EM120.02 DISASTER MEDICINE AND THE EMERGENCY RESPONSE

In-Depth Location: HARBOR 2006-2007 Revised: 1/8/06

COURSE CHAIR: Amy Kaji, M.D., M.P.H. (310) 222-3500

SUPPORTING FACULTY: Scott Votey, M.D., Milicent Wilson, M.D., Director, Disaster Education - LA EMS Agency, Bill Koenig, M.D., Medical Director, LA EMS Agency, Jim Eades, RN, Atilla Uner, M.D., Steve Rottman, M.D., Harbor-UCLA DEM Faculty

STUDENT COORDINATOR: Jason Bergschneider (310) 267-0442 E-MAIL: jbergschneider@mednet.ucla.edu

REPORT TO: Dr. Kaji @ 9:00 in the Depart. of Emergency Medicine Office, D-9 @ 9:00

PREREQUISITES: Inpatient Internal Medicine and Surgery

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 8 - min - 1

DURATION: 2 weeks

2006–2007 ROTATIONS BEGIN WEEKS: 18

DESCRIPTION: The course is designed to introduce the student to disaster medicine and the unique concerns that a disaster presents to medical personnel and to the community. Students will participate in didactic sessions, visit Los Angeles agencies that manage disaster situations, obtain Basic Disaster Life Support (BDLS) certification, and work independently to critique and discuss historical disasters and the problems encountered in their management. Students will study the HEICS system and apply their knowledge and understanding in both simulated incident command scenarios and in the annual Los Angeles county-wide disaster drill. The elective requires visitation to county disaster management agencies, independent study, and attendance at all didactic sessions. Students will attend one Saturday meeting of the local DMAT team during which they will learn about the DMAT and disaster response and preparedness.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES INPATIENT: N/A

1. Triage in disaster setting
2. Decontamination
3. Evacuations
4. Hazard-specific pathology
5. Public Health concerns
6. Mental Health concerns after disasters
7. Recovery & disaster effects
8. Safety, security, and support issues

OUTPATIENT: N/A

CONSULTATION: N/A

PRIMARY CARE: N/A

CLOSE CONTACT WITH:

X FULL TIME FACULTY
X CLINICAL FACULTY
FELLOWS
RESIDENTS INTERNS
X OTHER: EMS provides, law enforcement/fire dept., personnel, DMAT members

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK/STUDENT: N/A

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: N/A

TYPICAL WEEKLY SCHEDULE

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<tr>
<th>Hour</th>
<th>Monday</th>
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<tbody>
<tr>
<td>AM</td>
<td>8:00-12:00 Didactics-Introduction to Disaster Medicine (definitions) and the Hospital Emergency Incident Command System (HEICS)</td>
<td>8:00-12:00 Basic Disaster Life Support</td>
<td>8:00-12:00 Site visits to the Emergency Medical Services Agency (EMS)</td>
<td>8:00-12:00 Hands-on training Donning and Doffing Purified Air Powered Respirator (PAPR) and Level C PPE</td>
<td>8:00-12:00 Emergency Medicine Grand Rounds, EMS Tape Review, and Journal Club</td>
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<tr>
<td>PM</td>
<td>1:00-4:00 Small group discussion session</td>
<td>1:00-4:00 Basic Disaster Life Support</td>
<td>1:00-4:00 Hands-on training with set-up of Triage, Treatment, and Incident Command Zones</td>
<td>1:00-4:00 Perform Hazard Vulnerability Analysis and How to Evaluate a Hospital Disaster Drill</td>
<td>Preparation for historic disaster critique</td>
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</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Students will be required to spend one Saturday with the local DMAT team.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: This elective requires multiple site visits throughout the Los Angeles area. Students must provide their own transportation to the sites. This course is endorsed by the Acute Care College.
EM280.01  EMERGENCY MEDICINE ULTRASONOGRAPHY

Advanced Clinical Clerkship  PHONE #:  COURSE OBJECTIVES (in order of importance)
Location: HARBOR  1. The student will be able to demonstrate knowledge of ultrasound physics, technology, and knobology.
  2. The student will be able to outline a strategy for evaluation of patients with the common indications for ultrasound imaging.
  3. The student will be able to identify specific anatomic landmarks pertaining to the internal organs imaged by ultrasound.
  4. The student will be able to interpret ultrasound images from the common indications for ultrasound imaging (e.g., trauma, FAST, aorta, transabdominal/endovaginal).
  5. The student will be able to apply ultrasound to make diagnostic and therapeutic decisions and use ultrasound to guide bedside procedures.

COURSE CHAIR: Michael A. Peterson, M.D.  PHONE #: (310) 222-3501
SUPPORTING FACULTY: Wendy Coates, M.D.
STUDENT COORDINATOR: Lucy Hadley  PHONE #: (310) 222-3501 #
E-MAIL: lehadley@emedharbor.edu
REPORT TO: Michael Peterson, DEM Administrative Building, D9 at 8:00 a.m.
PREREQUISITES: Inpatient Internal Medicine & Surgery
AVAILABLE TO EXTERNS: Yes
STUDENT EXPERIENCES
COMMON PROBLEMS/DISEASES
1. Undifferentiated abdominal pain/Biliary Colic
2. Multiple trauma
3. Vaginal bleeding in the pregnant patient
4. Pericardial effusion
5. Central venous cannulation/access
6. Paracentesis

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK/STUDENT: 25
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 150-200

TYPICAL WEEKLY SCHEDULE

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<tr>
<td>AM</td>
<td>9:00 – 11:00 Ultrasound Lecture Series Emergency Dept. Ultrasound Emergency Dept. Ultrasound 8:00 – 10:00 EM Conference Emergency Dept. Ultrasound</td>
<td>Emergency Dept. Ultrasound Emergency Dept. Ultrasound 12 – 4 Formal Emergency Dept. Ultrasound</td>
<td>Emergency Dept. Ultrasound</td>
<td>Emergency Dept. Ultrasound 8:00 – 11:00 EM Conference Emergency Dept. Ultrasound</td>
<td>Emergency Dept. Ultrasound 12:00 – 1:00 Library/Research 1:00 – 2:00 Meeting with mentor</td>
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<td>PM</td>
<td>Emergency Dept. Ultrasound Emergency Dept. Ultrasound</td>
<td>12 – 4 Formal Emergency Dept. Ultrasound</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: None

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:

CANCELLED
EM320.01  EMERGENCY MEDICINE

Subinternship  Location:  CHS/OVH  2006-2007
Revised:  11/28/05

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 EXterns:  Yes

STUDENTS / PERIOD:  max 4 min 1

DURATION:  3 weeks

2006-2007 ROTATIONS BEGIN WEEKS: 1,5,8,11,14,17,20,27,30,33,36,39,42,45,48 (not offered week 2)

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.

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  CLINICAL FACULTY  FELLOWS  RESIDENTS  INTERNS  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

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</table>
| AM   | Attending Rounds  
Primary Patient Care | Attending Rounds  
Primary Patient Care | Attending Rounds  
Student Lectures  
Primary Patient Care | Trauma Conference  
X-Ray Rounds  
Resident Conference  
M & M  
Primary Patient Care | 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 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.
**STUDENT COORDINATOR:** PHONE #: (310) 222-3500  
**E-MAIL:** lehadley@emedharbor.edu

**SUPPORTING FACULTY:**  
Emergency Medicine Faculty

**STUDENT EXPERIENCES**

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<thead>
<tr>
<th>INPATIENT</th>
<th>OUTPATIENT</th>
<th>CONSULTATION</th>
<th>PRIMARY CARE</th>
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**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

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

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

**TYPICAL WEEKLY SCHEDULE**

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

**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 algorhythms 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.

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

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%  PRIMARY CARE: 100%

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Paramedics

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 75
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 650

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>Emergency Room Activities</td>
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<tr>
<td>PM</td>
<td>Noon Teaching Conference</td>
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<td>Emergency Room Activities</td>
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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  2006-2007
Revised:  11/28/05

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

STUDENT COORDINATOR:  PHONE #:  2.  Improved problem oriented history and physical examination.
Tracy Fuentez  (661) 326-2168
E-MAIL:  fuentzt@fkernmedctr.com
3.  Development of clinical judgment, synthesis of clinical and
laboratory data.

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 EXTERNALS:  Yes

STUDENTS / PERIOD:  max 2 min 1

DURATION:  4 weeks

2006-2007 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.

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:  20

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

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>7:30 – 12:00 Emergency Department</td>
<td>8:00 – 10:00 Conference</td>
<td>7:30 – 12:00 Emergency Department</td>
<td>8:00 – 10:00 Conference</td>
<td>3:30 – 11:30 Emergency Department</td>
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<td>10:00 – 12:00 Emergency Department</td>
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<td>10:00 – 12:00 Emergency Department</td>
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<tr>
<td>PM</td>
<td>12:00 – 3:30 Emergency Department</td>
<td>12:00 – 3:30 Emergency Department</td>
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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, 24hrs a day.  A student handbook of core reading materials is provided at the start of the rotation.
**EM350.04  EMERGENCY MEDICINE**

**Subinternship Location: KDMC  2006-2007  Revised: 1/4/06**

**COURSE CHAIR:**
Patrick Aguilera, M.D. (310) 563-5956
Rito Castanon-Hill, 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

**2006-2007 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**

<table>
<thead>
<tr>
<th>COMMON PROBLEMS/DISEASES</th>
<th>INPATIENT:</th>
<th>OUTPATIENT:</th>
<th>CONSULTATION:</th>
<th>PRIMARY CARE:</th>
<th>CLOSE CONTACT WITH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Multi system trauma</td>
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<td>X FULL TIME FACULTY</td>
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<td>2. Acute Cardiac (M.I.)</td>
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<td>X CLINICAL FACULTY</td>
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<td>3. Acute Pulmonary</td>
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<td>X FELLOWS</td>
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<td>4. Acute Overdose</td>
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<td>X RESIDENTS</td>
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<td>5. Acute GYN Emergencies</td>
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<td>X INTERNS</td>
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<td>6. Diabetics / life threatening complications</td>
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<td>X OTHER PAs, Paramedics, etc.</td>
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<td>7. Upper and Lower G.I. Bleeding</td>
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<td>8. Acute pediatric emergencies</td>
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**APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:**
12 – 13

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

**TYPICAL WEEKLY SCHEDULE**

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<tr>
<td>AM</td>
<td>7:00 – 8:00 Staff Rounds</td>
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<td>8:00 – 10:00 Emergency Medicine Conference</td>
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<td></td>
<td>11:00 – 12:00 Didactic Lecture to Students by Faculty</td>
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<td>PM</td>
<td>Patient Workup and Care</td>
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<td>7:00 – 7:30 Staff Rounds</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 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.
COURSE CHAIR: Zhaoping Li, M.D.  PHONE #: (310) 268-3125

SUPPORTING FACULTY:
Drs. Samuel Burnstein and Paul Schneider

STUDENT COORDINATOR: Christine Seydel  PHONE #: (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

2006-2007 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%  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

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<td>AM</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.