

EMED 5001 / 5002 Introduction and Orientation

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- Goals / Objectives: See page 9
Introduction to Emergency Medicine
- Sites:
MCG, EAMC, Aiken, Tifton, 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.
READ -- only 40 clinical hours per week
- Reading materials
Read them!
No need to buy another text
The exam will be based upon this text
- Lectures-see separate sheet “Additional EMED 5001 Requirements”
- 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 will be oriented to this by EMS personnel during the course orientation.
- 911 Center Experience date and time are to be arranged by the student (see separate information sheet)
- Grades
60% Clinical (see daily evaluation sheets on page 11 & 12))
30% Final Exam given on last Friday of the rotation (unless rotation period has been modified).
10% Presentation (see evaluation sheet on page 16
Final Grade (see “page 13)
- 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 is having to stay over, waiting 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.
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.
See chapter on “Shift Work...,” page 18
- Presentation of patients -format: See page 17, “Emergency Department Presentation of Patients”
Also check with individual sites.
- 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.

Orientation

- 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 illness 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 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). One side of the procedure log sheet are required procedures to be performed during the rotation. On the reverse side are many other procedures which 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.
- 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 which 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 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, page 38.

- 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.

Orientation

- 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 Director: Hartmut Gross, M.D., FACEP Phone: 721-3332
Course Coordinator: Susan Baxley Phone: 721-4412
On-Site Course Director: _____ Phone: _____
On-Site Lead Secretary: _____ Phone: _____
Augusta EMS Contact: _____ Phone: _____
911 Center: _____ Phone: _____