

**EMERGENCY MEDICINE  
ROTATION – PROTOCOL  
For Visiting Physician  
Assistant Students**

**Department of Emergency  
Medicine, Charleston Area  
Medical Center**

**David Seidler MD**

**Medical Director and Chairman**

**James M. Turner, D.O.  
Emergency Medicine Residency Director**



 **Mountain State University™**

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 clerkship 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 clerkship 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 and physician extenders are eager to teach, easily approachable and readily available, but the quality of your experience here will ultimately be determined by you. The more interest you demonstrate in learning, the more teaching you will receive.

This booklet contains the curriculum for your clerkship. It outlines the minimum didactic requirements of Mountain State University; other visiting Physician Assistant students will comply with these requirements. Here you will find assignments that are due at the end of your rotation. Emergency Medicine conferences specifically designed for physician extender 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](mailto: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.

## 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 clerkship. 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 clerkship. These sessions, held in private, typically last for 15 to 30 minutes. The evaluation tool supplied by your University is attached on pages 31-33; please bring this form to the evaluation. 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 clerkship 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 students’ 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**

**CLINICAL PERFORMANCE:** Each preceptor evaluates the student in the following areas and determines a numerical grade.

### ***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 evaluations to be completed by the physician extender you worked with that day. These forms 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. In addition, your University requires you to complete a written test at which is administered on campus. You must schedule this exam through your program. 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 please refer to your individual school policy for the exact requirements of that institution. We will accept a copy of your required logs or you may keep independent records for our requirement.

### ***Evaluation of the faculty and clerkship***

All persons completing the emergency medicine clerkship 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 clerkship 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 or your university.
- B. Complete all assigned shifts. This is required six-week clinical training experience in an emergency department setting; 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 as required by your institution or complete our exam with a grade of 70% or more 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

### A. Physician Extenders

When you arrive at your assigned department you are to report to the physician extender on duty. This person will be responsible for your daily evaluations which must be turned in at the end of each shift.

### B. 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. 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. 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 outlined 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.

A Guide to Physical Examination and History Taking, Bates, B.,2003, Lippincott Williams and Wilkins, Philadelphia, PA: ISBN #0-7817-3511-4

Emergency Medicine: A Comprehensive Study Guide, American College of Emergency Physicians, Tintinalli, J.E. (Ed.), 2004, McGraw Hill, New York: ISBN #0-07-141025-2  
(Available at MSU bookstore)

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 purpose of this course is to provide the physician extender student the opportunity and environment to develop essential skills necessary to identify and treat emergent cases. Upon successful completion of this course, the student will be able to demonstrate critical thinking skills and clinical problem solving skills in application to common emergency department presenting conditions. This rotation experience will add to the student's clinical medicine knowledge and help provide a comprehensive medical education leading to a masters degree in physician assistant.

Emergency medicine has enjoyed increasing popularity and stature throughout the United States. At the same time there has been a significant shortage of trained Emergency Medicine Physicians, this has created and increase demand for physician extenders nationwide. Training in Emergency medicine affords a unique opportunity in medical education in that it provides students 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. This service should expose the student to various aspects of management of patients in an emergency department. These experiences should include reading, lectures, seminars, and patient care management.

## 9 General Medical Objectives:

You are responsible for the topics listed below. Many of them you will encounter while on your rotation, but each topic needs to be reviewed in the appropriate sections in the required textbooks.

For each of the following, know the etiology, clinical features, lab studies/findings, and differential diagnosis, and emergency care and disposition.

- A. Fluids, Electrolytes, and Acid-Base Disorders
  - a. Fluid replacement
  - b. Volume loss and volume overload
  - c. Hyponatremia
  - d. Hyponatremia
  - e. Hypokalemia
  - f. Hyperkalemia
  - g. Hypocalcemia
  - h. Hypercalcemia
  - i. Hypomagnesemia
  - j. Hypermagnesemia
  - k. Respiratory acidosis
  - l. Respiratory alkalosis
  - m. Metabolic acidosis
  - n. Metabolic alkalosis
  
- B. Shock
  - a. Hallmark of all shock states
  - b. Four classifications of shock
  - c. Anaphylaxis
  
- C. Analgesia, Anesthesia, and Sedation
  - a. Physiologic and behavioral responses to pain and anxiety
  - b. Drugs of choice, including the route of administration and dosage for:
    - i. Analgesia for brief procedures
    - ii. Analgesia for longer procedures
    - iii. Sedation for brief procedures
    - iv. Sedation for longer procedures
    - v. Infiltrative anesthesia, including local and digital blocks
    - vi. Topical anesthetics
  - c. Patients with drug-seeking behavior
  
- D. Emergency Wound Management
  - a. History questions that the provider should ask for any traumatic wound presenting to the ER
  - b. Three categories of wound repair
  - c. Steps for proper wound preparation
  - d. Wound closure materials and suturing techniques for the scalp and forehead, eyelids, nose, lips, cheeks, face, ear, fingertips and lacerations to the extremities
  - e. When NOT to use epinephrine in combination with lidocaine and why
  - f. Soft tissue foreign bodies

## 10 Emergency Wound Management Cont.

- g. Puncture wounds
  - h. Bites
  - i. Wound types which require appropriate antibiotic prophylaxis upon discharge from the ED
  - j. Timing for removal of cutaneous sutures and staples
  - k. Patient instructions for washing, bleeding, infection, dehiscence
- E. Cardiovascular Emergencies
- a. Indications and contraindications for thrombolysis
  - b. Acute coronary syndromes
  - c. Heart failure and pulmonary edema
  - d. Valvular emergencies
  - e. Pulmonary embolism
  - f. Hypertensive emergencies
  - g. Aortic dissection and aneurysms
- F. Pulmonary Emergencies
- a. Dyspnea, hypoxia, hypercapnia, and cyanosis
  - b. Respiratory distress
  - c. Pneumonia
  - d. Pneumothorax
  - e. Hemoptysis
- G. Gastrointestinal Emergencies
- a. Three categories of pain in the acute abdomen
  - b. Gastrointestinal bleeding
  - c. Esophageal emergencies
  - d. Swallowed foreign bodies
  - e. Appendicitis
  - f. Intestinal obstruction
  - g. Hepatic failure
  - h. Acute pancreatitis
  - i. Cholecystitis and biliary colic
  - j. Vomiting, diarrhea, and constipation
- H. Renal and Genitourinary Disorders
- a. Acute renal failure
  - b. Renal colic
  - c. Complications of urologic devices
- I. Gynecology and Obstetrics
- a. Vaginal bleeding and pelvic pain in the nonpregnant patient
  - b. Ectopic pregnancy
  - c. Emergency delivery
  - d. Pelvic inflammatory disease

- J. Pediatrics
  - a. Fever
  - b. Skin and soft tissue infections
  - c. Sepsis and meningitis
  - d. Asthma and bronchiolitis
  - e. Seizures
  - f. Vomiting and diarrhea
  - g. Pediatric abdominal emergencies
  - h. Upper respiratory emergencies
  - i. Pediatric exanthems
  - j. Musculoskeletal disorders
  - k. Pediatric urinary tract infections
  
- K. Infectious Diseases
  - a. Sexually transmitted diseases
  - b. Toxic shock
  - c. Tetanus and rabies
  - d. Soft tissue infections
  - e. Common viral infections
  - f. Common bacterial infections
  
- L. Toxicology
  - a. General management of poisoned patients
  - b. Anticholinergic toxicity
  - c. Sedative-hypnotics
  - d. Alcohol
  - e. Drugs of abuse
  - f. Analgesics
  - g. Carbon monoxide and cyanide
  
- M. Environmental Injuries
  - a. Frostbite
  - b. Hypothermia
  - c. Heat emergencies
  - d. Bites and stings
  - e. Near drowning
  - f. Thermal and chemical burns
  - g. Electrical and lightning injuries
  
- N. Endocrine Emergencies
  - a. Diabetic emergencies
  - b. Thyroid emergencies
  - c. Adrenal crisis

- O. Neurology
  - a. Headache and facial pain
  - b. Stroke syndromes
  - c. Altered mental status and coma
  - d. Vertigo and dizziness
  - e. Seizures
  - f. Meningitis, encephalitis, and brain abscess
  
- P. HEENT
  - a. Ocular emergencies
  - b. Oral and dental emergencies
  - c. Disorders of the neck and upper airway
  
- Q. Trauma
  - a. Initial approach to the trauma patient
  - b. Glasgow coma scale
  - c. Head injury
  - d. Spinal injury
  - e. Maxillofacial trauma
  - f. Neck trauma
  - g. Thoracic trauma
  - h. Abdominal trauma
  - i. Genitourinary trauma
  - j. Penetrating trauma to the extremities
  
- R. Orthopedics
  - a. Describe fractures by including the following details
    - i. Open vs. closed
    - ii. Location
    - iii. Orientation of fracture line
    - iv. Displacement
    - v. Separation
    - vi. Shortening
    - vii. Angulation
    - viii. Rotational deformity
    - ix. Fractures combined with dislocation or subluxation
  - b. Physical exam of patient with suspected fracture
  
- S. Orthopedics- continued
  - a. Wrist and hand injuries, forearm and elbow injuries, shoulder and humerus injuries, pelvic, hip and femur injuries, knee, leg, ankle, and foot injuries
  - b. Compartment syndrome
  - c. Rhabdomyolysis

- T. Muscular Disorders
  - a. Cervical, thoracic, and lumbar pain syndromes
  - b. Shoulder pain
  - c. Acute disorders of the joints
- U. Dermatologic Emergencies
- V. Abuse and assault
  - a. Child and elderly abuse
  - b. Sexual assault

### **General Clinical Responsibilities:**

The student will participate in the management of the patient under the direct supervision of the preceptor, and as appropriate to the student's level of expertise/experience.

- A. Elicit a complete medical history and/or a problem oriented medical history, performing the appropriate physical examination.
- B. Perform and/or order routine diagnostic procedures based on history and physical examination findings.
- C. Integrate patient data and formulate a problem list/differential diagnosis.
- D. Formulate tentative diagnostic, therapeutic and disposition plans.
- E. Give oral presentations to the preceptor, utilizing the proper format and terminology
- F. Implement appropriate treatment as approved and directed by the preceptor/supervising physician.
- G. Assist the preceptor with diagnostic procedures and /or required treatment.
- H. Comply with treatment protocols as established by the institution.
- I. Accurately record the history and physical examination on the medical chart using the format established by the institution or using the SOAP format. Recording clear, concise, organized documentation of all pertinent findings and include: diagnosis, diagnostic tests, therapy, management plans, referrals and patient education to cover the care process for medical, quality, financial, and legal purposes.
- J. Write prescriptions and obtain supervisory physician's signature.
- K. Provide patient education and counseling to patient and family regarding the health problem(s) including: explanation of the disease process, extent of injury, therapy, prognosis and health care services available.
- L. Express awareness of physical, psychological, social and economical distress created by health problems.
- M. Communicate effectively with both patient and family using vocabulary familiar to all concerned. Give emotional support to both patient and family.
- N. Work effectively with the preceptor demonstrating emotional stability, flexibility, tolerance, respect, compassion and integrity.
- O. Demonstrate commitment to excellence and ongoing professional and personal development.
- P. Demonstrate sensitivity and understanding to patients' culture, age, gender and disabilities.
- Q. Understand the role of the physician assistant in the emergency room setting.

## 14 Clinical Skills Objectives:

- A. The physician assistant student will demonstrate to the preceptor his/her ability in critical thinking and clinical problem solving to include but not limit to:
  - a. Analysis of clinical findings, laboratory data and imaging
  - b. Logical and correct diagnosis
  - c. Consequences of action taken
  - d. Use of resources
  - e. Cost effectiveness
  
- B. Order and interpret common laboratory tests, routine diagnostic studies/procedures, radiographic studies, imaging, and electrocardiograms necessary to identify pathophysiological processes, determine the definitive diagnosis, screen for wellness and monitor management as deemed appropriate by history and physical.
  
- C. Demonstrate, perform and express knowledge of the methods, indications, contraindications and complications of the following diagnostic and therapeutic procedures:
  - Basic cardiopulmonary resuscitation
  - ACLS
  - Collection of venous blood specimens
  - Collection of arterial blood gas specimens
  - Collection of blood cultures and routine culture specimens
  - Insertion of large bore intravenous lines
  - Insertion of urinary catheters
  - Insertion of nasogastric tubes
  - Suturing of minor lacerations
  - Gram stain and wet preps
  - 12 lead EKG or rhythm strip
  - Wound care and dressing
  - Burn care
  - Administer medications: SQ, IM, IV, oral
  - Endotracheal intubation
  - Lumbar puncture
  - Chest tube insertion
  - Thoracentesis
  - Splinting
  - Casting and cast removal
  - Foreign body removal
  - I & D and packing of wounds
  - Use of local anesthesia
  - Nasal packing
  - Cardiac enzymes
  - CBC with differential and indices
  - Chemistry profiles
  - Urinalysis
  - X-ray studies, including PA and lateral chest, KUB, abdominal and extremity films

**Lectures**

Certain presentations of ED patients that are common and to which all students would be uniformly exposed during their clinical experience based on a national medical school 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

**Please note the following information that pertains to special handling of pages 16-28 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 and interns 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 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 student, it is still the responsibility of the student to assure their timely completion. Any rotation evaluation not received by the required time will result in an incomplete grade. Any intern or student 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 Residency Director Emergency Medicine CAMC at [james.turner@camc.org](mailto:james.turner@camc.org), or contact Jenny Greathouse assistant to the Residency Director at 304-388-7170 or at [jenny.greathouse@camc.org](mailto:jenny.greathouse@camc.org) immediately.**

**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: \_\_\_\_\_

**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?

2. After reviewing the standing protocols book for the EMS system. Based on your review, answer the following questions:
  - a. A 68 y/o male with chest pain radiating to the left arm associated with nausea, vomiting and diaphoresis, the pain started while shoveling snow. What is allowed by the protocol before asking medical control (the hospital) for orders in your system? Support with a copy of the protocol.
  
  - b. When can narcotic pain meds be administered without a physician's order (or order from medical control)? Support with a copy of a protocol that includes narcotics (not chest pain one from above).
  
3. What is the difference between an Advanced Life Support ambulance and a Basic ambulance?
  
  
  
  
  
  
  
  
  
  
4. How is the destination of ambulances determined? Who establishes these guidelines? When may an ambulance be diverted from a hospital?
  
  
  
  
  
  
  
  
  
  
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 \_\_\_\_\_

## Essay Questions

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.

**D. Core Content Area: SHOCK**

E. 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.

**F. Core Content Area: ALTERED MENTAL STATUS**

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

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?



**23 Core Content: ABDOMINAL PAIN Cont.**

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?

**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.

- 1.
- 2.
- 3.

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:

## 26 Core Content: TOXICOLOGY

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

### 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 History

Pertinent PE

Pertinent Lab and X-rays

Case progression and follow-up

Diagnosis

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

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

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 27

Materials published on line by the Society of Academic Emergency Medicine

Michigan State University EM Department by Oliver W. Hayes D.O. and Mary J. Hughes, D.O

Mountain State University, document: GMPA 703 Emergency Medicine Rotation Syllabus

**CAMC**

**Emergency Medicine Rotation Daily Clerkship Evaluation Form**

Physician Assistant Student: \_\_\_\_\_

Attending: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_

1=below 2=average 3=above average

**Application of Basic Science**      1   2   3      **Not Observed**

**Interviewing Skills**                      1   2   3      **Not Observed**

**Physical Exam Skills**                      1   2   3      **Not Observed**

**Presentation Skills**                      1   2   3      **Not Observed**

**Assessment & Clinical Application Skills**      1   2   3      **Not Observed**

**Emergency Dept. Involvement**      1   2   3      **Not Observed**

**Procedural Skills**                      1   2   3      **Not Observed**

**Record-keeping**                      1   2   3      **Not Observed**

**PROFESSIONAL ATTRIBUTES**

**Dependability/Timeliness**      1   2   3      **Not Observed**

**Response to Feedback**                      1   2   3      **Not Observed**

**Interaction with Patients**                      1   2   3      **Not Observed**

**Interactions with other health team members**      1   2   3      **Not Observed**

**Any score other than a 2 requires documentation in the space below the item feel free to attach additional paper if more room is needed for comments**

**Application of Basic Science Fund of Knowledge to Clinical Setting**

*Below average:* Poor fund of knowledge; limited ability to apply clinically

*Above average:* Excellent fund of knowledge, superior, advanced skills and ability to apply to complex problems

**Interviewing Skills**

*Below average:* Disorganized, incomplete, lacks focus

*Above average:* Excellent skills: thorough yet succinct and focused history

**Physical Examination Skills**

*Below average:* Omits critical parts of the exam and or deficient exam skills

*Above average:* Thorough and accurate: focused relative to the history

**Presentation Skills**

*Below average:* Disorganized/incomplete; by end, listeners uncertain of primary clinical problem/recent events

*Above average:* Consistently organized, logical, complete; preparation does not require assistance

**Assessment, Formulation and Clinical Application Skills**

*Below average:* Usually unable to formulate an assessment of basic medical problems

*Above average:* Consistently able to formulate assessment of basic problems; also can prioritize multiple problems

**Emergency Department Involvement**

*Below average:* Not regularly involved in Emergency department, has to be asked to see patients

*Above average:* Takes patient responsibility; comfortably evaluates/manages multiple patients

**Procedural skills**

*Below average:* Struggles with procedural skills; no effort to improve

*Above average:* Exceptional procedural skills, at intern level

**Record Keeping**

*Below average:* Incomplete or erroneous

*Above average:* Accurate, thorough and succinct, at intern or higher level

**Dependability**

*Below average:* Unreliable, often absent or late; commitment uncertain

*Above average:* Dependable; highly committed to and enjoys clinical care, on time shift

**Response to Feedback**

*Below average:* No insight into weaknesses; rejects feedback; no behavior change

*Above average:* Mature response; regularly seeks feedback and ways to improve

**Interactions with Patients**

*Below average:* Insensitive to needs, feelings, and values of patients

*Above average:* Extremely compassionate and respectful with patients/families

**Interactions with other members of Health Care Team**

*Below average:* Avoids interactions; little respect for contributions of others

*Above average:* Interacts well; seeks contributions of others on

Mountain State University

Physician Program

Mid Rotation Evaluation

Student: \_\_\_\_\_ Rotation: \_\_\_\_\_

Dates: \_\_\_\_\_ to \_\_\_\_\_ Site: \_\_\_\_\_

This evaluation should be completed and discussed with the student during the third week of the rotation. Please indicate for each category below your judgment of how the student is performing by circling the appropriate number. In order to provide the student with candid and detailed feedback, specific written comments are encouraged.

1. Obtains appropriate history:  
(complete and/or pertinent, pursues pertinent positives, includes significant details)

Inadequate → Below Average → Average → Above Average → Excellent  
1 2 3 4 5 6 7 8 9 10

Major strengths and weaknesses:

2. Performance and interpretation of physical examination:  
(identifies normal variants and significant findings, organized, thorough)

Almost never → Occasionally → Frequently → Usually → Always  
1 2 3 4 5 6 7 8 9 10

Major strengths and weaknesses:

3. Formulation of problem list and differential diagnoses:  
(can rank problems in order of importance; correlates history and physical exam findings)

Not attempted → Appropriate for training → Usually Complete  
1 2 3 4 5 6 7 8 9 10

Major strengths and weaknesses:

4. Patient presentations:

(appropriate format, correct terminology, clarity, conciseness)

Inadequate → Disorganized → Appropriate → Clear and Concise  
1 2 3 4 5 6 7 8 9 10

Major strengths and weaknesses:

5. Knowledge of medicine:  
(comprehension of disease process; pathophysiology; presentation)

Inadequate → → → → Average → → → → Excellent  
1 2 3 4 5 6 7 8 9 10

Major strengths and weaknesses:

6. Management of patients:  
(appropriate use and interpretation of diagnostic-lab studies, development of treatment plans)

Usually not attempted → Sketchy → Appropriate → Complete/Well Organized  
1 2 3 4 5 6 7 8 9 10

Major strengths and weaknesses:

7. Documentation/Medical Record:  
(legible, correct format, consistent with assigned responsibilities)

Incomplete/disorganized → Appropriate → Complete/Well Organized  
1 2 3 4 5 6 7 8 9 10

Major strengths and weaknesses:

8. Communication with patient's families and staff:  
(appropriate, effective, empathic, consistently develops rapport)

Alienates people → → → → Appropriate → → → → Excellent  
1 2 3 4 5 6 7 8 9 10

Major strengths and weaknesses:

9. Professional Demeanor:

(appearance, initiative, promptness, dependability, ability to accept constructive criticism)

Inadequate → Below Average → Average → Above Average → Excellent  
1      2      3      4      5      6      7      8      9      10

Major strengths and weaknesses:

10. Improvement in performance during the first three weeks of rotation:  
(growth in knowledge, indication of outside reading and studying, improved patient management skills, proficiency in H & P's and procedures attempted)

Inadequate → Below Average → Average → Above Average → Excellent  
1      2      3      4      5      6      7      8      9      10

Major strengths and weaknesses:

**SPECIFIC AREAS WHERE IMPROVEMENT IS NEEDED:**

- |    |    |    |
|----|----|----|
| 1. | 4. |    |
| 2. | 5. |    |
| 3. | 3. | 6. |

Signature: \_\_\_\_\_  
(preceptor)

Signature: \_\_\_\_\_  
(student)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Student agrees: \_\_\_\_ Disagrees: \_\_\_\_

