

Orientation

EMED 5001 / 5012 Introduction and Orientation

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- Goals / Objectives (see attached)
Introduction to Emergency Medicine
- Sites:
MCG, EAMC, Aiken, Tifton, Savannah, 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.
Rule: only 40 clinical hours per week
You may not combine all your shifts into two weeks to get more time off.
- Reading materials:
See student manual and other reading materials on clerkship website:
<http://www.mcg.edu/som/clerkships/em/>
Read them! No need to buy another text
The final exam will be based upon the reading materials presented on website
- 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.
- 911 Center Experience date and time are to be arranged by the student (see separate information sheet in packet)
- 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 (see final evaluation sheet attached)
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 for required procedures that are not completed.
- 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.
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. You may not trade to an empty spot without approval from Drs. Fly or Lopez
See chapter on “Shift Work...,” student manual (website)
- Presentation of patients-format: See section, “Emergency Department Presentation of Patients”
Also check with individual sites.

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- 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 LP

Be 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

All mistakes made in the ED will be discovered when a patient returns with an unexpected change in condition. Often, a patient changes and the diagnosis finally becomes apparent when the patient returns (scheduled or unscheduled). The ED staff regularly gets "bashed" on the "floor rounds" the next day. This is your chance to see what it is like on the front line and the difficulties inherent with it.

Patients and families frequently are standing in the room doorways, listening and observing activities. Voices and conversations carry and are overheard and get misinterpreted. When the staff is heard telling stories and laughing in the halls they are perceived as entertaining themselves on patient's time. Be aware and sensitive to these perceptions and try not to contribute to them.

Legal climate – the ED is an area that generates many law suites. You spend relatively little time with patients and establish little rapport. You get only one chance to "get the diagnosis right." Shift change is a particularly vulnerable time for making mistakes. When you pick up a patient from someone else, this should be the first patient you go see and meet and briefly review the

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complaint, repeat a few portions of the physical exam as appropriate (e.g. heart, lungs, abd.); let the patient know you are assuming care and will be back to discuss any pending lab tests, x-rays, etc. Be sure to read the “Malpractice and Emergency Medicine” chapter.

- At the end of the overall orientation, the group will be dismissed. Each student should report promptly to the assigned rotation site emergency department for additional orientation to that facility.
- Course feedback
On the day of the final exam (reminder: last Friday of the rotation) you will be asked to complete an evaluation of the course. This course changes constantly because of the feedback from students. Please take a moment and give constructive criticism.

IMPORTANT

Problems, questions, concerns - Please let someone know immediately. If we don't know, we can't help. Don't wait until the end of the rotation:

Clerkship e-mail: EMCLERKSHIP@MCG.EDU

Clerkship Directors: Mark D. Lopez, M.D., FACEP Phone: 721-7144 the EM
Chris Fly, M.D. office can forward
your call

Course Coordinator: Susan M. Valle Phone: 721-4412

On-Site Course Director: _____ Phone: _____

On-Site Lead Secretary: _____ Phone: _____

Augusta EMS Contact: See info sheets provided Phone: _____

911 Center: See info sheets provided Phone: _____