EM320.01  EMERGENCY MEDICINE

Revised:  11/15/04

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

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.

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.

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  OTHER

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

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>
<tbody>
<tr>
<td>AM</td>
<td>Attending Rounds  Primary Patient Care</td>
<td>Attending Rounds  Grand Rounds Conference  Primary Patient Care</td>
<td>Attending Rounds</td>
<td>Trauma Conference  Grand Rounds  Resident Conference  X-Ray Rounds  M &amp; M  Primary Patient Care</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 2005–2006 Revised: 11/18/04

<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>
<tr>
<td><strong>SUPPORTING FACULTY:</strong></td>
<td></td>
<td>2. Improved history and physical examination skills.</td>
</tr>
<tr>
<td>Emergency Medicine Faculty</td>
<td></td>
<td>3. Exposure to emergency medicine.</td>
</tr>
<tr>
<td><strong>STUDENT COORDINATOR:</strong></td>
<td>PHONE #:</td>
<td>4. Improvement of techniques of suturing, resuscitation, IVs, LPs, and airway management.</td>
</tr>
<tr>
<td>Lucy Hadley</td>
<td>(310) 222-3500</td>
<td>5. Exposure to pre-hospital care and the paramedic system.</td>
</tr>
<tr>
<td>E-MAIL:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:lehadley@emedharbor.edu">lehadley@emedharbor.edu</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**PREREQUISITES:** Medicine and Surgery

**AVAILABLE TO EXTERNS:** Yes

**STUDENTS / PERIOD:** max 5 min 1

**DURATION:** 3 weeks

**2005–2006 ROTATIONS BEGIN WEEKS:** 1, 5, 8, 11, 14, 17*, 21*, 27*, 31*, 35, 38*  
*Students may choose to do 3 weeks or 4 weeks during this time period.

**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**

<table>
<thead>
<tr>
<th>COMMON PROBLEMS/DISEASES</th>
<th>INPATIENT:</th>
<th>CLOSE CONTACT WITH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Chest pain</td>
<td>0%</td>
<td>X FULL TIME FACULTY</td>
</tr>
<tr>
<td>2. Dyspnea</td>
<td>100%</td>
<td>X CLINICAL FACULTY</td>
</tr>
<tr>
<td>3. Lacerations</td>
<td>0%</td>
<td>X FELLOWS</td>
</tr>
<tr>
<td>4. Orthopedic injuries</td>
<td>Primary Care: 100%</td>
<td>X RESIDENTS</td>
</tr>
<tr>
<td>5. Cutaneous infections</td>
<td></td>
<td>X INTERNS</td>
</tr>
<tr>
<td>6. Altered mental status</td>
<td></td>
<td>X OTHER: Nurses, paramedics</td>
</tr>
<tr>
<td>7. Overdose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Abdominal pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Trauma</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

**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><strong>AM</strong></td>
<td>7:00 Morning Rounds</td>
<td>7:00 Morning Rounds</td>
<td>7:00 Morning Rounds</td>
<td>8:00 Core Curriculum</td>
<td>8:00 – 10:00 Grand Rounds</td>
</tr>
<tr>
<td></td>
<td>8:00 – 12:00 Medical Student Lecture Day (1st day)</td>
<td>8:30 Pediatric EM Conference</td>
<td>7:00 – 3:00 Community ED</td>
<td>9:00 Case Conference</td>
<td>9:00 M&amp;M Conference</td>
</tr>
<tr>
<td></td>
<td>Patient Care</td>
<td>Patient Care</td>
<td>7:00 – 3:00 Procedure Shift Or</td>
<td>9:30 Procedure Conf.</td>
<td>10:00 Journal Club</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Or</td>
<td>10:00 Medical Student Conf. Patient Care</td>
<td>Patient Care</td>
</tr>
<tr>
<td><strong>PM</strong></td>
<td>4:30 Evening Rounds</td>
<td>4:30 Evening Rounds</td>
<td>1:00 – 8:00 Paramedic Ride-Along</td>
<td>4:30 Evening Rounds</td>
<td>4:30 Evening Rounds</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4:30 Evening Rounds</td>
<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:**
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

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

<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></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>
<tr>
<td>PM</td>
<td>Noon Teaching Conference</td>
<td>Emergency Room Activities</td>
<td>Emergency Room Activities</td>
<td>Emergency Room Activities</td>
<td>Emergency Room Activities</td>
</tr>
<tr>
<td></td>
<td>Emergency Room Activities</td>
<td>Noon Teaching Conference</td>
<td>Noon Teaching Conference</td>
<td>Noon Teaching Conference</td>
<td>Emergency Room Activities</td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITY: 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  2005–2006  Revised:  9/21/05

COURSE CHAIR:  PHONE #:  COURSE OBJECTIVES (in order of importance)
Josh Tobias, M.D.  (661) 326-2154
1. Recognition, evaluation, and management of emergency
disease processes, including cardiopulmonary resuscitation.
SUPPORTING FACULTY:
Drs. Purcell, Docherty, Dong, Sverchek, McPheeters, Heer,
Bradburn, Kercher, Amin, Tobias, and Walsh
2. Improved problem oriented history and physical examination.

STUDENT COORDINATOR:  PHONE #:  3. Development of clinical judgment, synthesis of clinical and
Tracy Fuentez  (661) 326-2168  laboratory data.
E-MAIL:  fuentzt@fkernmedctr.com
4. Improvement of manual dexterity in performing emergency
procedures.

REPORT TO:  Emergency Room/Kern Med. Ctr.,
1830 Flower St., Bakersfield, CA at 7:30 a.m.
5. Consideration of cost effective emergency care and health
care access issues.

PREREQUISITES:  Medicine, Surgery, Pediatrics & OB/Gyn
6. Interpretation of tests and special skills (e.g., lab tests, x-rays,
CT scans, emergency ultrasound).

AVAILABLE TO EXTERN:  Yes
7. Medical record keeping.

STUDENTS / PERIOD:  max  2  min  1
8. Improving the doctor-patient relationship.

DURATION:  4 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.

<table>
<thead>
<tr>
<th>STUDENT EXPERIENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMON PROBLEMS/DISEASES</td>
</tr>
<tr>
<td>1. Resp. emergency: asthma, COPD</td>
</tr>
<tr>
<td>2. Cardiovasc: AMI, CHF, CPR</td>
</tr>
<tr>
<td>3. Blunt and penetrating trauma</td>
</tr>
<tr>
<td>4. Pediatric emergencies</td>
</tr>
<tr>
<td>5. Toxicology, coma</td>
</tr>
<tr>
<td>6. OB/GYN emergencies</td>
</tr>
<tr>
<td>7. Abdominal pain</td>
</tr>
<tr>
<td>8. Psychiatric emergencies</td>
</tr>
</tbody>
</table>

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>3:30 – 11:30</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, 24hrs a day.  A student handbook of core reading materials is provided at the start of the rotation.
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.

PREREQUISITES:  Medicine and Surgery

AVAILABLE TO EXTERNS:  No

STUDENTS / PERIOD:  max 6 min 1

DURATION:  3 weeks

2005–2006 ROTATIONS BEGIN WEEKS:  
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

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 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>
</table>
| 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 Rounds  
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 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


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

2005–2006 ROTATIONS BEGIN WEEKS:
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45

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.

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
8. Complications of diabetes

INPATIENT:  0%
OUTPATIENT:  100%
CONSULTATION:  0%
PRIMARY CARE:  100%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
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>
<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>10:00 – 12:00 Primary Patient Care</td>
<td>10:00 – 12:00 Primary Patient Care</td>
</tr>
<tr>
<td></td>
<td>10:00 – 12:00 Primary Patient Care</td>
<td>10:00 – 12:00 Primary Patient Care</td>
<td>10:00 – 12:00 Primary Patient Care</td>
<td>10:00 – 12:00 Primary Patient Care</td>
<td>10:00 – 12:00 Primary Patient Care</td>
</tr>
<tr>
<td>PM</td>
<td>12:00 – 1:00 Noon Conference</td>
<td>12:00 – 1:00 Noon Conference</td>
<td>12:00 – 1:00 Noon Conference</td>
<td>12:00 – 1:00 Noon Conference</td>
<td>12:00 – 1:00 Noon Conference</td>
</tr>
<tr>
<td></td>
<td>1:00 – 5:00 Primary Patient Care</td>
<td>1:00 – 5:00 Primary Patient Care</td>
<td>1:00 – 5:00 Primary Patient Care</td>
<td>1:00 – 5:00 Primary Patient Care</td>
<td>1:00 – 5:00 Primary Patient Care</td>
</tr>
</tbody>
</table>

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.