

**EMED 5001 / 5012 Introduction and Orientation**

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- Goals / Objectives (see attached)  
Introduction to Emergency Medicine
- Sites:  
MCG, EAMC, Aiken, Albany, Tifton, Savannah, and other sites
- Responsibilities:  
See patients, do procedures  
Present all patients  
OK to start out with sr. resident but ultimately sign out all patients to attending.  
Rule: No patient ever leaves the department without being seen by a physician.
- **5012 requirements** are the same as 5001 except for the lecture requirements and ride alongs.  
You must:  
Complete the procedure log  
Maintain and submit to MCG a patient tracking log for each shift you worked  
Read the required text  
Present a short topic and submit 2 evaluation forms to MCG  
Pass the required MCG test  
Complete any other requirements the site you are at requires of you (this may include a specific lecture for them, a separate test, or other evaluation forms)
- Reading materials:  
The textbook is An Introduction to Clinical Emergency Medicine by S.V. Mahadevan and Gus M. Garmel  
Cambridge University Press 2005  
The required reading chapters are: 1-6, 9, 11-13, 16-21, 24-26, 28-33, 35-40, 42, and 44  
We will use appendix C and E for teaching purposes but they will not be on the test.  
The final exam will be based upon the reading materials presented in these chapters  
We loan the texts to you. Please do not write or mark them. Treat them well. Any texts that are abused or not returned will need to be replaced by the student.
- Lectures-see separate sheet “Additional EMED 5001 Requirements”  
MCG, EAMC, and Aiken students must attend resident lectures every Thursday from 07:00 to 11:00  
MCG, EAMC, and Aiken students must attend student lectures every Thursday from 11:00 to 12:00
- EMS Experience – One ride along sessions on an ambulance is a portion of this course to gain experience in pre-hospital care-an extension to the ED. You must call today to arrange this.
- Grades  
60% Clinical (see daily evaluation sheets attached)  
30% Final Exam given on last Friday of the rotation (unless rotation period has been modified).  
10% Presentation (see presentation evaluation sheet attached)  
**Final Grade** Will be taken from the above scores and then minus any deductions.  
We will deduct 2 points from your final grade for every shift that is missed (unexcused) and every lecture that is missed (unexcused) and if required procedures that are not completed. You must complete all shifts assigned. 2 points will be deducted for every unexcused absence and partial absence and that shift will need to be made up equally (weekend for weekend and night for night)
- Shift Work – Shifts are busy. Rest appropriately.  
Arrive on time. When your shift ends, it is time to turn patient care over to the next person. You are not required to stay until all of your patients have left. When you arrive late, the person you are relieving will need to stay over, to wait on you.

## Orientation

Sign out all of your patients still physically present in the ED (no matter what their disposition status may be) to someone *before* you leave. This includes the Obs unit at MCG

Shifts may be traded; however no shifts back to back, i.e. no one may work more than 12 consecutive hours, there should be a full day between returning from nights back to days. You may work no more than 5 consecutive days without a day off. No more than 50 hours per week. You may not trade to an empty spot without approval from Drs. Fly or Lopez

- Presentation of patients-format: Also check with individual sites.  
Present your patients with what you think is going on first, then the HPI, pertinent PMHx, SHx, etc. then your physical, then your differential and support your diagnosis and what you plan to do for the patient.  
Ex: I believe my patient has a migraine headache. She presented with a gradual onset headache like her previous headaches and it has not resolved with her usual medicines. Her PMHx, SHx, etc. are..... and her physical showed..... My differential included intracranial mass, subarachnoid bleed, etc but I feel she has a migraine since it was slow in onset and like her typical migrainous headache. I plan to treat her with.....
- Documentation: Focused H&P, assessment, treatment, and plan. Students may independently complete the medical history, family history, review of systems, medications and allergies sections of the patients' medical record. History and physical exam may be "scribed" by the student only when the patient is seen simultaneously with a resident or faculty physician. Time your notes and updates. Always finish your notes. Be sure to include timed updates about the patient's response to interventions.
- All patients receive discharge instructions, which include time specific and place specific follow-up directions.
- Acuity – for some reason, students tend to gravitate toward low acuity patients. There are many opportunities to see critically ill patients and each student will need to take the initiative to see types of patients. Push through any perceived barriers to these patients, **there are no restrictions to the kinds of patients you may see.** When you do see high acuity patients, let someone know, as some patients have very time sensitive conditions (e.g. AMI and TPA, or acute stroke and thrombolysis). You should never be "bumped" from a procedure on "your" patient. Naturally procedures will be supervised.
- Patient Tracking – all students are required to track how many and what kinds of patient illnesses they are seeing. This helps students be aware of what type of acuity mix they are seeing as well as how many patients they actually are evaluating and treating. It also helps each site assess what the students are doing and where improvements in the course need to be made. Tracking sheets are provided with your course packet. A patient entry should take approximately 15-20 seconds to complete. Tracking sheets should be turned in at the end of the rotation (either on the exam day or turned in to the faculty if there are still shifts to be worked after the exam). Also note the reminder at the bottom of each sheet about daily evaluations.
- Procedure log – all students are to complete a procedure log (see separate sheet in packet). One side of the procedure log sheet is required procedures to be performed during the rotation. On the reverse side are many other procedures that may be performed during the month and are excellent learning experience, even if only observed. The log should be turned in at the end of the rotation. If there are required procedures that you are unable to accomplish please let Dr. Lopez or Fly know the reason.
- Miscellaneous  
Attire - Professional dress expected. No scrubs at Ft Gordon or Aiken ED. Scrubs are permitted in MCG ED. Check with supervising physician at beginning of rotation at other sites. Shirt and slacks are required for EMS "ride-along." No scrubs or t-shirts permitted.  
  
Buzzwords – Certain words or phrases immediately imply certain diagnoses. For example
  - Lethargic child = meningitis, therefore must do lumbar puncture and antibiotics
  - Crushing chest pain = Acute MI, therefore must admit for serial enzymes
  - Thunderclap headache = subarachnoid hemorrhage, therefore must do CT and LPBe careful not to paint yourself into a corner by indiscriminate use of these terms on the chart.

The ED is a glass house with ears

