DESCRIPTION: This course will provide didactic and clinical training in Emergency Medicine. Students will be given graded responsibility commensurate with their abilities in a setting of supervision by Emergency Department faculty and senior residents. The course will be equally divided: two weeks at UCLA and two 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.

2003-2004 ROTATIONS BEGIN WEEKS:
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48 (No students week 1)

STUDENTS / PERIOD: max 4, min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS: 2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48 (No students week 1)

DESCRIPTION: This course will provide didactic and clinical training in Emergency Medicine. Students will be given graded responsibility commensurate with their abilities in a setting of supervision by Emergency Department faculty and senior residents. The course will be equally divided: two weeks at UCLA and two 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

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

INPATIENT: 0%
OUTPATIENT: 100%
CONSULTATION: 0%
PRIMARY CARE: 100%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
INTERNS
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 150
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 6,500

TYPICAL WEEKLY SCHEDULE

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<td>AM</td>
<td>Attending Rounds</td>
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<td>Student Lectures</td>
<td>Pediatric/Surgery Conference</td>
<td>X-Ray Rounds</td>
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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 interests.
EM320.02  EMERGENCY MEDICINE


COURSE CHAIR:  PHONE #:  COURSE OBJECTIVES (in order of importance)
Wendy Coates, M.D. (310) 222-3501

SUPPORTING FACULTY:
Emergency Medicine Faculty

STUDENT COORDINATOR:  PHONE #:
Lucy Hadley (310) 222-3500
E-MAIL: lehadley@emedharbor.edu
Bernadette Bullock  bernie@emedharbor.edu

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

PREREQUISITES: Medicine and Surgery

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 5 min 1

DURATION: 3 weeks

*Students may choose to do 3 weeks or 4 weeks during this time period. (No Student week 1)

DESCRIPTION: Harbor-UCLA Medical Center is a level 1 trauma center seeing greater than 90,000 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 pre-hospital system and a community ED.

STUDENT EXPERIENCES

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

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: Nurses, paramedics

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 30 - 50
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 3,600

TYPICAL WEEKLY SCHEDULE

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<td>9:00-12:00</td>
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<td>8:30 Procedure Conf.</td>
<td>10:00 M&amp;M Conference or 10:00 Journal Club</td>
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<td>Medical Student Lecture Day (1st day)</td>
<td>Pediatric EM Conference</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

2003-2004
1/15/2003

COURSE OBJECTIVES (in order of importance)

1. Knowledge of certain disease processes or problems.
3. Improved history and physical examination.
4. Basic Science foundation.
5. Interpretation of tests.
7. Utilization of health care team.
8. Improved doctor-patient relationship.
10. Knowledge of drugs.

COURSE CHAIR: Drs. C. Choi & B. Heller
PHONE #: (562) 491-9350

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.

AVAILABLE TO EXTERNS: Yes

PREREQUISITES: Medicine and Surgery Clerkships.

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45

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 cardia 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%
PRIMARY CARE: 100%

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

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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 department. 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, Long Beach, CA 90801.
Subinternship

COURSE CHAIR:  Rick McPheeters, D.O.  
PHONE #:  (661) 326-2162

SUPPORTING FACULTY:  
Drs. Purcell, Docherty, Dong, Sverchek, McPheeters, Heer, Bradburn and Tobias.

STUDENT COORDINATOR:  LaDonna Marberry  
PHONE #:  (661) 326-2168

REPORT TO:  Emergency Room/Kern Med. Ctr., 1830 Flower St., Bakersfield, CA @ 7:30 a.m.

PREREQUISITES:  Medicine, Surgery, Pediatrics & OB/Gyn

AVAILABLE TO EXTERNALS:  Yes

STUDENTS / PERIOD:  max 2 min 1

DURATION:  4 weeks

2003-2004 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.

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.

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%  
PRIMARY CARE:  100%  
CLOSE CONTACT WITH:  
X  FULL TIME FACULTY  
CLINICAL FACULTY  
X  FELLOWS  
X  RESIDENTS  
X  INTERNS  
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:  80
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:  4,500

TYPICAL WEEKLY SCHEDULE

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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  No on-call. Weekend shifts are given.

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. 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.
COURSE CHAIR: Patrick Aguilera, M.D.  
PHONE #: (310) 668-4510

SUPPORTING FACULTY: 
Dept. of Emergency Medicine Faculty at Charles Drew/MLK

STUDENT COORDINATOR: Deborah 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

2003-2004 ROTATIONS 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”).

COURSE OBJECTIVES (in order of importance)
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.
9. Improve history and physical examination.
10. Participate in ongoing research activities.

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
8. Acute pediatric emergencies

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 PAs, Paramedics, etc.

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 50
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 7,000

TYPICAL WEEKLY SCHEDULE

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<tr>
<td>AM</td>
<td>7:00 - 8:00 Staff Rounds</td>
<td>7:00 - 8:00 Emergency Medicine Conference</td>
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<td>8:00 - 10:00 Didactic Lecture to Students By Faculty</td>
<td>8:00 - 9:00 Emergency Medicine Conference</td>
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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

Subinternship   Location:  WVA  

COURSE CHAIR:  PHONE #: 
Zhaoping Li, M.D.  (310) 268-3125

SUPPORTING FACULTY: 
Drs. Samuel Burnstein and Paul Schneider

STUDENT COORDINATOR:  PHONE #: 
Christine Seydel  (310) 268-3034

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

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

AVAILABLE TO EXTERNALS:  Yes

STUDENTS / PERIOD:  max 1 min 1

DURATION:  3 weeks

2002-2003 ROTATIONS BEGIN WEEKS: 
2,5,8,11,14,17,20,27,30,33,36,39,42,45

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.

COURSE OBJECTIVES (in order of importance)
1. Rapid emergency room evaluation and treatment of common internal medicine problems.
2. 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.
4. Decision making with respect to acute hospitalization versus outpatient 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.
7. Opportunity to provide non-emergent follow-up of patients seen in the ER who require further ambulatory evaluations.

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

CONSULTATION:  0%  PRIMARY CARE:  100%

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:  60-80
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:  1500

TYPICAL WEEKLY SCHEDULE

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<td>Interns Report</td>
<td>Medical Grand Rounds</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.

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