EM320.01  EMERGENCY MEDICINE

Subinternship  Location:  CHS/OVH  2004–2005  11/19/03

COURSE CHAIR:  Larry J. Baraff, M.D.  PHONE # (310) 794-0580

SUPPORTING FACULTY:  
UCLA and Olive View Emergency Medicine Faculty.

STUDENT COORDINATOR:  Wayne Hasby  PHONE # (310) 794-0585  E-MAIL: whasby@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 TO EXTERNALS:  Yes

STUDENTS / PERIOD:  max 4 min 1

DURATION:  3 weeks

2004–2005 ROTATIONS BEGIN WEEKS:
3,6,9,12,15,18,21,27,30,33,36,39,42,45,48

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: 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.

COURSE OBJECTIVES:
1. First hour management of medical and surgical emergencies.
2. Differential diagnosis of common illnesses presenting to the Emergency Department.
3. Tailoring of history and physical examinations for acutely ill patients.
4. Refinement of surgical techniques.
5. Evaluation of laboratory results, including x-ray and EKG interpretation.
6. Appropriate use of laboratory tests.
7. 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.

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 WEEK BY STUDENT:  37 – 38
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:  1,375

STUDENT EXPERIENCES

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Attending Rounds</td>
<td>M &amp; M Conference</td>
<td>Attending Rounds</td>
<td>Primary Patient Care</td>
<td>Trauma Conference</td>
</tr>
<tr>
<td></td>
<td>Primary Patient Care</td>
<td>Grand Rounds Conference</td>
<td>Student Lectures</td>
<td>Pediatric/Surgery Conference</td>
<td>X-Ray Rounds</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Primary Patient Care</td>
<td>Primary Patient Care</td>
<td></td>
<td>Resident Lecture</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Primary Patient Care</td>
</tr>
<tr>
<td>PM</td>
<td>Primary Patient Care</td>
<td>Primary Patient Care</td>
<td>Primary Patient Care</td>
<td>Primary Patient Care</td>
<td>Primary Patient Care</td>
</tr>
</tbody>
</table>

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  2004–2005
1/5/04

<table>
<thead>
<tr>
<th>COURSE CHAIR:</th>
<th>PHONE #:</th>
<th>COURSE OBJECTIVES (in order of importance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wendy Coates, M.D.</td>
<td>(310) 222-3501</td>
<td>1. Rapid and appropriate evaluation and treatment of the undifferentiated patient.</td>
</tr>
</tbody>
</table>

| SUPPORTING FACULTY: | | |
|---------------------| | 2. Improved history and physical examination skills. |
| Emergency Medicine Faculty | | 3. Exposure to emergency medicine. |

<table>
<thead>
<tr>
<th>STUDENT COORDINATOR:</th>
<th>PHONE #:</th>
<th>E-MAIL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lucy Hadley</td>
<td>(310) 222-3500</td>
<td><a href="mailto:lehadley@emedharbor.edu">lehadley@emedharbor.edu</a></td>
</tr>
<tr>
<td>Bernadette Bullock</td>
<td></td>
<td><a href="mailto:bernie@emedharbor.edu">bernie@emedharbor.edu</a></td>
</tr>
</tbody>
</table>

| REPORT TO: | | |
|-----------| | 4. Improvement of techniques of suturing, resuscitation, IVs, LPs, and airway management. |
| 1) Medicine Department Office, D9 at 8:00 a.m. (first day only) | | 5. Exposure to pre-hospital care and the paramedic system. |
| 2) Medical Director's Office, 8th floor at 8:30 a.m. | | |

| PREREQUISITES: | | 2004–2005 ROTATIONS BEGIN WEEKS: 3, 6, 9, 12, 15, 18*, 22*, 27*, 31*, 38* |
|---------------| | *Students may choose to do 3 weeks or 4 weeks during this time period. |
| Medicine and Surgery | | 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. |

| 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. |

<table>
<thead>
<tr>
<th>COMMON PROBLEMS/DISEASES</th>
<th>INPATIENT:</th>
<th>0%</th>
<th>CLOSE CONTACT WITH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Chest pain</td>
<td></td>
<td></td>
<td>X FULL TIME FACULTY</td>
</tr>
<tr>
<td>2. Dyspnea</td>
<td></td>
<td></td>
<td>X CLINICAL FACULTY</td>
</tr>
<tr>
<td>3. Lacerations</td>
<td></td>
<td></td>
<td>X FELLOWS</td>
</tr>
<tr>
<td>4. Orthopedic injuries</td>
<td></td>
<td></td>
<td>X RESIDENTS</td>
</tr>
<tr>
<td>5. Cutaneous infections</td>
<td></td>
<td></td>
<td>X INTERNS</td>
</tr>
<tr>
<td>6. Altered mental status</td>
<td></td>
<td></td>
<td>X OTHER: Nurses, paramedics</td>
</tr>
</tbody>
</table>

| STUDENT EXPERIENCES | | |
|---------------------| | |
| INPATIENT: | | |
| OUTPATIENT: | 100% | |
| CONSULTATION: | 0% | |
| PRIMARY CARE: | 100% | |

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

<table>
<thead>
<tr>
<th>TYPICAL WEEKLY SCHEDULE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hour</td>
<td>Monday</td>
</tr>
<tr>
<td>AM</td>
<td>7:00 Morning Rounds</td>
</tr>
<tr>
<td></td>
<td>8:00 – 12:00 Medical Student Lecture Day (1st day)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td>7:00 Evening Rounds</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 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: | | | | | |

89
### COURSE OBJECTIVES (in order of importance)

1. 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 failure.

2. Become aware of evidence-based algorithms in emergency medicine that guide quality care and cost-effectiveness. These may be taught through individual case discussions with the EM attending or by directed literature review.

3. 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.

4. Improve their history and physical examination skills and patient-physician communication through guidance, review, and role modeling by the attending physician.

5. 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.

### STUDENT EXPERIENCES

<table>
<thead>
<tr>
<th>COMMON PROBLEMS/DISEASES</th>
<th>INPATIENT: 0%</th>
<th>CLOSE CONTACT WITH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Major and minor trauma</td>
<td>OUTPATIENT: 100%</td>
<td>X FULL TIME FACULTY</td>
</tr>
<tr>
<td>2. Acute cardiac emergencies</td>
<td></td>
<td>X CLINICAL FACULTY</td>
</tr>
<tr>
<td>3. Pulmonary edema</td>
<td>CONSULTATION: 0%</td>
<td>X FELLOWS</td>
</tr>
<tr>
<td>4. Acute respiratory emergencies</td>
<td>PRIMARY CARE: 100%</td>
<td>X RESIDENTS</td>
</tr>
<tr>
<td>5. Orthopedic emergencies</td>
<td></td>
<td>X INTERNS</td>
</tr>
<tr>
<td>6. Acute surgical abdomen</td>
<td></td>
<td>X OTHER Paramedics</td>
</tr>
<tr>
<td>7. Complications of alcoholism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Upper gastrointestinal hemorrhage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:

75

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

650

### TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Emergency Room Activities</td>
<td>Emergency Room Activities</td>
<td>Emergency Room Activities</td>
<td>Emergency Room Activities</td>
<td>Emergency Room Activities</td>
</tr>
<tr>
<td>PM</td>
<td>Noon Teaching Conference</td>
<td>Noon Teaching Conference</td>
<td>Noon Teaching Conference</td>
<td>Noon Teaching Conference</td>
<td>Noon Teaching Conference</td>
</tr>
</tbody>
</table>

#### ON-CALL SCHEDULE & WEEKEND ACTIVITIE:

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  2004–2005  12/4/03

COURSE CHAIR:  PHONE #:
Chris Bradburn, D.O.  (661) 326-2154

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

STUDENT COORDINATOR:  PHONE #:
Connie Conley  (661) 326-2168

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

PREREQUISITES:  Medicine, Surgery, Pediatrics & OB/Gyn

AVAILABLE TO EXTERNS:  Yes

STUDENTS / PERIOD:  max 2  min 1

DURATION:  4 weeks

2004–2005 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  RESIDENTS
FELLOWS
X  INTERNS
OTHER

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

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>7:30 – 12:00</td>
<td>8:00 – 10:00</td>
<td>7:30 – 12:00</td>
<td>8:00 – 10:00</td>
<td>3:30 – 11:30</td>
</tr>
<tr>
<td></td>
<td>Emergency Department</td>
<td>Conference</td>
<td>Emergency Department</td>
<td>Conference</td>
<td>Emergency Department</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10:00 – 12:00</td>
<td></td>
<td>10:00 – 12:00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emergency Department</td>
<td></td>
<td>Emergency Department</td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td>12:00 – 3:30</td>
<td>12:00 – 3:30</td>
<td>12:00 – 3:30</td>
<td>12:00 – 3:30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency Department</td>
<td>Emergency Department</td>
<td>Emergency Department</td>
<td>Emergency Department</td>
<td></td>
</tr>
</tbody>
</table>

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.
Subinternship:  KDMC

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

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

STUDENT COORDINATOR: Deborah Williams (310) 668-5235

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

AVAILABLE TO EXTERNS: No

PREREQUISITES: Medicine and Surgery

STUDENTS / PERIOD: max 6 min 1

DURATION: 3 weeks

2004–2005 ROTATIONS BEGIN WEEKS: By Arrangement

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.

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 “Additional 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
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 WEEK BY STUDENT: 12 – 13

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 1,750

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7:00 – 8:00 Staff Rounds</td>
<td>7:00 – 8:00 Staff Rounds</td>
<td>7:00 – 8:00 Staff Rounds</td>
<td>7:00 – 8:00 Staff Rounds</td>
<td>7:00 – 8:00 Staff Rounds</td>
</tr>
<tr>
<td>AM</td>
<td></td>
<td>8:00 – 10:00 Emergency Medicine Conference</td>
<td>8:00 – 9:00 Emergency Medicine Conference</td>
<td>8:00 – 10:00 Emergency Medicine Conference</td>
<td>8:00 – 9:00 Emergency Medicine Conference</td>
</tr>
<tr>
<td></td>
<td>11:00 – 12:00 Didactic Lecture to Students by Faculty</td>
<td></td>
<td></td>
<td>11:00 – 12:00 Didactic Lecture to Students by Faculty</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient Workup and Care</td>
<td>Patient Workup and Care</td>
<td>Patient Workup and Care</td>
<td>Patient Workup and Care</td>
<td>Patient Workup and Care</td>
</tr>
<tr>
<td>PM</td>
<td>7:00 – 7:30 Staff Rounds</td>
<td>7:00 – 7:30 Staff Rounds</td>
<td>7:00 – 7:30 Staff Rounds</td>
<td>7:00 – 7:30 Staff Rounds</td>
<td>7:00 – 7:30 Staff Rounds</td>
</tr>
</tbody>
</table>

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

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

SUPPORTING FACULTY:  
Drs. Samuel Burnstein and Paul Schneider

STUDENT COORDINATOR:  
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 EXTERNs:  Yes

STUDENTS / PERIOD:  max 1 min 1

DURATION:  3 weeks

2004–2005 ROTATIONS BEGIN WEEKS:  
3,6,9,12,15,18,21,27,30,33,36,39,42,45

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 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.
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%
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 MONTH BY ENTIRE SERVICE:  375

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
</table>
| AM   | 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 |
| PM   | 12:00 – 1:00 Noon Conference  
1:00 – 5:00 Primary Patient Care | 12:00 – 1:00 Noon Conference  
1:00 – 5:00 Primary Patient Care | 12:00 – 1:00 Noon Conference  
1:00 – 5:00 Primary Patient Care | 12:00 – 1:00 Noon Conference  
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.