

EMERGENCY MEDICINE ROTATION – PROTOCOL

**Department of Emergency
Medicine**

David Seidler MD

Medical Director and Chairman

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Emergency Medicine Residency Director



The Emergency Medicine Department of Charleston Area Medical Center (CAMC) is dedicated to academic excellence in Emergency Medicine. The goal of this training program is to provide rotation participants with exposure to the tools, skills, empathy and knowledge to understand and appreciate the practice of Emergency Medicine. We strive to continuously improve upon its program, training facilities and academic curriculum to achieve the ultimate goal of the Department of Emergency Medicine: excellence in patient care. During your rotation in the Emergency Medicine program at CAMC, you will be exposed to a learning opportunities afforded at only major teaching institutions, in 2005; CAMC experienced >94,000 emergency room visits, nearly 2,500 trauma visits, 3,200 births, 36,000 admissions and nearly 26,000 surgeries a year. You will have a diverse experience of facilities and patient populations.

1. The **General Hospital** campus is home to our Neurosciences Center, Level I Trauma Center, Medical Rehabilitation Center, Center for Joint Replacement, Facial Surgery Center, Stroke Center and Charleston's only accredited Sleep Center.
2. The **Memorial Hospital** is home to the nation's fourth largest cardiology programs. Here, physicians perform more cardiac catheterizations than Johns Hopkins or the Mayo Clinic, and excel in bypass surgery. Memorial Hospital is also the site of Cancer Patient Support Program and a comprehensive Diabetes Center, clinics and general medical-surgical inpatient services. The Robert C. Byrd Health Sciences Center of West Virginia University/Charleston Division also is located on this campus.
3. **Women and Children's Hospital** has more than 3,200 babies born here yearly, many of which are high-risk births. The hospital is home to the region's largest and busiest Level III neonatal intensive care unit and pediatric intensive care unit. The pediatricians of West Virginia University/Charleston Division provide specialty consultation in endocrinology, surgery, trauma and critical care. Charleston Division obstetrics and gynecology faculty provide high-tech maternal-fetal medicine and gynecologic cancer services.

To achieve our goals we have designed a rotation that is a balance of clinical experience, classroom sessions, selected reading assignments and clinical simulation. This mix is designed to provide you a foundation in your approach to the undiagnosed patient. The traditional model of one-to-one teaching remains the backbone of rotation. Our emergency department physicians are eager to teach, easily approachable and readily available, but you will ultimately determine the quality of your experience here. The more interest you demonstrate in learning, the more teaching you will receive.

This booklet contains the curriculum for your rotation. It outlines the minimum didactic requirements and contains assignments that are due at the end of your rotation. Emergency Medicine conferences specifically designed for students, interns, and visiting residents have been prepared for your educational benefit and attendance is mandatory. A conference schedule will be given to you at orientation. As far as scheduling goes, any special request you have must be forwarded to jenny.greathouse@camc.org **prior to orientation**. The sooner you submit these request the more likely we will be able to accommodate your needs. You may not work more than 3 shifts in a row or be scheduled for more than 4 consecutive days off in a row. We adhere to all CAMC policies and procedures including work hour requirements. In any conflict between this manual and CAMC published policy, CAMC policy will take precedence. Failure to comply with this could result in remediation or unsuccessful completion of your rotation in Emergency Medicine (EM).

EVALUATION

We believe that if you know ahead of time how you will be evaluated it will help you achieve your goals and successful completion of the rotation. Keep in mind that the entire evaluation process should be a learning experience for both the learner and the evaluator.

Feedback

There are 3 ideal times for feedback. “Brief” feedback is spontaneous and occurs at the point of contact. A faculty member may give you brief feedback when observing a physical examination of a patient, performance of a procedure or when monitoring a presentation of a patient’s medical history and examination in the clinical or didactic venue.

“Formal” feedback is provided when a period, usually 5 to 10 minutes, is set aside to deliver feedback. Formal feedback may relate to the management of a particularly difficult or confusing case, to a medical mistake, or to a behavioral issue. Formal feedback is best given at the end of a shift. You are encouraged to ask for specific comments on your performance and areas to improve at the end of each shift.

“Major” feedback consists of scheduled session’s midway through your rotation. These sessions, held in private, typically last for 15 to 30 minutes. You will be advised ahead of time when your major feedback session will occur. This session is critical so that you can be given areas to work on and remediate during the remainder of the rotation instead of discovering at the end of the rotation that there were deficiencies. This is also an excellent time for you to address issues you maybe having in obtaining the goals set forth for you especially any difficulty in attainment of an appropriate number of clinical procedures and skills.

Evaluation

Summative and formative evaluation

Evaluations are structured and contain summative and formative evaluation processes. Summative evaluation involves making judgments about your concrete achievements during the rotation; it is the mechanism by which you are “accountable” for what you have learned during the rotation. Summative evaluation is primarily a retrospective process in which learners’ accomplishments and habits are documented. You will receive an end-of-rotation multiple choice test and composite score of your evaluations to accomplish this goal.

Formative evaluation focuses on identifying your strengths (for subsequent amplification) and weaknesses (for remediation). Formative evaluation is primarily a prospective process in which your strong and weak points are assessed with an eye toward improvement in future evaluations. Optimally applied, formative evaluation helps you develop good habits. Many types of formative evaluation can also be used as aids for summative evaluation, and vice versa. For example, testing can be used, at least in part, for both types of evaluation. Parts of this evaluation include a pre-test, your work booklet and midcourse evaluation.

Your final evaluation will be based on a composite of the summative and formative evaluations.

Types of Evaluation

Direct observation

Direct observation during history taking, physical examination, or procedures in the clinical setting allows evaluation of your ability based on pre-specified performance-based criteria...

Shift evaluation

An evaluation in the clinical setting will be done after every shift. Evaluation of your history and physical and presentation techniques may occur during the oral presentation. With direct questioning, additional information on your ability of investigative thinking, application of basic science knowledge, and the use of evidence-based medicine to solve clinical problems may be evaluated. You may also be evaluated on your ability to define differential diagnoses and develop treatment and evaluation plans. Professionalism and the ability to communicate during interactions with family, consultants, and coworkers can all be assessed during this time. To this end you will be given daily evaluation cards to be completed by the attending you worked with that day. These cards will serve multiple purposes; it allows multiple different attendings to give feedback, supplies meaningful data for mid-service evaluations and documents your attendance during the shift.

Examinations

Examinations (written or oral) may be incorporated into the evaluation of your knowledge base and will correlate with the educational core topics. Objective testing will be supplemented by other evaluation mechanisms, including “at the moment evaluation at patients bedside” and a case presentation. Understand that the educational goal is *not* short-term retention of factual knowledge but rather longitudinal, practical and applicable knowledge and skills.

Procedural evaluations

Evaluation of procedural skills can be measured against a checklist of essential actions during direct observation of clinical work or during procedural workshops. In addition you are required to keep logbooks of procedures performed.

Evaluation of the faculty and rotation

All persons completing the emergency medicine rotation will have the opportunity to give feedback about their educational experience, including individual faculty and the educational program. Here you will have the opportunity to provide us with anonymous feedback about your teachers, the curriculum, the clinical experience and any other aspects of the rotation you wish to share. Results may be useful for individual faculty development and promotion, for identification of institutional problems, and to provide evidence for resource allocation.

To successfully complete this rotation you must do **ALL** of the following:

- A. Attend orientation, set your schedule, pick up your protocol book, and obtain the conference schedule and any other mandatory requirements as per the department.
- B. Complete all assigned shifts. This is a 4-week or one month rotation; absences due to vacations, interviewing, or other such activities are not acceptable. If illness precludes you from completing a shift, you must: notify the office as soon as possible and schedule a make up shift with Dr. Turner. You will not receive credit for your rotation if this protocol is not followed.
- C. Complete and return the protocol questions to:

James M. Turner DO

419 Brooks St

Charleston WV 25301

These rotation protocol questions must be completed and turned into the office ***NO LATER than the last day of your rotation.*** Failure to do this will result in an “incomplete” grade and will be reported to your home institution and/or residency program.

- D. Attend all scheduled conferences and sessions as assigned.
- E. Complete an end of rotation exam and average a satisfactory or higher on daily evaluations.
- F. Be responsible for presenting a case presentation at the end of the rotation.
- G. Complete at least one shift as an EMS “ride-along” or complete the written EMS option if “ride-along” is not available during your time with us. This may be in addition to your assigned emergency department shifts.
- H. Maintain professional appearance and behavior at all times. You must achieve a satisfactory level on the direct observation rating form. A member of the CAMC Emergency Medicine faculty will review ratings of unsatisfactory in any category with you with a specific plan for remediation to be decided on a case-by-case basis.
- I. All written work must be original and completed on an individual basis.

Failure to do any of the above will result in an “incomplete” grade and require remediation as determined by the Department of Emergency Medicine at CAMC. Delay in submitting the required material and evaluations that are in your packet will result in an “incomplete” grade as stated above.

SPECIAL CONSIDERATIONS

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A. Medicare Cases

Per HCFA regulations, medical students may not chart on a patient with Medicare Insurance if the department wishes to obtain reimbursement for this care. Medical students may participate in the care of these patients but may not be the primary caregiver. Students and visiting residents may write on the chart but the ED attending must dictate all cases in which you are involved. There may be other special types of insurance that have the same rules in the area where you are performing your emergency department rotation and you must follow the department rules regarding who you may and may not see.

B. Special Cases

Due to the delicate nature and legal issues, alleged criminal sexual conduct assault and child abuse cases are not to be seen by students rotating in the emergency department. If during a patient encounter you suspect such is the case, notify the attending physician immediately and remove yourself from the care of this patient. There may also be other cases that your attending deems inappropriate for your participation during your shifts. If this is the case you are asked to respect the decision of the attending.

C. Attire

First impressions are very important. **You must wear a clean lab jacket and professional attire at all times. Nametags must be worn at all times. Clean scrubs are generally acceptable, but blue jeans are never acceptable.** Failure to follow these requirements may result in your being sent home to change and all time will have to be made up. Due to occupational safety and health administration regulations, socks must be worn at all times no open toed shoes will be acceptable.

D. Sharps

All sharps must be disposed of in the appropriate manner. This is a responsibility of the person performing the procedure and you must take care to remove all sharp instruments to avoid injury to your coworkers and staff.

E. Keys to Good Care

You will not be graded on the number of patients you see. There are some minimum requirements out lined below but beyond this we expect you to limit the number of patients you see to a volume you that you can render exceptional care. This is your education and not a service rotation. You will be expected to know the status and results of all labs and x-rays, at all times. Reassess your patients frequently and keep them informed of their status. We expect you to take full responsibility for all aspects of the patient's you provide care.

References

For the didactic portion all readings and answers are to be referenced from the following texts, which should be available in every emergency department in which you rotate.

Emergency Medicine – A Comprehensive Study Guide, 6th edition, by Judith E. Tintinalli, M.D., Gabor D. Kelen, M.D., and J. Stephen Stapczynski, M.D., McGraw-Hill Book Co., 2004.

In addition articles, videos, or other forms of information may be assigned and utilized by you to further your didactic experience. The residency director will be responsible for assigning a grade to their specific material and for final grades. **Remember these must be submitted at the completion of your rotation.**

There will be a post-service examination. If your program has a required exam we will consider using it in lieu of or exam if the trainee request one week prior to the end of the rotation.

CAMC EMERGENCY MEDICINE PROTOCOL

OVERVIEW AND GOALS

The rotation consists of one month (or four weeks depending on your home institutions requirements) of emergency department experiences. This service should expose the learner to various aspects of management of patients in an emergency department. These experiences should include reading, lectures, seminars, and patient care management.

Emergency medicine has enjoyed increasing popularity and stature in medical schools throughout the United States. It occupies a unique niche in medical education in that it provides learners with the opportunity to see an undifferentiated patient population with varying modes of presentation. This experience will stress diagnostic skills, ability to prioritize patient care and exposure to new diagnostic skills, i.e., toxicology and environmental injuries, and different views of problems that they may have only seen in the hospital or other practical settings.

GOALS OF THE EMERGENCY MEDICINE ROTATION

- I. Provide the learner with a fundamental knowledge base in emergency medicine.
- II. Introduce the learner to basic procedures relevant to the practice of emergency medicine.
- III. Facilitate an understanding of the approach to acute care clinical problem solving.
- IV. Promote the acquisition of simple basic skills for the diagnosis and management of common emergencies.
- V. Encourage the continued development of the learner's professional attitude and behavior.

OBJECTIVES

Learning objectives for the emergency medicine rotation relate to the following areas:

- a) Cognitive knowledge
- b) Psychomotor skills
- c) Problem solving
- d) Professional development.

LIST OF OBJECTIVES

By the end of the emergency medicine rotation, you are expected to have achieved, at a minimum, the following objectives through reading, conference attendance, observation, discussion, and hands-on clinical experience:

A. Core Content Area: ADULT RESUSCITATION

OBJECTIVE

1. Describe and perform: Basic airway management
 - Basic airway maneuvers
 - Airway adjuncts
 - Bag-valve-mask ventilation
 - “First minute of a code”
 - Cardiopulmonary resuscitation (**reading p 102-124**).

2. Identify and list treatment options for the following dysrhythmias: ventricular fibrillation, asystole, pulseless electrical activity, ventricular tachycardia, first, second, and third degree heart blocks (**reading p 179-218 and ACLS manual**).

3. List and describe the intravenous access techniques for the peripheral and central circulation (**reading p 124-132**).

B. CORE CONTENT AREA: TRAUMA

OBJECTIVE

1. Discuss the components of the history in a multiple trauma patient (**reading p 1537-1541**).
2. Discuss the four sequential phases of management of the multiple trauma patients. Outline the components of the primary and secondary trauma survey and discuss the recognition and management of immediate life threatening injuries. Including: Abdomen (bowel, hepatic, splenic injuries) (**reading p1614-1619**), Chest (hemothorax, pneumothorax, tension pneumothorax) (**reading p1595-1612**), Extremities (**reading p1629-1632**), Head injuries (epi-/subdural hematomas) (**reading p1565-1568**), Neck/spine (cervical spine fractures, spinal cord damage) (**reading p 1570-1578**) Pediatric non-accidental trauma/domestic violence (**reading p1848-1850**).

C. Core CONTENT AREA: SHOCK

D. OBJECTIVE

1. Discuss the etiologies and pathophysiologic mechanisms of shock (**reading p 219-254**).
2. Describe the physical findings of patients in varying degrees and types of shock.
3. Discuss the management of the varying degrees and types of shock in adults and children.
Careful attention should be paid to the following topics: Dysrhythmia (identification/treatment), Anaphylactic shock, Obstructive shock (pulmonary embolism, pericardial tamponade), cardiogenic shock, Hypovolemic shock and Septic shock.

D. CORE CONTENT AREA: CHEST PAIN

OBJECTIVE

1. Discuss the evaluation and management of the patient with chest pain, discussing the differential diagnosis, the relative importance of the history, physical examination and diagnostic studies and the cost of admission versus risk of discharge (**reading p 333-342**).
2. Evaluate a patient or simulate various scenarios of patients with chest pain.

E. CORE CONTENT AREA: SHORTNESS OF BREATH

OBJECTIVE

1. Discuss the differential diagnosis of dyspnea. Discuss the initial evaluation and management of the dyspneic patient.
2. Discuss the identification, evaluation and management of upper airway causes of dyspnea. Describe the presentation, evaluation and management of the patient with lower airway causes of dyspnea.

Discuss the presentation, evaluation and management of the cardiovascular causes of dyspnea. Careful attention should be paid to Asthma/chronic obstructive pulmonary disease (**reading p467-479**), Heart failure (**reading p 364-372**), Pneumonia (**reading p784-788 and 446-452**) and pulmonary embolism (**reading p 386-389**)

3. Evaluate a patient or simulate various scenarios of patients with dyspnea.
4. Discuss the evaluation of the chest radiograph, soft tissue neck films.

F. CORE CONTENT AREA: ALTERED MENTAL STATUS (COMA, SYNCOPE, SEIZURES, EMERGENCY PSYCHIATRY)

OBJECTIVE

1. Discuss the pathophysiology and differential diagnosis of the comatose patient (**reading p 1390-1397; 831-838**).
2. List the critical actions in the management of a comatose patient.
3. Explain the diagnosis studies and procedures used in evaluating the comatose patient.
4. Demonstrate the evaluation of the cerebral CT radiograph.
5. Demonstrate or verbalize the procedure for a lumbar puncture.
6. Discuss the pathophysiology and differential diagnosis of syncope (**reading p 359-363**).
7. Perform the history and physical examination pertinent to the evaluation of a patient with syncope.
8. List the diagnostic studies and/or procedures used to evaluate the syncopal patient.
9. Discuss the management of the syncopal patient.
10. Describe the evaluation and pathophysiology of seizures (**reading p 1409-1418; p 798-808**).
11. Discuss the management of seizures in the emergency department.
12. Describe the mental status examination and the psychiatric interview (**reading p 1812-1826**).
13. Discuss the evaluation and management of delirium and dementia.
14. Perform a mental status examination.
15. Describe the evaluation and management of the violent patient. Discuss protective measures for the patient and staff. Discuss involuntary commitment.
16. Describe the evaluation and management of the suicidal patient. Discuss involuntary commitment.

G. CORE CONTENT AREA: HEADACHE**OBJECTIVE**

1. Discuss the history and physical examination pertinent to the evaluation of a patient with headache. Discuss the pertinent diagnostic studies and procedures. Discuss the management of the patient with headache (**reading p 1375-1382; 831-838**).
2. Demonstrate neurologic exam and fundoscopic exam.

H. CORE CONTENT AREA: ABDOMINAL PAIN**OBJECTIVE**

1. List the key points to be obtained in the history and to be addressed on the physical examination of the patient with abdominal pain, addressing the differential diagnosis in adults and children (**reading p 487-505, 813-821**).
2. Discuss the use of laboratory and radiologic evaluation of the patient with abdominal pain.
3. Review the salient points of examination plain films with the learner.

I. CORE CONTENT AREA: VAGINAL BLEEDING**OBJECTIVE:**

1. List the causes of ovulatory and anovulatory bleeding and their emergency department management (**reading p 647-653**).
 2. Describe the evaluation and management of the patient with suspected ectopic pregnancy.
 3. Discuss the causes, evaluation and management of early and late bleeding during pregnancy. Discuss the classifications and miscarriage (**reading p 676-684**).
- Perform pelvic exams under supervision

J. CORE CONTENT AREA: OPHTHALMOLOGIC EMERGENCIES**OBJECTIVE**

1. List the common causes of conjunctivitis, keratitis, iritis and the presentation of acute glaucoma and periorbital cellulitis. Describe their management in the emergency department (**reading p 1449-1464**).
2. Discuss the presentation and evaluation and management of corneal foreign bodies and abrasions, ocular penetration, hyphema, dislocated lens, retinal detachment and corneal burns.

K. Core Content Area: MUSCULOSKELETAL INJURIES**OBJECTIVE**

1. Describe the clinical finds, evaluation and treatment of dislocation of the shoulder.
2. Discuss the mechanisms of injury, presentation and management of fractures of the clavicle, humerus, radius, ulna, hip, femur, tibia and fibula, ankle and foot (**reading p 1674-1745**).
3. Discuss the evaluation and management of common sprains.
4. Describe the presentation, evaluation and management of common injuries and infections of the hand (**reading p 1789-1795**).
5. Discuss the Salter-Harris classification of fractures.
6. Discuss the treatment of “sprains” in the pediatric patient.

L. CORE CONTENT AREA: WOUND CARE**OBJECTIVE**

1. Discuss the evaluation of a wound (**reading p 287-289**).
2. Discuss wound cleansing, debridement and closure. Discuss anesthetic use, suturing materials and technique, and dressings (**reading p 289-292**).
3. List the indications for and use of tetanus, rabies, and antibiotic prophylaxis (**reading p 328-331**).

M. CORE CONTENT AREA: TOXICOLOGY**OBJECTIVE**

1. Discuss initial stabilization and management of the poisoned patient with regard to ABC's, supportive care, formulation of a toxidrome from the history and physical exam, use of naloxone, glucose/glucagon, decontamination, prevention of absorption, dilution and enhanced excretion, antidote use (**reading p 1015-1021**) and anion gap metabolic acidosis (**reading p 150-151**).

N. CORE CONTENT AREA: PEDIATRICS**OBJECTIVE**

1. Discuss the evaluation of the pediatric patient with a febrile illness, the use of the Rochester criteria, and the necessity of a “septic work up” (**reading p 731-735**).
2. Discuss the accurate assessment of pediatric vital signs (**reading p 727**).
3. See C3, F1, F6, F12, H1, H2, I1, M5, and M6 for other pediatric objectives.

Core competency-based course objectives

Core Competency	Course Objective	
Patient care	Obtain an accurate history and physical examination focused on key problems	
	Recognize immediate life-threatening illnesses	
	Patient management skills	
	Develop an evaluation and treatment plan	
	Monitor the response to therapeutic interventions	
	Make proper disposition and follow-up plans for the patient	
	Procedural skills	
	Learn the indications and contraindications for basic procedural skills	
	Perform basic procedural skills (Educational Core section)	
	Health promotion	
	Discuss preventable injuries and illnesses	
	Educate patients and insure comprehension of their outpatient treatment plan	
	Medical knowledge	Develop the skills to evaluate an undifferentiated patient
		Development of a differential diagnosis
Hierarchy based on the initial patient presentation		
Be aware of worst-case diagnoses		
Develop management plan for the evaluation of the patient		
Interpret the results of common diagnostic procedures and tests		
Practice-based learning	Learn key concepts of the topics within the educational core	
	Effectively use available information technology to solve patient care problems, improve knowledge base, develop case presentations	
Interpersonal and communication skills	Humanistic qualities	
	Effectively communicate patients and family members	
	Show compassion and nonjudgmental approach to all patients	
	Work in a collegial manner within a health care team	
	Presentation skills	
	Present cases in a complete, concise, and orderly pattern	
	Clearly delineate primary problems and management plan	
	Complete documentation that is accurate, well organized, and appropriate for level of care provided	
Professionalism	Work ethic	
	Be conscientious, on time, and responsible	
	Exhibit honesty and integrity in patient care	
	Practice ethical decision making	
	Professional behavior	
	Exercise accountability	
	Maintain a professional appearance	
System-based practice	Be sensitive to culture issues (age, sex, culture, disability, etc)	
	Make an appropriate referral from the ED	
	Understand the role of emergency medicine in the community, including access to care and its impact on patient care	
	Be aware of medication and treatment costs	

Lectures

Certain presentations of ED patients that are common and to which all medical students and PGY1 interns and residents would be uniformly exposed during their clinical experience based on a national curriculum are listed below. To ensure you have adequate and uniform exposure to the areas lectures and small group discussions will be presented on the following topics. The schedule for these will be presented during your orientation. Again, attendance is mandatory in order to complete this rotation.

- The topics are:
1. Abdominal/pelvic pain
 2. Alteration/loss of consciousness
 3. Chest pain
 4. Fracture
 5. Gastrointestinal bleeding
 6. Headache
 7. Resuscitation
 8. Shock
 9. Shortness of breath
 10. Vaginal bleeding
 11. Wound care

Procedures

Certain procedures to be taught under appropriate supervision during the emergency medicine rotation are listed below. Procedures were selected based on clinical relevance, level of training, and availability within the ED. These will be covered in procedure/simulation lab prior to your performing them in the ED.

- The procedures are:
1. ECG/ Cardiac Monitor
 2. Foley catheter placement
 3. Interpretation of cardiac monitoring
 4. Nasogastric tube placement
 5. Peripheral intravenous access
 6. Pulse oximeter
 7. Splint application
 8. Wound closure
 9. Venipuncture

Please note the following information that pertains to special handling of pages 18-34 and which must be completed and returned to Dr. Turner at the completion of the EM rotation. Also include a copy of your rotation schedule.

All students, interns and residents who fail to turn in their Didactic questions, properly filled out, and complete patient logs, EMS option 1 or 2, and procedure logs on the last day of the rotation will receive an “incomplete” grade. These must be sent to the EM Office during regular work hours. It is the duty of the resident/intern/student to assure their arrival. An “incomplete” grade will result in a meeting with the Department of Medical Education. Based on the outcome of this meeting, you MAY be allowed some form of remediation of the deficiency (ies) up to and including a complete repetition of the rotation.

Although it is recognized that rotation evaluations are not under the complete control of the learner, it is still the responsibility of the learner to assure their timely completion. Any rotation evaluation not received by the required time will result in an incomplete grade. Any intern or learner who does not complete 4 weeks/ 1 month of Emergency Medicine will receive an N grade unless excused by illness. Vacation and interviewing time may not be taken during this month if it compromises the total number of shifts you are required to complete. You may not do 4 weeks of shifts in 3 weeks to obtain a week off for outside activities.

If you have any questions about these policies or procedures, please contact Dr. Turner at james.turner@camc.org, or Jenny Greathouse at 304-388-7170 or jenny.greathouse@camc.org immediately.

Name _____ Hospital _____

CHECKLIST OF PROCEDURES TO BE COMPLETED AND SIGNED OFF WHILE ON ROTATION. This does not replace your institutional log.

Objective #	Assignment	Patient Label	Supervisor initials
A-1	Draw 2 arterial blood gases.	1. 2.	
A-2	Insert 1 Foley catheter.	1.	
O	Insert 1 NG tube.	1.	
A-3	Start 2 peripheral IVs.	1. 2.	
P-3	Obtain vital signs on 3 pediatric patients.	1. 2 . 3.	
Peds	Perform 3 physicals on children < 5 years of age.	1. 2 . 3.	

PAGES 18-34 TO BE TURNED ON THE LAST DAY OF YOUR ROTATION:

Complete and return to: James M Turner DO, 419 Brooks Street, Charleston WV

Option #1: EMS Ride-Along Log – Ambulance Service _____ Date:

Date	Patient Complaint

EMS Supervisor Signature: _____

PAGES 18-34 TO BE TURNED ON THE LAST DAY OF YOUR ROTATION:

Complete and return to: James M Turner DO, 419 Brooks Street, Charleston WV

Emergency Medicine Rotation –EMS (Emergency Medical Services/pre-hospital experience

You may do either of the following to meet the EMS requirements of this rotation:

Option 1

Participate in an 8-hour EMS ride-along with the Kanawha County Ambulance Authority, for this activity, you must keep a log (see page 14) of the runs you go on and have the paramedic or EMS personnel you work with on the shift sign and date it. You should discuss with the EMS personnel what their training and educational background is and what they are licensed to do in their job.

Option 2

Spend a 4-hour shift with dispatch (preferably on an afternoon shift when EMS traffic is heaviest) listening to radio calls. Keep a log of all calls you listened to. Have the dispatch person or whoever answers the radio sign your log.

In addition, you must answer the following questions and return with the remainder of the EM packet within two weeks of the completion of the rotation.

Option 2 Questions: [NOTE – All work must be individual and any evidence of sharing of answers will be grounds for awarding an N grade.]

1. What are the levels of EMS providers, what are they licensed to do, and how much education does it require to become this provider?

5. Look at 5 EMS ambulance reports from patients that are transported to CAMC.

Fill out the following table for these 5 patients:

Patient #	Time from 911 call until scene arrival	Time on scene	Time from scene departure to hospital arrival	Chief complaint	Final ED Diagnosis
1					
2					
3					
4					
5					
Average				-----	-----

Name ___ Hospital _____

PATIENT LOGS OF REQUIRED/OBSERVED PROCEDURES OR EVALUATIONS

This does not replace your institutional logs.

Complete and return to: James M Turner DO, 419 Brooks Street, Charleston WV, 25304

Objective #	Assignment	Patient I.D. sticker	Final Diagnosis	Supervisor Initial
D-2	List 5 patients with chest pain as part of their chief complaint that you saw while on this rotation.	1.		
		2		
		3		
		4		
		5		
E-3	List 5 patients who had dyspnea as part of their chief complaint that you treated.	1		
		2		
		3		
		4		
		5		

E-4	List 10 patients in whom a chest x-ray was ordered as part of their work-up and who you had the opportunity to view directly.	1		
		2		
		3		
		4		
		5		
		6		
		7		
		8		
		9		
		10		
F-4	List 1 patient that you assisted in work up of their COMA.	1		

F-16	List 2 patients in whom you performed a mini mental-status examination	1		
		2		
G-2	List 5 patients in whom you conducted a supervised neurological exam and a supervised fundoscopic exam	1		
		2		
		3		
		4		
		5		
J-4	List 3 females in whom you performed a supervised pelvic examination	1		
		2		
		3		
H-1	List 2 adults and 4 children who presented with fever that you were involved in the care of	A1		
		A2		

		C1		
		C2		
		C3		
		C4		
M-2 to 4	List 10 patients (5 adults and 5 children) that you treated with musculoskeletal injuries	A1		
		A2		
		A3		
		A4		
		A5		
M2-4		C1		
		C2		
		C3		

		C4		
		C5		
O	List 1 patient that you assisted in the Management of an overdose.	1		
P	List 3 infants (>3 mo, < 1 yr old) that you assisted in the evaluation of.	1		
		2		
		3		

Complete and return to: James M Turner DO, 419 Brooks Street, Charleston WV

NAME _____ Hospital _____

ESSAYS

The following questions come directly from the above objectives. The answers will come directly from the assigned reading.

A. Core Content Area: ADULT RESUSCITATION

Objective 1: Describe the appropriate use of the following:
Nasopharyngeal airway:

Endotracheal tube:

Cricothyroidotomy:

- 1b. List three methods besides intubation to improve oxygenation.
- 1.
 - 2.
 - 3.

Objective 2: This objective is covered by ACLS certification.

- 2b. List three central venous access sites.
- 1.
 - 2.
 - 3.

B. Core Content Area – TRAUMA

Objective 1 – List the mnemonic for obtaining a history in a trauma patient and what it stands for.

Objective 2 – List the four stages of management of the trauma patient and give a brief description of each.

NAME _____ Hospital _____

C. Core Content Area: SHOCK

Objective 1: Differentiate between and list the appropriate first hour treatment of each.

Hypovolemic Shock –

Cardiogenic Shock –

Spinal Shock –

Septic Shock –

D. Core content Area: CHEST PAIN

Objective 2. List 5 (five) common causes of chest pain.

- a.
- b.
- c.
- d.
- e.

E. Core Content Area: DYSPNEA

Objective 1. What is the “fifth” vital sign and what are the pitfalls in its use? Objective 2 – List three causes of upper airway emergencies and their usual treatment.

- a.
- b.
- c.

F. Core Content Area: ALTERED MENTAL STATUS

Objective 2. List the ingredients of the “Coma Cocktail”.

NAME _____ Hospital _____

Objective 5. List the steps in the performance of a lumbar puncture starting from the beginning.

What is considered a normal intracranial pressure and in what position is it valid to measure it?

Objectives 7-10. List 3 causes of syncope, their etiology and usual disposition from the emergency department.

a.

b.

c.

Objective 12. What is the CLASS of drugs that is considered first line therapy for an acute seizure in the emergency department?

Objective 13 – List the components of the mini-mental status exam.

Objective 17 – Can you hold a patient who made a suicide attempt against their will, even if they have changed their mind about killing themselves?

G. Core Content Area: HEADACHE

Objective 1: List four causes or etiologies of headaches.

a.

b.

c.

d.

NAME _____ Hospital _____

H. Core Content Area: FEVER

Objective 1: Under what age is a spinal tap nearly mandatory parts of the fever work up?

Objective 2: When obtaining a urine in a non-toilet trained pediatric female, is a “bag specimen” adequate? Defend your answer.

I. Core Content: ABDOMINAL PAIN

Objective 1: List the differential (at least 3) for abdominal pain in the female patient with:

- a. Right upper quadrant pain:
- b. Left upper quadrant pain:
- c. Periumbilical pain:
- d. Right lower quadrant pain:
- e. Left lower quadrant pain:
- f. Epigastric pain:

J. Core Content Area: VAGINAL BLEEDING

Objective 3: List causes of first, second, and third trimester bleeding.

- a. First trimester:
- b. Second trimester:
- c. Third trimester:

Objective 3: Is the bleeding from placenta previa painful or painless?

Objective 3: How should a pelvic exam be performed on a patient with painless bright red vaginal bleeding in the third trimester?

NAME _____ Hospital _____

K. Core Content Area: OPHTHALMOLOGIC EMERGENCIES

Objective 1. List the classic scenario for acute angle closure glaucoma and its usual initial management. Give names and doses of drugs and list the definitive care.

Objective 2. List the classic presentation of a patient with retinal detachment.

L. Core Content Area: ENT EMERGENCIES

Objective 1: Match the most common age group with the following:

Anterior Epistaxis	Elderly adult bleed
Posterior Epistaxis	Childhood bleed

Objective 2: List three causes of pharyngitis

- a.
- b.
- c.

M. Core Objective Area: MUSCULOSKELETAL INJURIES

Objective 1. Most shoulder dislocations are of what type?

Objective 5. Define the Salter-Harris fracture classification.

N. Core Objective Area: WOUND MANAGEMENT

Objective 2: List three areas where Lidocaine with epinephrine is contraindicated.

- a.
- b.

NAME _____ Hospital _____

Objective 3A: What should a 70-year-old woman without prior immunization for tetanus be given for tetanus prophylaxis when she lacerates her finger on a rusty nail in the barnyard? Give drug names, doses, location of injections and subsequent doses, if indicated, to obtain full immunity.

Objective 3B: List the most common animals in the United States to carry rabies.

O. Core Content: TOXICOLOGY

Objective 1: For the following antidotes, list 2 drugs that, if taken to excess, can have their effects reversed.

- a. Narcan:
- b. Glucagon:
- c. Romazicon:
- d. Physostigmine:

List 2 poisons in which charcoal is routinely used:

- a.
- b.

P. Core Content: PEDIATRICS

Objective 3: Define the normal respiratory rate for:

- a. Infant 3-6 months of age
- b. Child 3 years of age
- c. Child 8 years of age

Complete and return to: James M Turner DO, 419 Brooks Street, Charleston WV

Q. Case presentation

During your rotation you will select on patient that you deem to be of particular interest and educational value. You will prepare a presentation of approximately 15 min. duration using the following format.

Pertinent Hx

Pertinent PE

Pertinent Lab and X-rays

Case progression and follow-up

Dx

Review of the EM Literature including articles and research completed in the last 5 years or less on the topic

Case presentations that are deemed to be of particularly high quality may be forwarded to the American College of Osteopathic Emergency Medicine to compete in the learner case presentation.

Material used to complete this manual include (but not limited to)

Report of the Task Force on National Fourth Year Medical Student Emergency Medicine Curriculum Guide, Ann Emerg Med. 2006;47:E1-E7

Emergency Medicine in Undergraduate Education, ACADEMIC EMERGENCY MEDICINE November 1998, Volume 5, Number 11 34

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