



DEPARTMENT OF EMERGENCY MEDICINE

EMERGENCY MEDICINE ELECTIVE

Kings County Hospital

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Welcome to the Emergency Medicine elective at Kings County! This senior medical student course is taken after completion of your core third-year rotations. As an acute care rotation, you will be expected to synthesize previously acquired clinical skills in the management of patients.

You will be rotating through the Kings County Hospital (KCH) Emergency Department (ED). It is open 24 hours a day, 7 days a week. We see everybody who presents for care. Every shift will be different and you will have many opportunities to learn from your patients. While the ED is often described as chaotic, you should appreciate a structured learning environment in which you will have the responsibility of providing patient care under the direct supervision of an emergency medicine resident or attending physician.

No matter your career path, in this course you should find many things that interest and engage you: a wide breadth of clinical pathology; opportunities to care for critically ill patients; interacting with patients, their families, consultation services, and other healthcare providers; hands-on procedures; and more. We hope that you appreciate the role that emergency medicine plays within the community and how patients utilize the ED to access medical care.¹

I. Goals and Objectives

The goals and objectives are based on proposed national curricular guidelines for emergency medicine and should provide you with a clear understanding of the clinical and non-clinical expectations for this course. The objectives listed below are organized by the six core competencies developed by the Accreditation Council for Graduate Medical Education (ACGME).²

a. Patient care

- i. Obtain an accurate and focused chief-complaint driven history and physical exam.
- ii. Recognize critically ill patients.
- iii. Develop management skills—form evaluation and treatment plans, monitor patient response, and properly disposition patients.
- iv. Demonstrate competence in basic procedural skills and understand clinical indications for advanced invasive procedures.

¹ Wald, D. Emergency Medicine Clerkship Primer: A manual for medical students. 2008. http://www.cdemcurriculum.org/assets/other/ms_primer.pdf

² Manthey DE, Coates WC, Ander DS, et al. Task Force on National Fourth Year Medical Student Emergency Medicine Curriculum Guide. Report of the Task Force on National Fourth Year Medical Student Emergency Medicine Curriculum Guide. Ann Emerg Med. 2006;47:E1–E7

- v. Educate patients and insure comprehension of their treatment and follow-up plans.

b. Medical knowledge

- i. Generate a differential diagnosis and develop appropriate diagnostic testing and treatment plans for the undifferentiated patient.
- ii. Appreciate the various presentations of acutely ill or injured patients.
- iii. Interpret the results of diagnostic procedures and tests.
- iv. Know key concepts of the core topics.

c. Practice-based learning

- i. Review recent literature on diagnoses encountered in the ED.

d. Interpersonal and communication skills

- i. Effectively communicate with patients, family members, and other healthcare professionals.
- ii. Establish a therapeutic relationship with patients and families as they cope with the emotional trauma of emergencies, critical illness, dying and death.
- iii. Present cases in an organized manner, clearly and concisely summarizing impression and plan.
- iv. Document patient encounters accurately and succinctly.

e. Professionalism

- i. Act professionally and with an admirable work ethic.
- ii. Demonstrate respect and compassion when communicating with patients of various socio-economic, cultural, educational, and racial backgrounds.
- iii. Maintain patient confidentiality, especially in settings involving minors and violence.

f. Systems-based practice

- i. Appreciate the role emergency medicine plays in the U.S. healthcare

system and in our community—specifically an inner city population that utilizes the ED for primary and preventative care.

- ii. Understand appropriate ED patient management, and how practitioners can most effectively interface with the ED to optimize their patients' medical care.
- iii. Be mindful of evaluation and treatment costs.

II. Required Course Components

a. Orientation

Usually scheduled on the first Monday of your rotation. Attendance is mandatory.

b. Fifteen 8-hour clinical shifts (total 120 hours)

Your schedule will include adult, pediatric, critical care and trauma (CCT) and possibly fast track (FT) shifts at KCH. These shifts will cover days, overnights, and weekends. The ED is open 24/7 including holidays.

c. Weekly didactic sessions: lectures and resident conference

Key topics relevant to emergency medicine will be taught through lecture (at this time, recorded) and resident conference.

d. Written Exam

A standardized exam will be given at the end of the course and will test one's ability to provide a diagnosis or prognosis, understand the underlying mechanism of the disease, and correctly identify the next best step in patient management.

e. Oral case presentation

You will have an opportunity to present any patient case that interests you during your course. See attached rubric.

III. Attendance, Schedules, and Duty Hours

Emergency medicine is a clinical specialty therefore the best way to learn it is in the clinical arena.

- a. Attendance at assigned shifts is mandatory. If you must be absent for any reason, contact the Course Director PRIOR to the shift by email or phone. **Unexcused absences may result in a failing grade. All absences must be made up.**
- b. **Be on TIME!** If you will be late, call your assigned clinical area and inform the attending physician or senior resident PRIOR to the start of your shift. Persistent tardiness is considered unprofessional and will be reflected in the final course grade.
- c. You will have an **attendance sheet** for attending or resident signatures. This sheet must be handed in at the end of the rotation—it is your **ONLY** documentation of attendance. Print the name of your supervisor if illegible.
- d. All scheduling requests must be made in advance of the start of the rotation. Clinical schedules are finalized on the first day of the rotation. After orientation, only emergent requests will be considered and must be approved by the Course Director.
- e. Shifts are scheduled according to a template that distributes students to different areas of the ED during day and night hours. Each student has been assigned to a track. Shifts or tracks may not be switched among students without approval.
- f. Medical student duty hours during clerkships and rotations are never to exceed the duty hour restrictions for first year residents imposed by the ACGME. Report any violations of the duty hour policy to the Clerkship Director. The restrictions are as follows:
 - i. Duty hours must be limited to 80 hours/week, averaged over a four-week period.
 - ii. Trainees must be scheduled for a minimum of one day free of duty every week (averaged over four weeks).
 - iii. Duty periods must not exceed 16-hours in duration.
 - iv. Trainees should have 10 hours, and must have 8 hours, free of duty between scheduled duty periods.
 - v. Trainees must not be scheduled for more than six consecutive nights of night shifts.

IV. Student Responsibilities

- a. **BE ON TIME!!!**
- b. Dress professionally. Wear your ID card. Lab coats are optional. Scrubs are appropriate at all times for KCH.
- c. Alert your supervising resident or attending **IMMEDIATELY** for any patient that you feel is sick or potentially sick. This may include patients with **abnormal vital signs, active chest pain, shortness of breath, peritoneal findings or changes in mental status.**
- d. Present patients to the supervising emergency medicine resident or attending. Patient notes should be provided to the supervising physician for review and feedback.
- e. All orders (labs/meds/radiology) must be overseen by the supervising resident or attending. Do **NOT** administer any medications unless specifically directed and supervised by the resident/attending.
- f. **All invasive procedures must be supervised by a resident or attending.** Observe universal precautions at all times. Students may not draw blood cultures and type & screens.
- g. Alert your supervising resident or attending when leaving the clinical area for any reason (i.e. lunch, lecture, simulation, or at the end of your shift).
- h. Complete required paperwork and log. Ensure signatures on attendance form, chief complaints and procedure logs are legible or print names.
- i. Check your email regularly for correspondence. This will be your primary form of communication regarding lectures, simulation sessions, and other didactic sessions.

V. Grading and Paperwork

- a. The final grade for this rotation is Honors, High Pass, Pass, Fail. There is no curve or quota for grades.
 - i. Examination 20%
 - ii. Evaluations 60%
 - iii. Case presentation 10%
 - iv. Written note 5%

v. Professionalism 5%

- b. Mid-clerkship feedback is available for all students. Office hours will be posted or email the directors to arrange a meeting time.
- c. In order to receive a final grade, you must have the following complete and submitted:
 - i. Attendance sheet
 - ii. Case and Procedure log
 - iii. Follow-up log with four brief summaries of ED cases and the inpatient course or outpatient workup results

VI. Safety

- a. Needlestick/Blood/Body fluid Exposure
 - i. Notify your supervising resident and attending immediately. Notify the Course Director within 24-hours.
 - ii. You will be directed to obtain medical care, which may include bloodwork, HIV testing, and post-exposure prophylaxis (PEP) and treatment.
 - iii. Follow-up care will be through Student/Employee Health Services in the Kings County T-building.

VII. HIPAA Privacy Rule

Patient medical and health information is private. Federal law mandates healthcare providers to safeguard this information. As a student, you are responsible for the following Downstate guidelines:

- a. Access records only on patients for whom you have an authorized purpose, such as for treatment or educational needs. Institutions and individuals are subject to both civil and criminal penalties if patient records are accessed out of curiosity or for other unauthorized purposes. It is important to recognize that accessing electronic records leaves an audit trail identifying the user's activities.
- b. Always log off the system when you are finished working at a computer. Don't simply minimize the screen as someone else can continue to view patient information under your user ID.
- c. When presenting patients for educational purposes whether orally or in

written form, make sure to DE-IDENTIFY the patient. Do not include names, initials, medical record numbers, birth dates or any other direct identifier.

- d. There is no need for students to email ANY patient data. Do not include any identifying patient information in your email communications. Never save identifiable patient information to portable drives or devices. Never photograph patients in the ED or post about patients on social media.
- e. Be mindful of “to-do” lists, sign-out lists, or other patient-related materials at all times. When no longer needed, place materials (including CD disks) in shredding bins available throughout the hospital. Double-check your pockets/folders before leaving the hospital’s premises to ensure you are not carrying out any patient information.
- f. Do not discuss medical information in front of a patient's visitors unless the patient explicitly gives you consent to do so. If you find visitors with the patient when you enter the room, you should first ask the visitor to leave (“I need to discuss personal medical information with Mr. X and I want to protect his privacy. Do you mind stepping out for a moment?”); then ask the patient in private whether they want the visitor to be present when you discuss their private medical information. This is particularly important with sensitive topics like HIV status or substance abuse. Once you have consent, document that you asked for and received permission to disclose information to someone other than the patient.
- g. In situations where the patient is unable to give consent, e.g. a child or non-communicative adult, first find out who the companions or visitors are. For a young child (<10 years), the parent is almost always entitled to full disclosure of the child's medical information. With an adolescent, your safest course is to share information ONLY with the adolescent him/herself. An adult may be accompanied by someone who has not been formally designated as the patient's health care proxy. While you may need to get information about the presenting problem from the companion, you should not disclose health information to that person unless you are sure they are entitled to hear it. Any time you are uncertain, seek guidance from your supervising physician before disclosing any information.

VIII. Emergency Department contact numbers

KCH CCT	718.245.4601
KCH Pod A	718.245.4616, 4617, 4618, 4619, 4620, 4621
KCH Peds	718.245.3638
KCH FT	718.245.4610

Appendix A: Core Topics in Emergency Medicine

The following are topics you should cover in your readings for the Emergency Medicine clerkship. Most Emergency Medicine texts have chapters or sections which cover in sufficient detail the information you are expected to learn by the end of your rotation.

Trauma	Chest wounds, flail chest, hemothorax, pneumothorax, blunt and penetrating abdominal trauma, orthopedic injuries, head injuries, neck injuries, approach to the trauma patient/basic ATLS protocol
Surgery	Acute abdomen, pancreatitis, gallbladder diseases
ACLS	ACLS/BLS protocols, arrhythmias, acute MI, aortic dissection, aortic aneurysm, CVA management, airway management protocols, basic pediatric resuscitation
Pulmonary	Asthma, COPD, pulmonary embolism, pneumonia, TB, pulmonary edema
CV	Acute coronary syndrome, cardiomyopathies, heart failure, basic ECG, conduction abnormalities, pericarditis, pericardial effusion, hypertension, venous disorders
Pediatrics	Basic resuscitation, fever workup protocols, asthma/respiratory diseases, otitis media, common rashes, fractures
Toxicology	Toxidromes, toxicity of cardiovascular drugs, over the counter drugs, drugs of abuse, industrial toxicity, decontamination and management
OB/GYN	STI management, sexual assault management, normal pregnancy physiology, perinatal and postnatal complications, ovarian/vaginal disorders
GU	STI management, testicular torsion, epididymitis, penile and foreskin disorders
Renal	UTI management, renal colic, complications of end stage renal disease
ID	Meningitis, STI, HIV complications, commonly used antibiotics for infectious diseases
GI	Obstruction, foreign bodies, perforation, GI bleeds, inflammatory and infectious disorders, peptic ulcer disease, gastritis
ENT	Epistaxis, sinusitis, peritonsillar abscess, retropharyngeal abscess, Ludwig's angina
Neurology	CVA, headache, altered mental status, seizures, vertigo/dizziness
MSK	Sprains/strains, low back pain, infections/inflammation, trauma, pediatric injuries: fracture classification
Environ	Burns, heat and cold injuries
Ophtho	Glaucoma, corneal abrasion, conjunctivitis
Dermatology	Terminology, infections, toxic epidermal necrolysis, Stevens Johnson Syndrome, immunogenic cutaneous disorders, angioedema
Endocrine	Diabetes mellitus and complications, adrenal crisis, thyroid disorders
Heme/onc	Platelet disorders, sickle cell anemia, reversal agents for anticoagulants
Misc	Ethics, principles, documentation, do-not-resuscitate, evidence-based medicine, EMS, disaster

Appendix B: Procedures

Phlebotomy
IV insertion
Arterial Blood Gas
NG Tube insertion

Suturing
Splinting
ECG and X-ray interpretation
Ultrasound

Appendix C: Suggested references and readings

Texts:

Tintinalli's Emergency Medicine: A Comprehensive Study Guide. Tintinalli and Stapczynski
Tintinalli's Emergency Medicine: Just the Facts. Cline and Ma
Rosen's Emergency Medicine: Concepts and Clinical Practice. Marx and Hockberger
Fleisher & Ludwig's Textbook of Pediatric Emergency Medicine. Bachur and Shaw
Harwood-Nuss' Clinical Practice of Emergency Medicine. Wolfson and Cloutier
Greenberg's Text Atlas of Emergency Medicine. Greenberg and Hendrickson

Websites and Blogs

embasic.org – Your Boot Camp Guide to Emergency Medicine
cdemcurriculum.com – Blog and curriculum review
lifeinthefastlane.com – ECGs
clinicalmonster.com – Our own EM residency website and blog
www.thennt.com – Quick summaries of evidence-based medicine