



WELCOME TO

Emergency Medicine

Orientation Outline

- What is emergency medicine
- The nuts and bolts
- How to excel in this rotation



WHAT IS EMERGENCY MEDICINE?



Emergency Medicine

- Patients are **undifferentiated**
- Limited **time** and **resources** with no patient cap
- Take care of **all comers**
- Generalists (all diseases) **AND** Specialists (resuscitation)



Emergency Medicine

- 1950-60s Development of modern EM
- 1970 First EM residency at Univ. Cincinnati
- 1979 Amer Board of Med Specialties recognizes EM

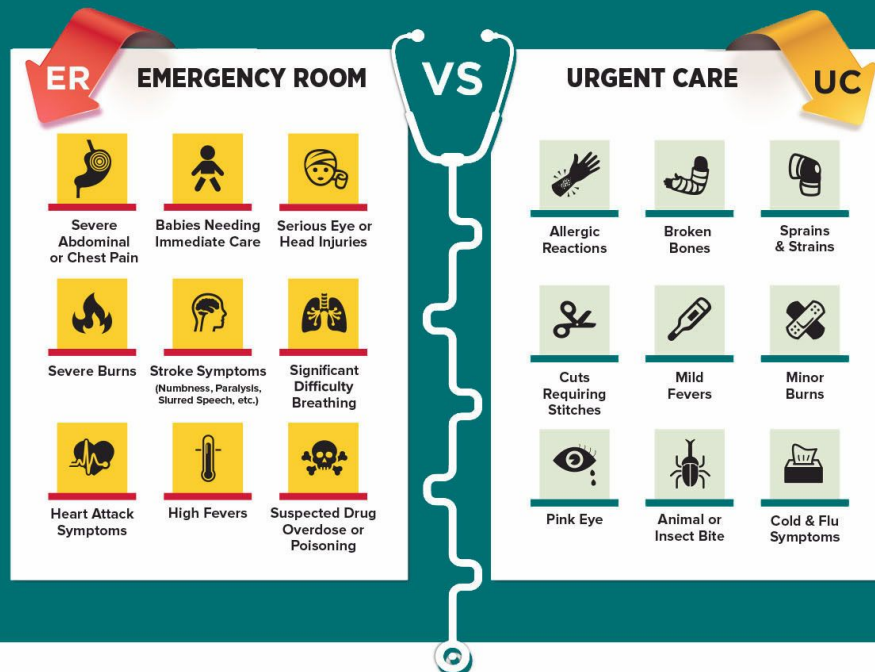


Emergency Medical Treatment & Labor Act

When the **UNEXPECTED** happens...

Emergency Room or Urgent Care?

For illnesses or injuries that are not life-threatening but still need immediate medical care, ChoiceOne Urgent Care Centers see individuals of all ages.



When in Doubt, **Dial 911**

EMTALA: The ED has a *legal* obligation to stabilize and treat every patient regardless of insurance status or ability to pay for health care.



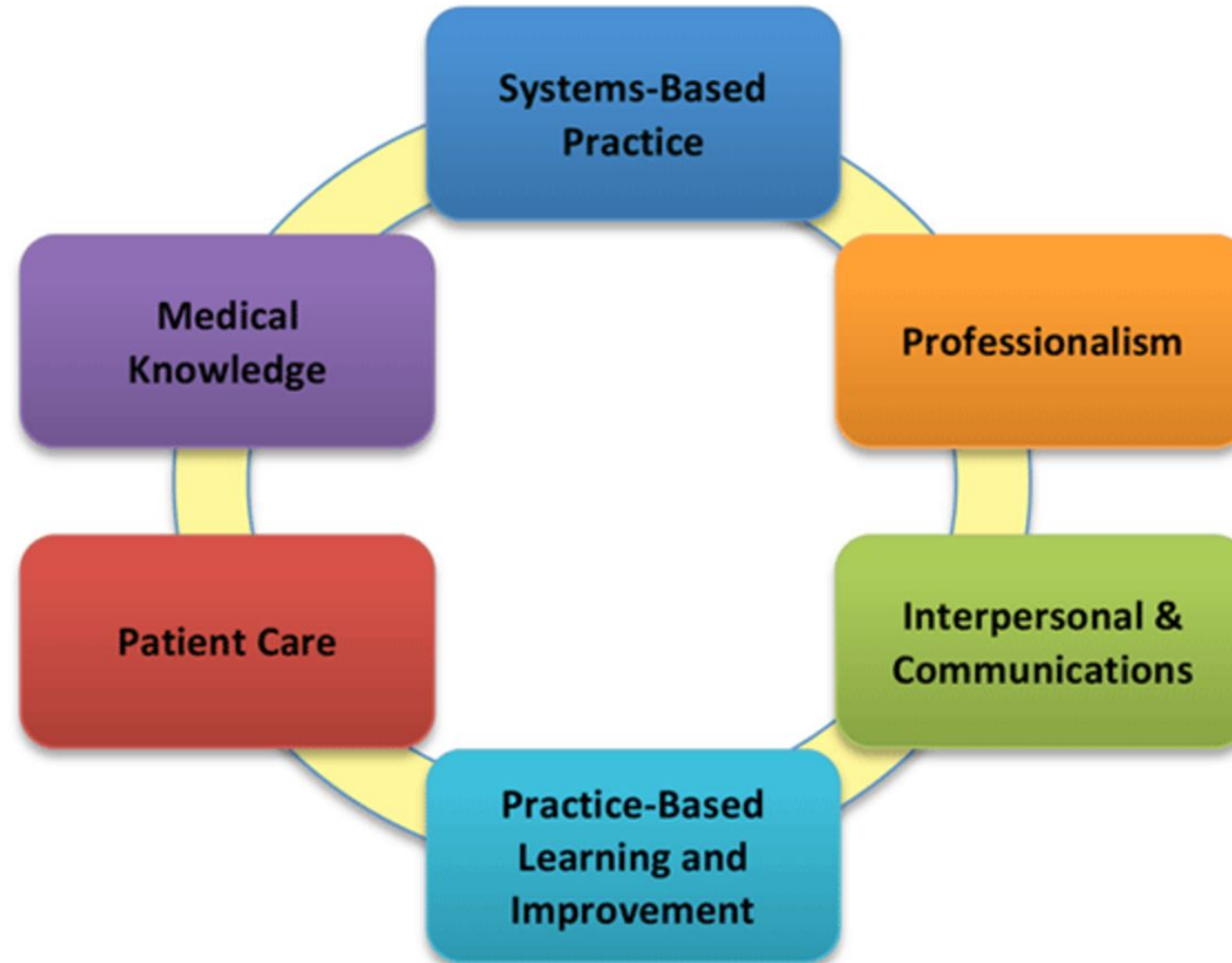
Kings County Hospital Center



THE NUTS AND BOLTS



Competencies and Learning Objectives



Patient Care

Demonstrate proficiency in the acute assessment and management of undifferentiated patients in the Emergency Department setting.

- H&P, A&P
- Critical illness recognition
- Reassessment and disposition
- Patient education



Medical Knowledge

Demonstrate knowledge of relevant biomedical sciences, and apply this knowledge to patient care in the ED setting.

- DDx
- Management
- Interpretation of tests
- Key concepts of core topics



Practice-Based Learning and Improvement

Demonstrate ability to use available information technology to solve patient care problems, improve knowledge base, and develop case presentations.

- Case presentations
- Read up on patients
- Read recent literature



Interpersonal and Communication Skills

Demonstrate effective verbal and written communication skills with patients, families and colleagues.

- Rapport and communication
- Patient presentations
- Documentation



Professionalism

Demonstrate commitment to the highest standards of professional behavior, including accountability, conscientiousness, adherence to ethical principles and sensitivity to diversity.

- Honesty
- Timeliness
- Respect
- HIPAA



Systems-Based Practice

Practice evidence-based and cost-effective medicine, while advocating for patients within the context of the healthcare system.

- Consider available resources
- Be mindful of evaluation and treatment costs



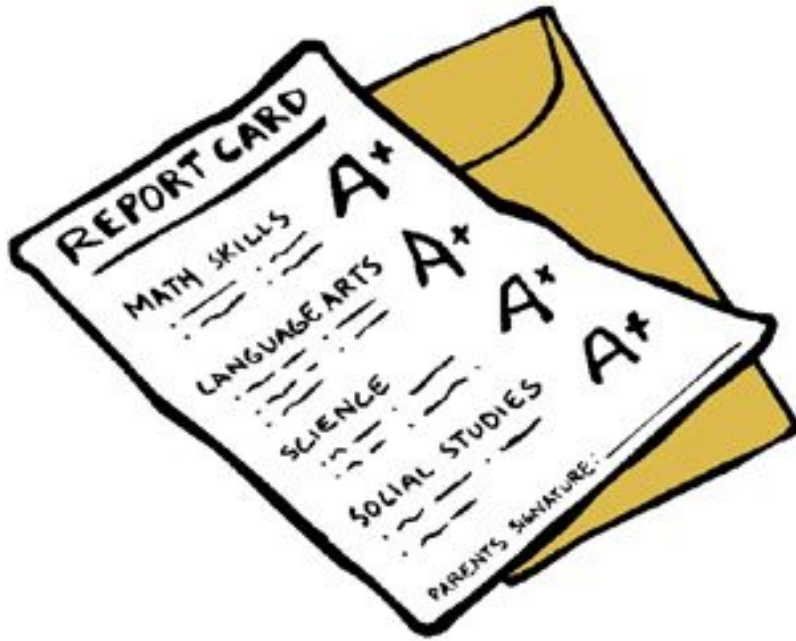
Learning in the ED



- Rounds
- Presentation feedback
- Patient management discussions
- Patients are your best teachers



Grades

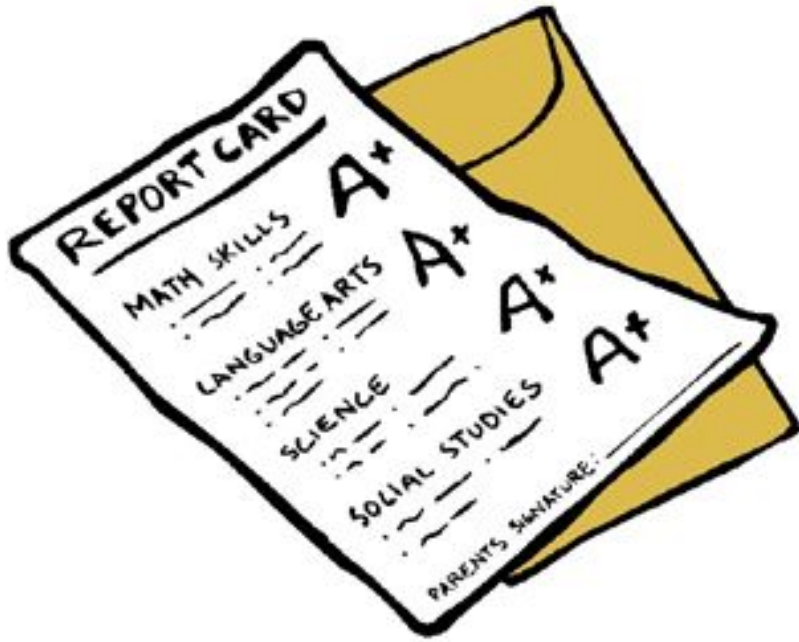


***Tardiness and unexcused absence will exclude you from honors. Must pass all.**

- SGU students:
 - Honors, High Pass, **Pass, Fail**
 - Clinical evaluations 60%
 - SAEM exam 20%
 - Case presentation 10%
 - Written note 5%
 - Professionalism 5%



Requirements



- Students must:
 - Attend all scheduled clinical shifts and didactic sessions
 - Hand in H&P
 - Give case presentation
 - Must turn in all required materials:
 - Attendance sheet
 - Case log
 - Follow-ups (1 case/week)

Course Requirements

- Attendance sheet signed after each shift
- Evaluation form emailed **after each shift** to the supervisor that you worked with primarily
- Chief Complaint/Procedure log signed off by the end of the rotation.
- Follow up log 1 patient a week



Shifts

- 14 x 8 hr shifts
- KCHC (CCT, Pod A, Peds, Fast Track)
- Days, nights and weekends
- Sick
- Interviews



Didactics

- Wednesday Resident Conference
8 am to 12 pm
 - FirstName LastName MS4
 - Dr. Sophia Sharifali
- Morning report MTRF after 7am rounds at KCHC
- Recorded medical student lectures



Duty hours

- Medical students never exceed duty hour restrictions for first year residents set by ACGME
 - Limited to 80 hours/week, averaged over 4 weeks
 - Minimum of 24 hours free of duty each week
 - Duty periods must not exceed 24 hours
 - Must have 8 hours free of duty between duty periods
 - No more than 6 consecutive nights



Evaluations

SUNY Downstate – College of Medicine EM EVALUATION FORM

Student: _____ Date/Shift/Location: _____ Evaluator: _____ # of Patients: _____

Not observed	Unacceptable [REQUIRES COMMENT]	At expected level of MS3	At Expected Level of MS4	Above Expectation (Within top 25%)	Outstanding (Top 10-15%)
				Approaching Level of Intern	
I. PATIENT CARE AND CLINICAL REASONING (circle appropriate number and descriptor)					
A. History Taking					
<input type="radio"/> 0 Not observed	<input type="radio"/> 1 Incomplete or unfocused. Relevant information missing	<input checked="" type="radio"/> 2 Accurate basic history but missing pertinent details. Unclear chronology (i.e. as reported by patient); Not age appropriate	<input type="radio"/> -3 <input type="radio"/> 3 <input type="radio"/> 3+ Accurate, focused hypothesis-driven relevant data. Well-organized with clear chronology. Needs prompting to seek data from additional sources if needed. Age appropriate	<input type="radio"/> 4 <input type="radio"/> 5 Able to obtain history at the pace expected of interns. Performs and communicates a reliable, comprehensive history. Independently seeks data from additional sources if needed.	
B. Physical Exam					
<input type="radio"/> 0 Not observed	<input type="radio"/> 1 Somewhat inaccurate or incomplete. Incorrect technique	<input type="radio"/> 2 Performs a basic exam without focus; Misses pertinent findings. Major age appropriate components correct. Technique with minor errors	<input type="radio"/> -3 <input checked="" type="radio"/> 3 <input type="radio"/> 3+ Complete and age appropriate exam. Correct technique. Usually interprets exam findings appropriately. Usually identifies findings relevant to chief complaint.	<input type="radio"/> 4 <input type="radio"/> 5 Can perform exam at the pace expected of interns. Consistently performs, interprets, communicates a comprehensive exam and collects relevant physical findings for the chief complaint.	
C. Diagnosis, Clinical Reasoning and Testing					
<input checked="" type="radio"/> 0 Not observed	<input type="radio"/> 1 Reports data without analysis. Limited differential	<input type="radio"/> 2 Reasonable differential diagnosis with prioritization. Only interprets common tests and imaging reports.	<input type="radio"/> -3 <input type="radio"/> 3 <input type="radio"/> 3+ Integrates all patient data in assessment. Accurate, prioritized differential justified by clinical data. Assesses patients at half the pace expected of an intern.	<input type="radio"/> 4 <input type="radio"/> 5 Can easily assess patients at <u>more</u> than half the pace of an intern. Extensive, prioritized differential. Determines the necessity of diagnostic studies.	
D. Patient Management					
<input checked="" type="radio"/> 0 Not observed	<input type="radio"/> 1 Does not formulate basic short-term plans. Gaps in understanding of management plans. Needs substantial help to carry out tasks.	<input type="radio"/> 2 Formulates a basic management plan; Explains short/long term plans for team patients. Cannot manage patients half the load of an intern. Needs prompting to assume responsibility for patients.	<input type="radio"/> -3 <input type="radio"/> 3 <input type="radio"/> 3+ Carries half an intern patient load with minor help. Formulates a detailed prioritized plan. Recognizes the need for patient re-evaluation. Recognizes patients requiring urgent/emergent care and anticipates complications. Enters orders/writes prescriptions correctly.	<input type="radio"/> 4 <input type="radio"/> 5 Carries half an intern patient load without assistance. Assumes full responsibility for all aspects of patient management without prompting. Consistently reviews medication and allergies list. Selects appropriate pharmacologic agents.	
E. Procedures					
<input checked="" type="radio"/> 0 Not observed	<input type="radio"/> 1 Cannot explain indications or risks of procedures. Unable to perform basic procedures (i.e. IV, phlebotomy, CPR, BVM)	<input type="radio"/> 2 Explains indications, contraindications, risks and complications of procedures. Knows all elements of informed consent. Inconsistently performs basic procedures. Basic understanding of anatomy but missing key elements.	<input type="radio"/> -3 <input type="radio"/> 3 <input type="radio"/> 3+ Competently performs the general procedures of a physician. Obtains consent for procedures typically performed or ordered by interns. Identifies pertinent anatomy landmarks and potential risks and complications. Uses appropriate universal precautions	<input type="radio"/> 4 <input type="radio"/> 5 Demonstrates above expected level manual skill and dexterity in procedures	
F. Documentation and Oral Presentation					
<input checked="" type="radio"/> 0 Not observed	<input type="radio"/> 1 Difficulty in presenting; poor flow. Significant omissions. Incomplete problem list. Inappropriate cutting and pasting	<input type="radio"/> 2 Accurate but has some extraneous details or minor omissions. <u>Reasonably organized but has difficulty with presentation.</u> Writes a basic discharge summary, but vague and lacks details.	<input type="radio"/> -3 <input type="radio"/> 3 <input type="radio"/> 3+ Well-organized, succinct. Reflects hypothesis-driven <u>history taking</u> and understanding of the disease process. Can present a reasonable patient summary with occasional assistance from notes.	<input type="radio"/> 4 <input type="radio"/> 5 Notes fully reflect patient's status. Can provide a coherent patient summary without notes. Can present multiple patients in the same session. Consistently writes and explains a concise discharge summary with relevant details. Maintains updated medications & allergies list	

MS4 evaluation form
Based on 6 competencies
Email evaluations to your
supervisor after each shift



SAMPLE EMAIL

(COPY AND PASTE IN THE BODY OF THE EMAIL)
FILL OUT THE INFORMATION AND SEND

Dear Dr. (Fan),

Supervisors
Name

I would greatly appreciate if you could fill out my shift evaluation.

Name: (Patrick Dempsey)



Your Full
Name

Date/Time
of shift

Area

Procedures
Completed
on shift

Date: (1/19/19, 3pm)

Area: (KCH Pod A)

Procedures: (heplock insertion, EKG reading, ultrasound, etc.)

Instructions for Evaluator: In an effort to evaluate our students and improve the evaluation process we have created an online form. Please click the link below and complete the student evaluation post shift.

Evaluation Link: <https://goo.gl/forms/LR1C64OmmEzxvklh1>

Student Evaluation - Message (HTML)

File Message Insert Options Formulas Review Adobe PDF Tell me what you want to do...

Clipboard Paste Copy Paste Format Painter Font Paragraph Styles Mailings References Send To Mailings

To: indiana@emc.com Tiesha Saunders

Subject: Student Evaluation

Tiesha S. Saunders
Education Coordinator
Emergency Medicine Clerkship
SUNY Downstate Medical Center/Kings County Hospital
Office: 718-270-2444
students.link@nmsr.com

Step 2: Once you click the name an email will automatically pop up

Student Eval 1 - Social

File Home Layout Formulas Data Review View Acrobat Tell me what you want to do...

Clipboard Paste Copy Paste Format Painter Font Paragraph Styles Mailings References Send To Mailings

Attending / Resident's / PA's Email links

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1															
2	A	Douglas	L	S											
3	Agnew	Dow	Lam	Solway											
4	Aguilar	E	Larman	Santana, A											
5	Ahmed	Farrabi	Lewin	Sanon-Aghabakian											
6	Ahmed	F	Li	Schechter											
7	Ahmed	Fan	Lim	Schmitt											
8	Alchabany	Fennell	Little	Schwartz, J											
9	Alfonso	Fletcher	Lorenzo	Siddons											
10	Allen	Frank	Lu	Sexton											
11	Aquila	G	M	Shah											
12	Artis, V	Frisch	Madden	Shah											
13	Atti	Gonzalez	Martinez-Romo	Sherrill											
14	Auerbach	Grayson	Meunier	Shetty											
15	Azad	Goldstein	Meyerson	Shin											
16	B	Gopal	Monta	Silverberg											
17	Bajraktar	Gore	Morita	Sim											
18	Baron	Harris	Morgan	Singer											
19	Barnes	Lamcos	Nolasco, A	Smith											
20	Barnes	Greenstein	Mullis	Song											
21		H	Muller	Stavie											
22	Belknap	Hadi	Munson	Stett											
23	Bennett	Hanson	N	Sutcliffe											
24	Bennett	Harrison	Neumann	I											
25	Berland	Hassell	O	Ta											
26	Beyda	Hein	Orabi	Tait											
27	Bloom	Henry, J	P	Tan											
28	Bon	Hind	Paladino	Tang											
29	Bovill	Hockstein	Pan	Taylor											
30	C	Holt	Park	Tolami											
31	Cai	J	Poulson	Tepler											

Step 1: Click the supervisors name

Exams



- **SAEM** exam
 - 55 questions, 2 hours
 - Practice tests available
- Last **Friday** of rotation
 - Time and place TBA

*** Required accommodations. You must inform the course coordinator. ***



Case presentation: Date TBA

- Case: Describe patient presentation and ED course
 - HPI
 - PMH, PSH, Soc Hx, Meds, ROS
 - PE
 - Evaluation: results of labs, ECGs, imaging
 - Working ED differential
- Discuss: Final diagnosis
 - Overview of topic
 - Approach to workup
 - Treatment/Management with references



How to give a lecture

Wednesday Conference

Kings County Emergency Medicine

▶ ▶▶ 🔊 0:01 / 30:35



Dr James Willis How to Give a Lecture



Note

- Written note emailed to site director for review:
- nayla.delgado@gmail.com, cc lindafan@gmail.com
- This may be in the traditional note format or as a SOAP note.
- Grading based on complete note with appropriately thought out differential and plan.
- Primarily for feedback purposes.
- First Sunday morning by 11 am.



Professionalism

- Treat patients with . . .
- Be a team player
- HIPAA - consent, photos, social media
- Be on time (5 -10 min early)
- Dress appropriately and be ready to work



Health Information Portability and Accountability Act

- All students must be current in their HIPAA training.
- You are responsible for implementing and safeguarding patient health information.
 - You may only access patient records if you have an authorized purpose to do so.
 - Use of patient information for educational purposes must be DE-IDENTIFIED (No MRN, names, initials, birthdates, etc.)
 - Do not discuss medical information in front of visitors.



Mistreatment Policy

- Kings County Hospital requires that all medical learning must occur in an environment of mutual respect between teacher and learner or between learners. More details in the Clerkship Manual and in the Student Handbook.
 - Sexual harassment/Stalking
 - Bullying
 - Racism/Discrimination
 - Unprofessional behavior
- Reporting
 - Site director, Dr. Nayla Delgado Torres
 - Co-director, Linda Fan
 - Academic Affairs Office
 - KCH Clinical Student Education Manager, Mr. Patrick Green
 - Dr. Michael Keenaghan

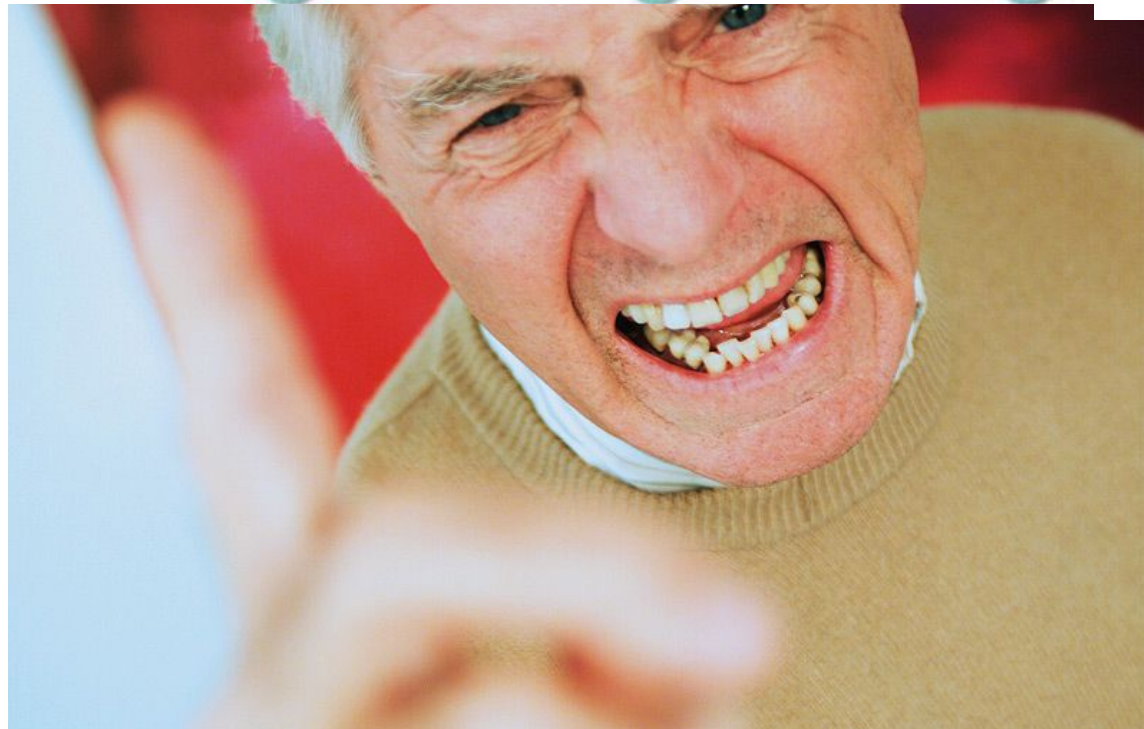
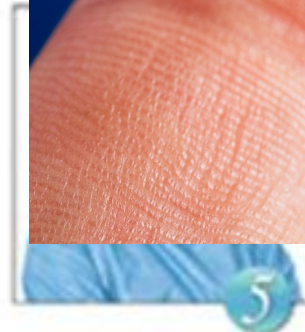


Supervision Policy

- Medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety.
 - Perform under in-direct, but immediately available supervision
 - Degree of procedural supervision dependent on complexity, potential for adverse effects, demonstrated competence, student responsibility



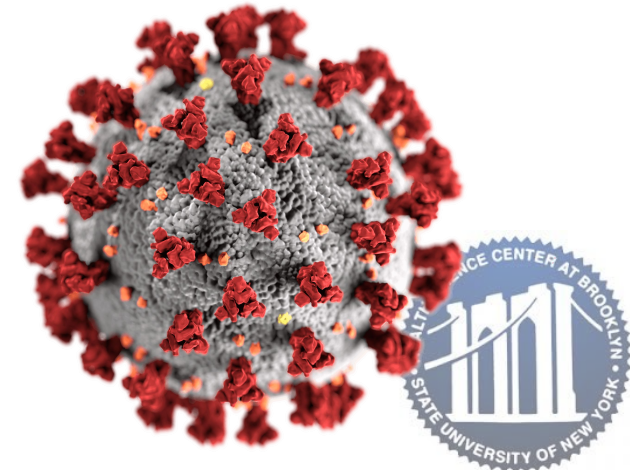
Safety



ment (PPE) / Isolation

COVID-19

- Facemask (surgical) in ED at all times
- Facemask (surgical) and faceshield for all patient interactions
- N95 and face shield for patient care with Covid+ or suspected patients or for aerosolizing procedures
- MS4 can see COVID+ patients
- Questions?



Safety



- Donning PPE

Wash hands→Gown→Mask→Eye protection→Wash hands→Gloves

<https://www.youtube.com/watch?v=of73FN086E8>

- Doffing PPE

Gloves→Gown→Exit room→Wash hands→Eye protection→Mask→Wash hands

<https://www.youtube.com/watch?v=PQxOc13DxvQ>

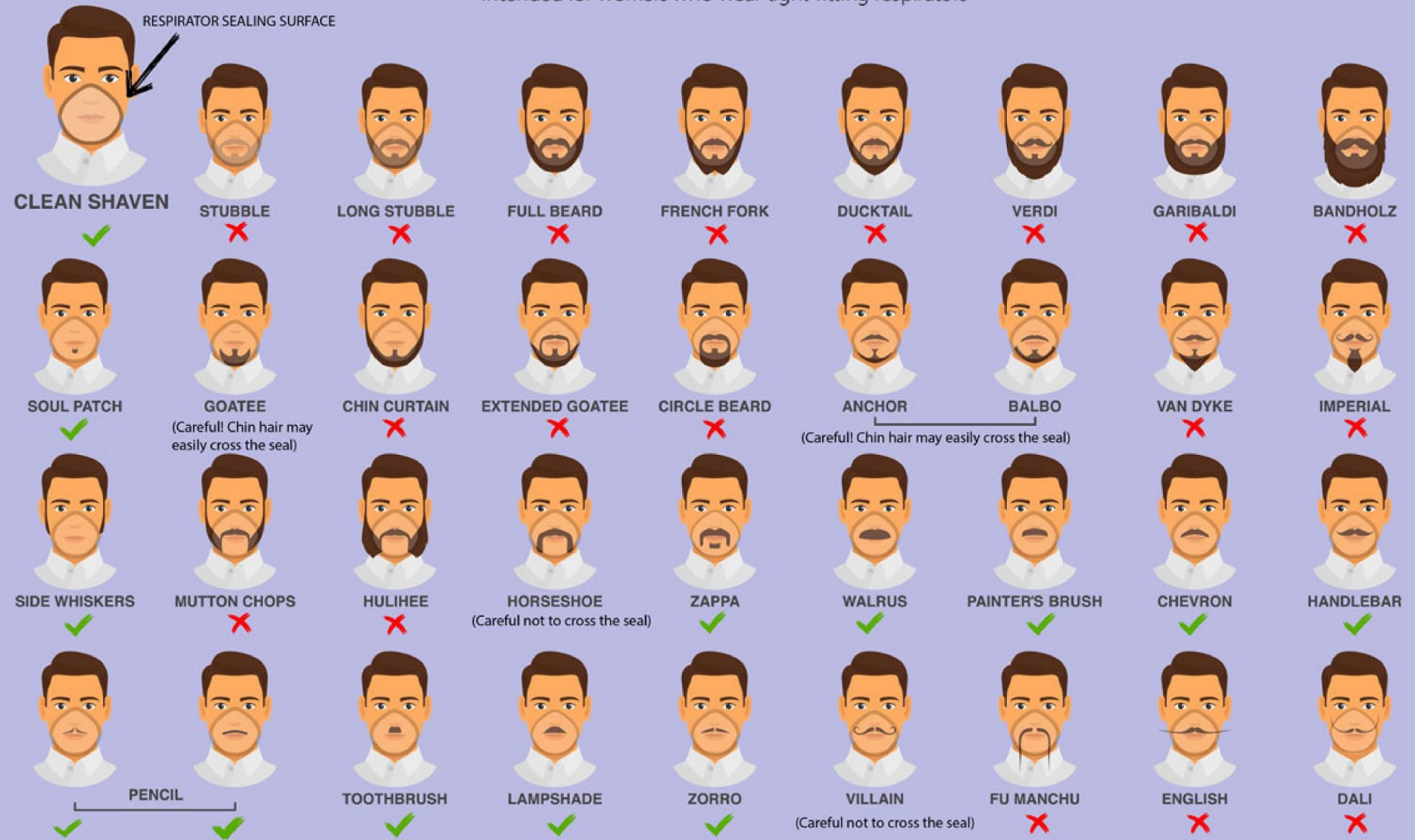
- One N95 per shift



Facial Hair

Facial Hairstyles and Filtering Facepiece Respirators

Intended for workers who wear tight-fitting respirators



*If your respirator has an exhalation valve, some of these styles may interfere with the valve working properly if the facial hair comes in contact with it.

This graphic may not include all types of facial hairstyles. For any style, hair should not cross under the respirator sealing surface.

Source: OSHA Respiratory Protection Standard

https://www.osha.gov/pls/osha/web/owadisp.show_document?p_table=standards&p_id=12716

Further Reading: NIOSH Respirator Trusted-Source Webpage

https://www.cdc.gov/niosh/nppt/topics/respirators/disp_part/respsource3fitest.html



Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

For those that fail mask fit test

Wear a PAPR when you would wear an N95

At KCH obtain from central supply in basement

How to wear a PAPR reference:
https://www.youtube.com/watch?v=2rdeBq_hznI



PPE Location

Kings County:

C building first floor EM department offices

CG 27-A

Call Mrs. Ingrid Browne before going

718-245-4790

Pick up PPE amount for 2 weeks of KCH shifts

Bring bag



Faculty Director shifts

- EM-bound students.
- Assigned to program/clerkship directors on your schedule.
- Find them even if they are not in the actual assigned area.
- Introduce yourself.



EMR - writing notes

- Epic at KCH
- If no access, discuss how to provide note to supervisor



Questions?



HOW TO EXCEL IN THIS ROTATION



First shift



Hello
my name is

First CCT shift



ED Mantra

Airway

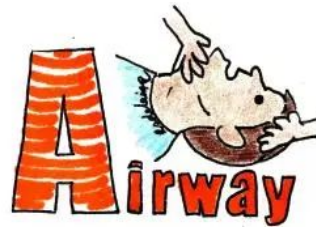
Breathing

Circulation

IV, O2, Monitor

SAMPLE

ABCDE APPROACH TO THE ACUTELY ILL PATIENT



stridor
wheeze
gurgling
no sound

!
LOOK
?
LISTEN
FEEL

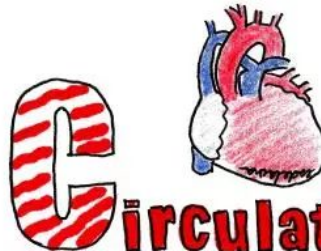
- clear & patent → maintain
- at risk → suction / maintain
- obstructed → open & maintain

HEAD-TILT + CHIN-LIFT



INSPECTION → RR, expansion, equal movement & symmetry, wounds...
PALPATION → confirm expansion, muscles work, tenderness, emphysema...
PERCUSSION → note equality, vibrations...
AUSCULTATION → equality, vesicular murmur, additional sounds...

SatO₂ + HIGH FLOW NON-REBREATHING MASK... DRAIN PNEUMOTHORAX



PULSE → HR, central/peripheral, volume, regularity
BLOOD PRESSURE → hypo/normal/hypertensive
PERFUSION → colour, CRT < 2"

IV/IO ACCESS, PAIN RELIEF, STOP HYPOTHERMIA, FLUID BALANCE,
MONITOR VITALS PERMANENTLY, ECG MONITORING

SAMPLE history

Signs and Symptoms

Allergies

Medications

PMH/PSH

Last meal/Last menstrual period

Events leading up to visit



How to excel video

by Dr. Guy Carmelli and cast

EMRA's Patient Presentations in Emergency Medicine

Advising Resources

Apply for Away Rotations

Interviews

MS Advising Guide

*Financial Wellness for
Graduating Medical Students*

Reading Recommendations

Research Resources

*Advice for 1st and 2nd Year
MS*

*Effective Consultation In
Emergency Medicine*

*International Ambassador
Mentorship*

Patient Presentations

*Preparing for a Successful
Fourth Year of Med School*

Fourth Year Schedule

*Seek, Develop a Mentor
Relationship*

Patient Presentations in Emergency Medicine



Patient Presentations in Emergency Medicine

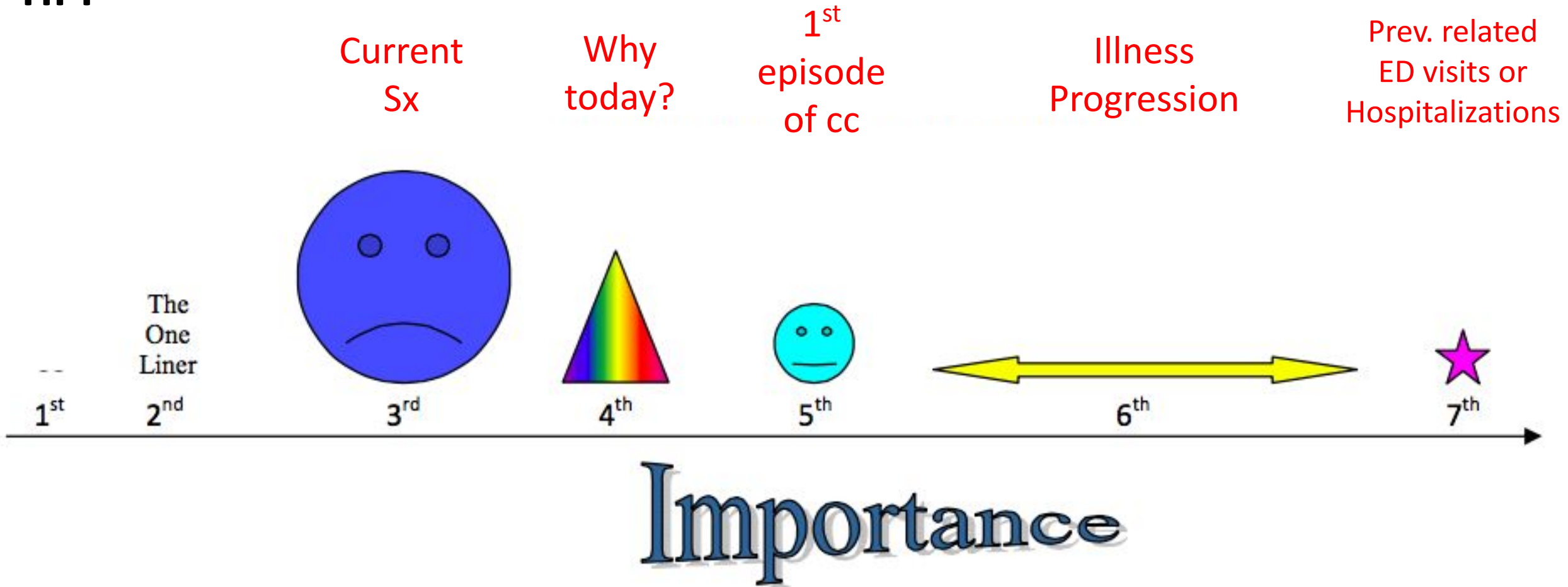


EMRA and CDEM launched "[Patient Presentations in Emergency Medicine](#)," a training video for medical students. Demonstrating how to tell a compelling story when presenting a patient's case, this brief video offers hand do's and don'ts on how to communicate efficiently and effectively in the ED. EMRA Education Committee members Michael Yip, MD, of Yale School of Medicine, and Aditi Mitra, MD, of William Beaumont - both of whom appear in the film - said the project grew from a simple discussion about how best to serve students.

<https://vimeo.com/132285159>

HOW TO PRESENT

HPI



HOW TO PRESENT

P.E.



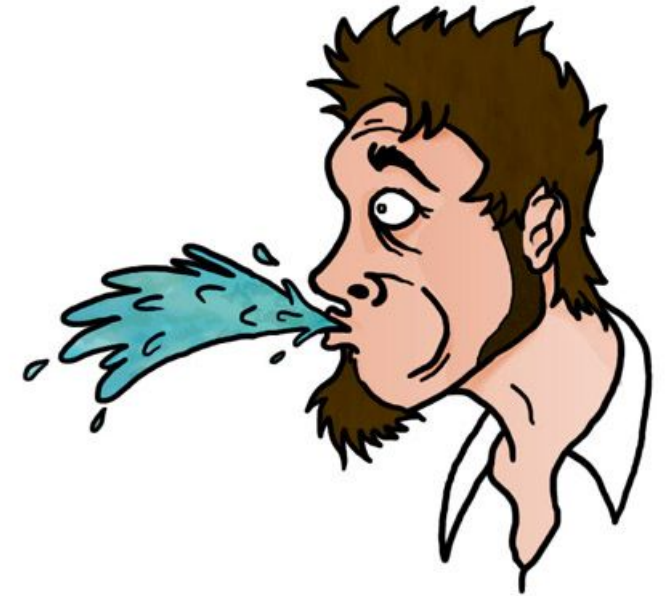
Copyright: neyro2008 / 123RF Stock Photo



HOW TO PRESENT

Assessment

- **S:** Serious
- **P:** Probable
- **I:** Interesting
- **T:** Treatable



HOW TO PRESENT

Plan



Recommended Readings/ Extra Resources

- Textbooks: Rosen's, Tintinalli's, Roberts/ Hedges, Amal Mattu's Electrocardiography
- Journals: West JEM, Annals of EM, AJEM, EB Medicine, NEJM
- Websites: **cdemcurriculum.com**,
flippedemclassroom.wordpress.com,
students.clinicalmonster.com



clinicalmonster.com

KINGS COUNTY | SUNY DOWNSTATE
EMERGENCY MEDICINE RESIDENCY

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[OUR PEOPLE ▾](#)

[APPLICANTS ▾](#)

[RESIDENT RESOURCES ▾](#)

[BLOG ▾](#)



Welcome to Clinical Monster!

The official site for the **Emergency Medicine Residency Program at Kings County/SUNY Downstate.**

Established in 1992, the Department of Emergency Medicine is comprised of a team of dedicated physicians, nurses and other healthcare professionals committed to providing medical care to the rich diversity of people in Brooklyn, New York.



SEARCH THE SITE

🔍

FOLLOW US ON TWITTER

Tweets by [@kingsofcounty](#) ⓘ



Kings County EM
[@kingsofcounty](#)

Post Edited: The Case for Advocacy and Social EM Training wp.me/p7leiB-54z
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