



EMERGENCY MEDICINE

**STUDENT
HANDBOOK**



Welcome to your rotation in emergency medicine!

During your 4 weeks with us, you'll be working in one of the busiest emergency departments and trauma centers in California. With an average daily census of around 300 patients, ARMC treats over 100,000 people each year. You will be exposed to a wide variety of medical problems. With a high census, diverse pathology, and a hands-on approach to teaching, the emergency medicine rotation at ARMC will be a great learning experience. Remember, you'll get out of this rotation what you put into it, we encourage you to see patients, ask questions, be involved, and most of all, have fun!

For more information about our department, and answers to frequently asked questions visit:

<http://www.armcemergency.org>

THE DEPARTMENT

The emergency department is divided into different PODS/teams, with a total of 50 beds.

POD A	Trauma
POD B/C	Critical care. High acuity, monitored beds.
POD D	Medium acuity, monitored beds. Jail checks. Psych.
POD R/R2	Low acuity, non-monitored beds. Breathing treatments. GYN room. Minor procedures.
Triage/MSE	Walk-in, rapid medical evaluation and triage.

ROTATION INFORMATION

If you have been approved for a rotation in the emergency department, you will receive an email from the Chief Resident of Student Academics near the start of your rotation. This email will contain instructions you must follow in order to be scheduled for your first shift.

In this handbook you will find key information and specific instructions pertaining to your rotation in the emergency department, read each section carefully!

DRESS CODE

Attire for your clinical shifts should be scrubs and sneakers. White coat is optional. Please make note that at NO time jeans are allowed.

SCHEDULE

Students will be scheduled 12-16 shifts/month, divided among days, nights, and weekends. Shifts are from 7-7. EM STUDENT SHIFTS START AT 6:45 so that everyone is ready to sign out at 7.

Please review the calendar that is sent to you via email ahead of time as POD assignments can change without advance notice. It's recommended to search the calendar for your name with "Control F" to see when and where you'll be working.

If you have questions about the schedule, contact the chief resident.

Punctuality

Being on time for all assigned shifts EXPECTED. Late arrivals will lower your grade for the month.

Trading Shifts

Trades MUST be approved by the Chief and only for special/emergent circumstances such as interviews.

Calling-in Sick

If you are too ill to come in for your shift, please contact the Chief of Student Academics AND call the following number(s) for your assigned pod as follows to let them know at least 2 hours in advance that you will not be able to make your shift:

- POD B/C 909-580-4357
- POD D 909-580-4363
- POD R 909-580-2383

Absences

All excused absences will be made up by being assigned two (2) Additional shifts: An excused absence includes getting the absence approved by the EM department 24 hours before a shift. Examples of excused absences include interviews and board exams. Any unexcused absence will result in immediate failure of the rotation.

LECTURES

EM Resident Lecture Series

- **MANDATORY!** Every Wednesday starting with Trauma conference at 7am in the Oak room in the main hospital building, then EM lecture from 8am-11am in the Citrus Conference room located in the medical office building (MOB).
- **If you work Tuesday night or Wednesday night, you will be excused from lecture at 9am.**

Student Lectures

- These are informal gatherings occurring Mon, Tues, Thur, Fri in Pod R at 9AM. You are only required to attend on the days you are scheduled.

PATIENT CALLBACKS

You are required to call patients who were discharged to follow up on their status and if they have any comments regarding their visit. You are required to call 2 patients per scheduled shift and can be done over the course of your rotation. For example, if you are scheduled 12 shifts, you must call 24 patients over the course of your rotation. Callback forms can be found in the Resident Room, the resident/PA you are working with can also show you where to get them.

Completed callback forms need to be turned in 1 of 2 ways: at the end of your rotation when you schedule your end of rotation test (preferred), OR, drop off in the Admin mailbox located in the Resident Room. This will be a part of your final grade.

EVALUATIONS

Evaluations are done electronically. You will be provided the link via email before your rotation. You are required to get an evaluation for EACH SHIFT from an EM provider, including attending physicians, staff physician assistants (no fellows), EM residents PGY-Levels II, III, & IV.

BOOK/READINGS

You are required to have the most recent edition of Case Files Emergency Medicine (LANGE Case Files) during your EM rotation. If you do not want to purchase the book, you can check one out from ED Administration. Stop by the office located in MOB 107 or email ARMCEmergency@gmail.com so someone can assist you.

END OF ROTATION TEST

There will be a test at the end of your rotation based on Case Files. Please contact the EM office at ARMCEmergency@gmail.com near the end of your rotation to schedule a time to take your test. All tests are administered in MOB suite 107 Monday-Friday 9am-2pm (except on holidays).

CLINICAL EXPECTATIONS

Seeing Patients

See them as soon as they arrive. See as many as you can (usually 1-2 per hour). If they look sick or unstable let the provider know immediately. If EMS brought the patient, listen to the report. Pertinent paramedic info to include:

- Time EMS was called
- Onset
- Reason for pick up – ask EMS and confirm with patient (always ask patient “what brought you to the hospital today?”)
- Location patient was picked up (home, SNF, other hospital)
- Depending on the CC
- GCS, vitals, POC glucose
- What EMS gave on the way (fluids? Nitro?)

Goals for seeing patients

Have a focused, succinct HPI relevant to the chief complaint. Perform a physical exam. Develop a well thought-out differential (at least 3). Determine what labs, tests, and/or imaging you would like to order to work-up your patient. Present your case to a provider (usually a resident, PA, or attending) and have a differential diagnosis and plan already. Think about the worst case scenario, will the patient be going home or be admitted? Follow the progress of the patient, and document re-evaluations in the chart.

Procedures

Opportunities to perform procedures in the emergency department are abundant and we love to get students involved. Hierarchy is as follows: Senior resident → Junior Resident/Inter → You!

If you want to perform a procedure you need to know the basics: indications, contra-indications, anatomy

Some procedures you should be familiar with:

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|---|---|
| <ul style="list-style-type: none"> • Peripheral IV • Foley catheter • I&D • Lumbar Puncture • Paracentesis • Rectal/Prostate exam • Airway management/ Intubation • IO's • NG/OG tubes • Toenail removal • Central Line • Pelvic exam | <ul style="list-style-type: none"> • Stool guaiac • Ortho reductions and splinting • Ultrasound: FAST, Ocular, Abdomen (i.e. Gallbladder), Testicular, etc. • Chest Tube • Suture Basics • Eye exams including: visual acuity, EOMI, peripheral vision, pupils, fundoscopic exam, tonometry (for intraocular pressure), fluorescein staining & Wood's lamp. |
|---|---|

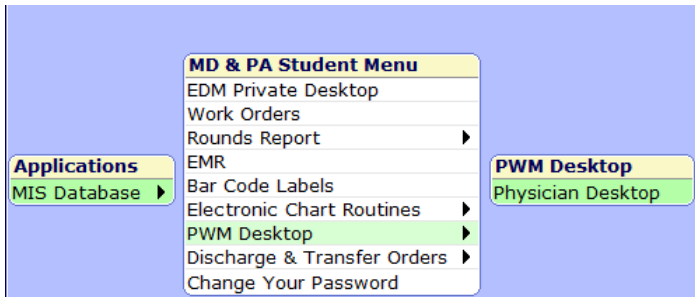
Roberts & Hedges' Clinical Procedures in Emergency Medicine is a good resource

Also, be familiar with interpreting:

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| <ul style="list-style-type: none"> • EKG's • CXR's • CT's | <ul style="list-style-type: none"> • Lab results • Blood gases |
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Emergency Medical Record

When you log on to MEDITECH you will see a blue screen. Select options as highlighted in green:



Once you are in the program, select the 'Emergency' section. This will take you to the main screen for the emergency department.



Helpful pointers when documenting on our electronic medical record system:

1. The ED Provider must start the note and close it, only after you will be able to open and edit it
2. Providers at change of shift require an "MDM" note if the patient's work-up is still pending
3. Never Edit/Amend a previous shift's note or one that has been "Isigned"

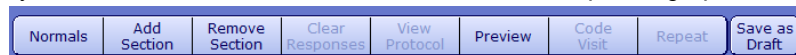
When you open a note, your screen will look similar to this:

The screenshot displays the MEDITECH EMR interface for a patient record. The top navigation bar includes tabs for ETR, SEP/IS, Procedures, PA, Resident, and Scribe. The main content area is a form with various sections: General (Chief Complaint, Stated Complaint, History Source, Exam Limitations), History of Present Illness (Complete History Unobtainable, Context, Location, Severity, Quality, Duration, Timing, Modifying Factors, Associated Signs & Symptoms), Past Medical, Family, Social (Medical History, Surgical History, Psychosocial History, Significant Family History, Smoking, Alcohol, Drugs, Birth History, Immunizations Up To Date), Review of Systems (All Other Systems, Constitutional, FEENTH, Respiratory, Cardiovascular, Gastrointestinal, Genitourinary, Musculoskeletal, Skin, Psychiatric/Neurological, Hematologic/Lymphatic, Immunologic/Allergic), Physical Exam (Vital Signs, Vital Signs Reviewed, Pulse OX, Constitutional, Eyes). The bottom of the screen features a toolbar with buttons for Normals, Add Section, Remove Section, Clear, View, Preview, Code, Repeat, Save as Draft, Cancel, and Save.

The tabs at the top show you what sections are being included in the chart:



If you need to add/remove a section use the corresponding option from the bottom of the chart:



Note: Sections can only be removed when the document is initially opened. You can add sections at any time (i.e. Departure)

ETR Tab: Most of your documentation will occur here.

- HPI
 - Enter the time the patient was seen by you and/or the provider
 - Enter HPI under context, include age, sex, pertinent PMHx, BIBA, chief complaint, OPQRS. Minimum of 4 elements need to be documented.
 - Be cognizant when writing things on the chart like “worst headache of entire life”
- PMHx
 - Include any past medical & surgical, family and social history that can be obtained. A minimum of 2 areas should be documented.
- ROS
 - All systems must be checked appropriately as “See HPI” or “No symptoms reported” unless patient is unable to provide this information.
- Exam
 - Review vital signs AND check “Yes”
 - Document the oxygen saturation, “normal” or “abnormal.” We consider > 93% normal
 - Always do your own physical exam and document under the appropriate system
 - Left click to mark a normal finding, then free text any additional information (i.e. non-tender to palpation)
 - Right click to mark an abnormal finding, then free text any additional information (i.e. positive Murphy’s sign)
- Course/MDM
 - Time stamp in military time followed by update
 - Important updates to consider are vitals change, change in plans or work up

Resident/PA Tab

- Under “Attending” select the corresponding supervising physician for the pod

Student Tab

- Do NOT remove this tab

Departure Tab

- Check with your provider if they would like for you to fill out this section

Sign Out Sheet

- Approximately 30 minutes prior to the end of your shift, the students are responsible for making the sign out sheet. You can find these in the resident room or in pod B.
- Place all patient's stickers on sheet according to bed number.
- Three main things to put down on the sticker
 - o CC or diagnosis on top (can be general like SOB or specific "UTI")
 - o "Blank check box" with labs/imaging pending which are critical to next step management
 - o Disposition: "A" with a circle if admitted → then the admission team "FM" "IM" or "surgery" OR "P" if pending work-up and disposition

RESOURCES AND ORGANIZATIONS

- Phone apps: WikEM, palmEM, Medscape (just to name a few)
- Blogs, Podcasts, and Websites:

EMCrit by Scott Weingart	http://www.emcrit.org
EMRAP	http://www.emrap.org
EM Basics	http://embasic.org/
Life in the Fast Lane	http://www.lifeinthefastlane.com
ERcast by Rob Orman	http://www.blog.ercast.org/podcasts
Academic Life in EM	http://www.aliem.com/
The Poison Review	http://www.thepoisonreview.com
ED Trauma and Critical Care	http://www.edtcc.com/blog
Ultrasound Podcast	http://www.ultrasoundpodcast.com
Resus Podcast	http://resus.me
Smart EM Podcast	http://smartem.org
Amal Mattu's EKG Case of the	http://ekgumem.tumblr.com/
The Number Needed to Treat	http://www.thennt.com/
EM Lyceum	http://emlyceum.com/

- EM Organizations:

ACOEPE	http://www.acoep.org
ACEP	http://www.acep.org
Society of Academic EM	http://www.saem.org
American Academy of EM	http://www.aaem.org
EM Residents Association	http://www.emra.org