

Emergency Medicine: A Unique Opportunity For Medical Students

Walter Kuhn, M.D., FACEP

In many ways, a rotation in Emergency Medicine is fundamentally well suited for the training of medical students. Because Emergency Physicians normally provide episodic care, in distinction to continuity care as do primary care specialties, we are presented with the greatest number of “undifferentiated patients” seen in any medical field. In other words, our patients present to us without a known diagnosis. This allows the student along with the attending to evaluate “fresh” patients multiple times a day to arrive at their own diagnoses. Not only will this occur during each shift, but in a busy Emergency Department like ours, this will occur from 100-150 times a day. This makes the Emergency Department a veritable learning and skills laboratory of patient’s complaints, diagnoses, and procedures. Emergency Medicine is also a specialty where the student works directly with an attending physician who is board certified in Emergency Medicine 24 hours a day who is always present and available to teach. You receive almost instantaneous evaluation and feedback by a faculty member. Due to the rapid turnover of patients, students do not have a long wait to see if their initial diagnosis or interventions are correct. Even though we, in Emergency Medicine are under time pressure from a clinical perspective, the appropriateness of the diagnosis or intervention is usually immediately apparent within the confines of the shift, as most problems are either solved or resolved before the patient is discharged from the Emergency Department or admitted to the hospital. This immediate and timely feedback is an incredibly powerful tool for medical education.

Deans of medical schools and Curriculum Committees have recognized the significance of teaching each and every student basic emergency care and life saving procedures. Students not only want this training, but the public demands it regardless as to whether the student decides to specialize in a non-clinically oriented field or a very narrow subspecialty. This training is “core” in the generalist curriculum. Each graduate will be presented with a trauma victim or a medically unstable patient in the community sometime during his or her medical career. It is unthinkable that a graduate from this or any medical school would be unable to provide basic life saving techniques and emergency care in the community. These skills are best taught by those most experienced in crisis emergency care: in other words, the Emergency Physician. A month long rotation in a busy Emergency Department is like a “practical” ACLS, ATLS, BLS and PALS course all rolled into one. The motivated student will take advantage of the rotation to practice all of his or her life saving skills on “real” patients under real clinical conditions instead of mannequins and moulaged medical students.

In many ways the Emergency Medicine rotation is a mini 4 years of medical school rolled into one exciting, pulse throbbing month long course. During any 8-12 hour shift, the student will be called upon to use his or her skills in such diverse basic sciences as Anatomy, Physiology, Pharmacology and Physical Diagnosis as well as clinical skills acquired on most if not all the student’s prior clinical rotations. Any 10-15 “undifferentiated patients” you may see during one shift in the Emergency Department may call upon you to use skills as divergent as Pediatrics, OBGYN, Surgery, Medicine, Psychiatry, Ophthalmology, etc. Since you never know what will come through the door, you need to be prepared for everything. Furthermore, Emergency Medicine is best suited to teach students to recognize the difference between sick and well patients, a skill absolutely necessary for every clinician regardless of specialty. Some patients are not as sick as they think and others are not as well as they wish; it is our task to correctly sort them out. This is accomplished many times a day in the Emergency Department. Although this is not a skill easily learned, with practice and experience along with supervision, each student will have acquired a greater level of skill in differentiating sick patients by the end of the rotation.

Lastly, the social and emotional issues of medicine are perhaps best taught in the Emergency Department. Dealing with grief, death telling and death counseling, dealing with anger and violence, personal loss and self-destructive behavior are problems faced in the Emergency Department many times a day. Clinical and psychological scenarios that may take months and years to unfold in other specialties can be experienced on a daily basis in a busy Emergency Department.

As a student, you are about to embark on a unique, exciting month, unparalleled by any other experience you have ever had. *Carpe Diem*, “seize the day”, and take the opportunity to take advantage of what’s offered here. You will not only be a better clinician, but a better and wiser individual for having had the experience.