICAL FACULTY** Acute Respiratory Distress CONSULTATION: 0% Χ **FELLOWS** 3. Acute Febrile Illness PRIMARY CARE: 100% RESIDENTS Toxicology **INTERNS** Altered Mental Status OTHER: Abdominal Pain & Ob/Gyn Emergencies

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

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

TYPICAL WEEKLY SCHEDULE

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
АМ	Attending Rounds Primary Patient Care	Attending Rounds Primary Patient Care	Attending Rounds Student Lectures Primary Patient Care	Trauma Conference Grand Rounds X-Ray Rounds Resident Conference M & M Primary Patient Care	Primary Patient Care
РМ	Primary Patient Care	Primary Patient Care	Primary Patient Care	Primary Patient Care	Primary Patient Care

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 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 postgraduate training interests.

EM320.02 EMERGENCY MEDICINE

Subinternship Location: HARBOR 2008-2009
Revised: 6/25/08

2.

3.

COURSE OBJECTIVES (in order of importance)

Exposure to emergency medicine.

LPs, and airway management.

undifferentiated patient.

Rapid and appropriate evaluation and treatment of the

Improvement of techniques of suturing, resuscitation, IVs,

Exposure to pre-hospital care and the paramedic system.

Improved history and physical examination skills.

COURSE CHAIR: PHONE #:

Wendy Coates, M.D. (310) 222-3501

E-MAIL: coates@emedharbor.edu

SUPPORTING FACULTY:

Emergency Medicine Faculty

STUDENT COORDINATOR: PHONE #: Lucy Hadley (310) 222-3500

E-MAIL: lehadley@emedharbor.edu

REPORT TO:

Trauma

Emergency Medicine Department Office, D9 at 8:00 a.m.

(first day only)

PREREQUISITES: Medicine and Surgery

AVAILABLE FOR EXTERNS: Yes

STUDENTS / PERIOD: max 6 min 1

DURATION: 3 weeks

2008-2009 ROTATIONS BEGIN WEEKS:

1*, 5, 8, 11*, 14*, 18*, 22*, 27*, 31*, 35*, 48* *Students may choose to do a 3-weeks or 4-weeks rotation if starting on these weeks.

DESCRIPTION: Harbor-UCLA Medical Center is a level 1 trauma center seeing more than 90,000 patients per year. Students assume primary 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.

STUDENT EXPERIENCES						
COMMON PROBLEMS/DISEASES INPATIENT: 0% CLOSE CONTACT WITH:						
1. Chest pain	OUTPATIENT:	100%	X FULL-TIME FACULTY			
2. Dyspnea			X CLINICAL FACULTY			
3. Lacerations	CONSULTATION:	0%	X FELLOWS			
Orthopedic injuries	PRIMARY CARE:	100%	X RESIDENTS			
Cutaneous infections			X INTERNS			
Altered mental status			X OTHER: Nurses, paramedics			
7. Overdose						
8 Abdominal pain						

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 15 - 20

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 500

TYPICAL WEEKLY SCHEDULE

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
	7:00 Morning Rounds	7:00 Morning Rounds	7:00 Morning Rounds	8:00 - Core Curriculum 9:00 - Case Conf.	8:00 – 10:00 Grand Rounds
АМ	8:00 – 12:00 Medical Student Lec- ture Day (1st day)	8:30 Pediatric EM Conference	7:00 – 3:00 Community ED Or	9:30 - Procedure Conf. 10:00 - Medical Student Conf.	9:00 - M&M Conf. 10:00 - Journal Club Patient Care
	Patient Care	Patient Care	7:00 – 3:00	Patient Care	
PM	4:30 Evening Rounds	4:30 Evening Rounds	Procedure Shift Or 1:00 – 8:00 Paramedic Ride-Along 4:30 Evening Rounds	4:30 Evening Rounds	4:30 Evening Rounds

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Students spend 40 hours per week in the department, <u>which includes weekend and night shifts.</u>

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: *Students may choose to do 3 weeks or 4 weeks during this time period

EM320.03 EMERGENCY MEDICINE

Subinternship Location: ST. MARY 2008-2009
Revised: 11/27/07

COURSE CHAIR:

PHONE #:

Drs. C. Choi and B. Heller (562) 491-9350

E-MAIL: cchoi@chw.edu

SUPPORTING FACULTY:

Emergency Room Staff

STUDENT COORDINATOR: PHONE #:

Sylvia Perez (562) 491-9350

E-MAIL: sylvia.perez@chw.edu

REPORT TO:

Department of Medical Education, 1050 Linden Ave., Long

Beach, CA 90813

PREREQUISITES: Medicine and Surgery Clerkships

AVAILABLE FOR EXTERNS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2008-2009 ROTATIONS BEGIN WEEKS:

2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

COURSE OBJECTIVES (in order of importance)

- Learn the initial evaluation and management of common conditions seen in emergency medicine including major and minor trauma, acute cardiac emergencies, acute respiratory failure, community acquired pneumonia, upper gastrointestinal hemorrhage, complications of alcoholism, acute surgical abdominal processes, and congestive heart
- Become aware of evidence-based algorhythms in emergency medicine that guide quality care and costeffectiveness. These may be taught through individual case discussions with the EM attending or by directed literature review
- Improve their procedural skills in processes such as suturing, ACLS, endotracheal intubation, and intravenous catheter placement under the guidance and observation of the attending physician.
- Improve their history and physical examination skills and patient-physician communication through guidance, review, and role modeling by the attending physician.
- Become familiar with the inter-related roles of members of the emergency medicine health care team, including paramedics, nurses and other health care workers, and physicians.

DESCRIPTION: Students will initiate the evaluation and assessment of Emergency Medicine patients, discuss their findings and plans with the EM attending physician, and work directly with the emergency medicine healthcare team to carry out the diagnostic and treatment plans. The attending physician provides the primary teaching input with additional input from residents rotating in the department and consultants involved in the care of the patient in the Emergency Department.

STUDENT EXPERIENCES **COMMON PROBLEMS/DISEASES** INPATIENT: **CLOSE CONTACT WITH:** 0% Major and minor trauma **OUTPATIENT:** 100% **FULL-TIME FACULTY** Acute cardiac emergencies **CLINICAL FACULTY** Pulmonary edema CONSULTATION: 0% **FELLOWS** 3. Acute respiratory emergencies PRIMARY CARE: 100% RESIDENTS Orthopedic emergencies **INTERNS** Acute surgical abdomen OTHER: Paramedics 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

Hour	ır Monday Tuesday		Wednesday	Thursday	Friday
АМ	Emergency Room Activities				
РМ	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: 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, Box 887, Long Beach, CA 90801

EM320.06 EMERGENCY MEDICINE SUBINTERNSHIP

Subinternship Location: KERN 2008-2009
Revised: 1/2/08

COURSE CHAIR:

PHONE #: (661) 326-2168

Manish Amin, D.O. (661) 326

E-MAIL: deidos@pol.net

SUPPORTING FACULTY:

Drs. Purcell, Docherty, Dong, Sverchek, McPheeters, Heer, Bradburn, Kercher, Amin, Tobias, and Walsh

STUDENT COORDINATOR: PHONE #:

Sonya Barnard (661) 326-2165

E-MAIL: barnards@kernmedctr.com

REPORT TO:

Emergency Dept./Kern Med. Ctr., 1830 Flower St., Bakersfield, CA at 8:00 a.m.

PREREQUISITES: Medicine, Surgery, Pediatrics & OB/Gyn

AVAILABLE FOR EXTERNS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

8. Psychiatric emergencies

2008-2009 ROTATIONS BEGIN WEEKS:

By Arrangement

COURSE OBJECTIVES (in order of importance)

- Recognition, evaluation, and management of emergency disease processes, including cardiopulmonary resuscitation.
- Improved problem oriented history and physical examination
- 3. Development of clinical judgment, synthesis of clinical and laboratory data.
- Improvement of manual dexterity in performing emergency procedures.
- Consideration of cost effective emergency care and health care access issues.
- Interpretation of tests and special skills (e.g., lab tests, xrays, CT scans, emergency ultrasound).
- 7. Medical record keeping.
- 8. Improving the doctor-patient relationship.
- 9. Utilization of Health Care team.
- 10. Improving oral presentation.

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.

STUDENT EXPERIENCES **COMMON PROBLEMS/DISEASES** INPATIENT: **CLOSE CONTACT WITH:** 0% Resp. emergency: asthma, COPD **OUTPATIENT:** 100% **FULL-TIME FACULTY** Cardiovasc: AMI, CHF, CPR **CLINICAL FACULTY** Blunt and penetrating trauma **CONSULTATION:** 0% **FELLOWS** 3. 4. Pediatric emergencies PRIMARY CARE: 100% RESIDENTS Toxicology, coma **INTERNS OB/GYN** emergencies OTHER: Abdominal pain

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 20

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

TYPICAL WEEKLY SCHEDULE

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
АМ	Emergency Department	8:00 - 10:00 Conference Emergency Department	Emergency Department	8:00 - 10:00 Conference Emergency Department	Emergency Department
РМ	Emergency Department	Emergency Department	Emergency Department	Emergency Department	Emergency Department

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.

Subinternship Location: WVA 2008-2009
Revised: 12/4/07

COURSE CHAIR: PHONE #:

Zhaoping Li, M.D. (310) 268-3125

E-MAIL: zhaoping.li@med.va.gov

SUPPORTING FACULTY:

Drs. Samuel Burnstein and Paul Schneider

STUDENT COORDINATOR: PHONE #:

Christine Seydel (310) 268-3034

E-MAIL: christine.seydel@va.gov

REPORT TO:

Zhaoping Li, M.D., Emergency Room Wadsworth VA, Bldg

500

PREREQUISITES: Medicine, Surgery, OB-Gyn, and Psychia-

try

AVAILABLE FOR EXTERNS: Yes
STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2008-2009 ROTATIONS BEGIN WEEKS:

2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45

COURSE OBJECTIVES (in order of importance)

- Rapid emergency room evaluation and treatment of common internal medicine problems.
- Rapid stabilization of critically ill patients and initiation of diagnostic and therapeutic maneuvers prior to ICU transfer.
- 3. Evaluation of ABGs, radiographs, EKGs, and preliminary lab data in an ER setting.
- Decision making with respect to acute hospitalization versus out-patient management.
- 5. Gain confidence in rapid establishment of doctor-patient relationship in the acute care setting.
- 6. Continuity of care in the acute care setting.
- Opportunity to provide non-emergent follow-up of patients seen in the ER who require further ambulatory evaluations

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 INPATIENT: 0% CLOSE CONTACT WITH:						
 Ischemic heart disease/chest pain 	OUTPATIENT:	100%	X FULL-TIME FACULTY			
Acute respiratory distress			X CLINICAL FACULTY			
Altered mental status	CONSULTATION:	0%	X FELLOWS			
Infection, sepsis	PRIMARY CARE:	100%	X RESIDENTS			
Drug overdoses			X INTERNS			
6. Abdominal pain			X OTHER: ER Nurses, Nurse Practi-			
7. Hypertension			cioners			
Complications of diabetes						

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 15 - 20

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

TYPICAL WEEKLY SCHEDULE

Hour	ır Monday Tuesday		Wednesday	Thursday	Friday
АМ	8:15 – 9:00 Morning Report 10:00 – 12:00 Primary Patient Care	8:15 – 9:00 Morning Report 10:00 – 12:00 Primary Patient Care	10:00 – 12:00 Primary Patient Care	8:15 – 9:00 Morning Report 10:00 – 12:00 Primary Patient Care	8:15 – 9:00 Morning Report 10:00 – 12:00 Primary Patient Care
РМ	12:00 – 1:00 Noon Conference 1:00 – 5:00 Primary Patient Care	12:00 – 1:00 Noon Conference Interns Report 1:00 – 5:00 Primary Patient Care	12:00 – 1:00 Noon Conference Medical Grand Rnds 1:00 – 5:00 Primary Patient Care	12:00 – 1:00 Noon Conference Journal Club 1:00 – 5:00 Primary Patient Care	12:00 – 1:00 Noon Conference 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.