



The Florida State University
College of Medicine

Emergency Medicine Clerkship

BCC 7180

2012-2013

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Instructors

Education Director

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Clerkship Directors

Campus	Director
Fort Pierce	Dudley Teel, M.D.
Daytona	Peter Springer, M.D., FACEP
Orlando	Paula Mueller, M.D.
Pensacola	Mark Stavros, M.D., FACEP
Sarasota	Elijah Benioni, M.D.
Tallahassee	Javier Escobar, M.D., FACEP

Course Overview

Description

Course Goals

Goals: One of the principal goals of this clerkship is to introduce students to the role that Emergency Medicine plays in the management of acute disease. The Emergency Department provides an opportunity for significant clinical exposure and learning of many skills. Such skills include appropriately directed patient history and physical exams, differential diagnoses, medical decision making, and acquisition of procedural skills. In the ED, there will be exposure to a broad base of undifferentiated patients with a wide variety of personal, social, and cultural issues that influence patient care. This environment places a premium on physical exam skills and diagnostic reasoning, emphasizing the ability to recognize life-threatening situations and initiate resuscitation in a wide range of diseases with varying degrees of urgency. Students will also be taught to appreciate the dynamic state of emergency medicine knowledge, the necessity for maintaining currency, and the means to do it.

Format

The Clerkship will be offered in the Emergency Departments of affiliated hospitals at the Daytona, Fort Pierce, Orlando, Pensacola, Sarasota and Tallahassee campuses. The students will work in the Emergency Department for a total of 128 hours/month, which is the equivalent of four eight-hour days/week. An additional day is reserved each week that has been specifically designated as an independent study day, in order for the student to complete the assignments. This designated reading day is an integral part of the curriculum.

Each student will work with one or more Clerkship Faculty during the rotation. Shifts will be 8 hours in length, and will normally include at least 3 night shifts, 4 weekend shifts, with the remainder comprising day and evening shifts.

The specific schedule will be determined by the assigned Clerkship Faculty, and will be communicated to the student with sufficient time to arrange personal affairs.

Competencies-Objectives-Assessment

The course objectives reflect the overall COM competencies. (ACGME)

1. Recognize common, urgent and emergent problems in the Emergency Department

- a. Obtain an accurate and complaint directed medical history and perform a physical examination for each patient encountered (*patient care*)
- b. Present accurate and succinct case presentations in a clear, concise and organized fashion and appropriately document such information (*Interpersonal and communications skills, systems-based practice, professionalism*)
- c.. Adequately interpret commonly performed diagnostic studies used in the Emergency Department (*medical knowledge*)
- d. Command a fund of knowledge and basic understanding of pathophysiologic principles of disease and apply this knowledge appropriately to each clinical encounter (*patient care, medical knowledge*)
- e. Understand the emergency department triage system and be able to recognize the difference between non-urgent, urgent and emergent patients. (*systems-based practice*)
- f. Develop appropriate management plans for patients and monitor patient response to therapy and follow up on all studies ordered in a timely fashion (*patient care, systems-based practice*)

2. Demonstrate appropriate core knowledge of Emergency Medicine:

- a. Develop appropriate case specific differential diagnoses for each patient encountered (*patient care, medical knowledge*)
- b. Demonstrate an understanding of the indications, contraindications, equipment required and technique for various commonly performed procedures (*medical knowledge*)
- c. Adequately interpret commonly performed diagnostic studies (EKG, radiologic studies, laboratory studies) in the Emergency Department (*medical knowledge*)
- d. Appreciate the capabilities and limitations of the pre-hospital EMS system (*systems-based practice*)
- e. Describe the indications for specialty and subspecialty consultation and/or admission (*medical knowledge, systems-based practice*)

3. Demonstrate professionalism in approach to legal, social, cultural and ethical concerns that influence patient care

- a. Obtain adequate social history in patient evaluation (*Interpersonal and communication skills*)
- b. Demonstrate ability to efficiently, professionally, and effectively communicate with patients, families and colleagues (*Interpersonal and communication skills, professionalism*)
- c. Communicate sensitively with patients and their families in a culturally appropriate manner (*Interpersonal and communication skills*)

4. Participate in Emergency Department procedures

- a. Demonstrate the ability to perform a peripherally inserted IV properly and understand the indication for this procedure (*patient care, medical knowledge*)
- b. Observe/Assist/perform many common Emergency Department procedures and understand the patient informed consent (*patient care, professionalism, Interpersonal and communication skills*)
- c. Demonstrate an understanding of the utilization of commonly performed diagnostic studies used in the Emergency Department (*medical knowledge, systems-based practice*)

d. Appreciate the interdisciplinary approach to the acute trauma or emergent patient (*patient care, systems-based practice, interpersonal and communication skills, professionalism*)

5. Demonstrate effective use of information technology and other educational resources to optimize patient care

a. Effectively document an adequate history and physical and retrieve electronic medical resources where available (*systems-based practice, Practice-based learning*)

b. Apply real-time data acquisition to patient care (*systems-based practice, practice based learning*)

c. Document, in computer based program, evidence of patient encounter (*systems-based practice*)

d. Read required text and finish the lecture series on CD (*Practice based learning*)

Policies

Americans with Disabilities Act

Candidates for the M.D. degree must be able to fully and promptly perform the essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavioral/Social. However, it is recognized that degrees of ability vary widely between individuals. Individuals are encouraged to discuss their disabilities with the College of Medicine's Director of Student Counseling Services and the FSU Student Disability Resource Center to determine whether they might be eligible to receive accommodations needed in order to train and function effectively as a physician. The Florida State University College of Medicine is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to the medical degree.

[The Office of Student Counseling Services](#)

Medical Science Research Building
G146

Phone: (850) 645-8256 Fax: (850) 645-9452

This syllabus and other class materials are available in alternative format upon request. For more information about services available to FSU students with disabilities, contact the:

Student Disability Resource Center

97 Woodward Avenue, South

Florida State University

Tallahassee, FL 32306-4167

Voice: (850) 644-9566

TDD: (850) 644-8504

sdrc@admin.fsu.edu

<http://www.fsu.edu/~staffair/dean/StudentDisability>

Academic Honor Code

The Florida State University Academic Honor Policy outlines the University's expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. (Florida State University [Academic Honor Policy](#))

Attendance Policy

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. **See page 30** of [FSUCOM Student Handbook](#) details of attendance policy, notice of absences and remediation.

Library Policy

The [COM Maguire Medical Library](#) is primarily a digital library that is available 24/7 through secure Internet access. Library resources that support this course are available under “Course Pages” on the library website. In addition, many of the point-of-care resources are available for full download to mobile data devices. Upon student request, items not found in the library collection may be borrowed through interlibrary loan.

Required Materials

Required Lectures

The Orlando Emergency Medicine Lecture Series will be used in this course. Eight power point lectures have been chosen from within this group, and you will be responsible for two lectures each of the four weeks you are on rotation, according to the following schedule:

- Week One: Abdominal Pain, Chest Pain
- Week Two: Altered Mental Status, Shortness of Breath
- Week Three: Toxicology, Trauma
- Week Four: Airway Management, Febrile Infants & Children

The Lecture Disc may be found in the office of the Regional Campus Student Co-coordinator.

Required Reading

- 1) **USMLE Road Map Emergency Medicine, 1st edition, Scott C Sherman, MD and Joseph M Weber, MD, Lange Medical Books/McGraw-Hill, USA, 2008.**

This text gives a good overall foundation of Emergency Medicine, but is certainly not all inclusive. The following additional reading is suggested for more in depth information. The topics listed are the suggested areas of emphasis. Students are encouraged to read more in depth about the actual patient presentations they are seeing on the rotation.

Additional additive reading: (the following texts can be found in the Ebooks section of the Charlotte Edwards Maguire Medical Library)

- 2) **The Harwood-Nuss' Clinical Practice of Emergency Medicine, 5th Edition, edited by Allan B. Wolfson, Lippincott Williams and Wilkins, Philadelphia, Pennsylvania, 2010.**
 - CNS emergencies; cerebrovascular event, transient ischemic attack, hypoglycemia, altered mental status, intracranial hemorrhage, hydrocephalus, neuromuscular disorders, meningitis, Bell's palsy
 - Cardiovascular emergencies; Acute coronary syndrome, aortic dissection, pericardial tamponade, myocardial infarction, arrhythmias, ACLS
 - Cutaneous emergencies and skin disorders
 - ENT emergencies; otitis, pharyngitis, peritonsillar abscess, epiglottitis, croup, dental disorders, epistaxis
 - Endocrine emergencies; DKA, acid/base abnormalities
 - Environmental emergencies; heat/cold related illness, near-drowning, electrical injuries, envenomations, burns
 - Hematologic emergencies; anemia, thrombocytopenia, hemoglobinopathies, transfusion reactions, DIC
 - Infectious emergencies; HIV, AIDS, septic arthritis, tick-transmitted diseases, tuberculosis

- GI emergencies; appendicitis, AAA, renal/biliary colic, pancreatitis, bowel obstruction, diverticulitis, mesenteric ischemia, GERD/GI bleeding, incarcerated/strangulated hernia, esophageal rupture, hepatic disease
- Obstetric and gynecologic emergencies: acute pelvic pain, ectopic pregnancy, vaginal bleeding, sexual assault
- Ocular emergencies; glaucoma, traumatic eye injuries, eye infections
- Orthopedic emergencies; fractures, dislocations, tenosynovitis, compartment syndrome, thoracic outlet syndrome, radiologic abnormalities, joint infections
- Pediatric Emergencies; febrile illness, gastroenteritis, pediatric abdominal emergencies, abuse
- Psychiatric emergencies; suicide attempts/ideation, acute psychosis
- Renal emergencies: acute pyelonephritis, renal and ureteral calculi, acid-base dysfunction, nephritic/nephrotic syndromes
- Respiratory emergencies; asthma, COPD, spontaneous pneumothorax, pulmonary embolism, CHF, respiratory distress and failure, infections, vent management, airway obstruction, deep venous thrombosis
- Toxicologic emergencies; Overdose / poisoning / substance abuse
- Traumatic emergencies; blunt and penetrating thoraco-abdominal trauma, compartment syndrome, fractures, dislocations, head and neck trauma, child and elder abuse
- Urogenital emergencies: urinary retention, trauma, priapism
- Administrative issues; consent to treat, Baker act, patient restraints, EMS, mass casualty, Against medical advice, hospital transfer

3) **Emergencies and Critical Care of the Geriatric Patient**, edited by Thomas Yoshikowa and Dean Norman, Decker, New York, 2000.

Relevance of Aging Issues in the Emergency Department	Pages 1 - 10
Drug Dosage in the Critically Ill	Pages 31 - 48
Acute Vision Impairment	Pages 399 - 434
Hypothermia and Hypothermia	Pages 435 - 450
Diagnosis and Treatment of Abuse and Neglect	Pages 451 – 460

Suggested Materials

Clinical Procedures in Emergency Medicine, 5th edition, authors James Roberts MD and Jerris Hedges MD, Saunders Company, Philadelphia Pennsylvania, 2010.

Emergency Medicine-Concepts and Clinical Practice, 7th edition, edited by Peter Rosen, Mosby, St. Louis, Missouri, 2009

Emergency Medicine: A Comprehensive Study Guide, 6th edition, edited by Judith Tintinalli, MD, et al, The McGraw-Hill Companies, Inc., New York, 2004.

Grading

The standardized clerkship policy can be found in the [FSUCOM Student Handbook](#) -page 39..

Note for the End of Rotation Emergency Medicine In house exam: Students must attain at least 56% on the exam to receive a passing grade. To be considered for a grade of **Honors a student must achieve 74% or higher.**