

<b>Course:</b> Acute Emergency Medicine		<b>Course Number:</b> EMED 1901
<b>Department:</b>	Emergency Medicine	
<b>Faculty Coordinator:</b>	Mary McHugh, M.D.	
<b>Assistant Faculty Coordinators:</b>	Colin Danko M.D.	
<b>Hospital: (Location of rotation)</b>	Parkland Memorial Hospital ED Clements University Hospital ED THR Presbyterian Dallas Hospital ED	
<b>Periods Offered:</b>	Period 1 through 12	
<b>Length:</b>	4 weeks	
<b>Max # of Students:</b>	15 when Pre III-C students: (period 1-6) Instructor Consent Required for periods 1-4 and 12-20 when Pre III-C students: (periods 7-12)	
<b>First Day Contact:</b>	@Connie Chow Education Coordinator first point of contact	
<b>First Contact Time:</b>	All students are required to attend <b>in-person</b> orientation meeting on the first Monday of the rotation at 11:00am.	
<b>First Day Location:</b>	D1.100	
<b>Prerequisites:</b> Completion of 4 core required clerkships, which must include IM, Surgery, Pediatrics, and one additional.		

## I. COURSE DESCRIPTION

Students will be an integral member of the team, providing emergency care for acutely injured or ill patients in the Emergency Departments (EDs) of Parkland Memorial Hospital, Presbyterian Dallas, and our rural site at Presbyterian/THR Kaufman Texas. Under the direct supervision of residents and faculty members, students will assess patients, formulate patient care plans, and implement such plans. In addition, they will observe, assist, and/or perform procedures as needed to care for their patients. This clerkship will include a mix of county-based ED shifts along with community and rural hospital population shifts to gain a more complete picture of Emergency Medicine as a specialty and the variety of delivery systems that exist.

\* UTSW students in periods 1 and 2 MUST have prior approval from the EM Faculty Coordinators. This is to accommodate a large number of students interested in a career in Emergency Medicine.

Goals	Objectives	Assessment methods
<b>PATIENT CARE: ASSESSMENT AND MANAGEMENT</b>		
1. Obtain essential and accurate histories. 2. Discuss the appropriate indication for medical tests (i.e. blood work, x-ray, EKG). For example: a. Indication for a Head CT for a patient with head trauma. 3. Fashion appropriate differential diagnosis	1. Perform accurate physical exams. 2. Perform accurate physical exams. 3. Demonstrate appropriate interpretation of medical data (i.e. EKG, labs, and radiographs). 4. Create and maintain accurate patient medical records. For example: a. Documentation is clear, concise, and organized.	End of shift evaluations, feedback on teaching resident shifts

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<ul style="list-style-type: none"><li>4. Participate with clerkship team in developing patient care management plans.</li><li>5. Understand patient care management plans.</li><li>6. Accept responsibility for and carry out patient care management plans.</li><li>7. Basic airway intervention.</li><li>8. IV access.</li><li>9. Cardiac monitoring.</li><li>10. Defibrillation.</li><li>11. Lumbar puncture.</li><li>12. Wound care – to include suturing and I&amp;D of abscesses.</li></ul>	<ul style="list-style-type: none"><li>b. Relevant medical problems are addressed.</li><li>5. Demonstrate effective clinical judgment and treatment based on sound investigatory &amp; analytical thinking.</li><li>6. Perform good procedural skills related to basic Emergency Medicine. For example: Students will not perform invasive procedures on patients with known HIV/AIDS or hepatitis as per policy of UTSW.</li><li>7. Utilize clinical information systems such as EPIC, McKesson and others to gather and interpret clinical and laboratory information.</li></ul>	
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**MEDICAL KNOWLEDGE:**

1. Explain the role and function of Emergency Medicine in health care.
2. Understand the concept of triage.
3. Demonstrate knowledge in the assessment, differential diagnosis, and management of emergency complaints. Examples:
  - a. Cardiac and respiratory arrest.
  - b. Chest pain.
  - c. Abdominal pain.
  - d. Critical and non-critical trauma.
  - e. Poisonings.
  - f. Altered mental status.
  - g. Infectious disease emergencies
4. Demonstrate knowledge of disease pathophysiology of acutely ill or injured patients. For example:
  - a. Shock.
  - b. Arrhythmia
  - c. Sepsis.
5. Explain the process for resuscitation and stabilization of acutely ill or injured patient. For example:
  - a. Airway management – need for intubation.
  - b. Shock – process of resuscitation. Indications for intervention (e.g. chest tube).
6. Demonstrate knowledge in medical management of acutely ill or injured patient. For example:
  - a. Management of ventilator
  - b. Management of vaso-active drips
  - c. Method of monitoring patient.
  - d. Understanding the roles and responsibilities of prehospital providers (EMS) in emergency care, including their interface with physicians.

10-minute oral presentation Appropriate exam/quiz

**INTERPERSONAL AND COMMUNICATION SKILLS:**

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Students must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients and their families.	<ol style="list-style-type: none"> <li>1. Give patient case presentations in a clear, concise, organized, and relevant manner.</li> <li>2. Exchange information effectively with clerkship team and consultants.</li> <li>3. Work effectively with clerkship team, consultants, and other health care providers (i.e. nurses and ancillary staff).</li> <li>4. Communicate effectively with patients and their families.</li> </ol>	Observations of faculty and staff
<b>PRACTICE BASED LEARNING AND IMPROVEMENT:</b>		
<p>Students must be able to assimilate scientific evidence and improve their patient care.</p> <ol style="list-style-type: none"> <li>1. Participate in rounds and conferences. (See below).</li> </ol>	<ol style="list-style-type: none"> <li>1. Demonstrate proper evidence-based decisions when describing evaluation plans for their patients.</li> <li>2. Demonstrate appropriate use of education resources for self-education. For example:               <ol style="list-style-type: none"> <li>a. medical literature review.</li> <li>b. On-line medical information.</li> <li>c. Self-Study materials provided</li> <li>i. CDEM curriculum for PreClerkship</li> </ol> </li> </ol>	10-minute oral presentation Critical review of a relevant article
<b>PROFESSIONALISM:</b>		
Students must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.	<p>Demonstrate:</p> <ol style="list-style-type: none"> <li>1. Ethically sound decisions.</li> <li>2. Professional behavior. For example:               <ol style="list-style-type: none"> <li>a. Maintain professional appearance.</li> <li>b. Be mature, reliable, and respectful of others.</li> <li>c. Attend rounds and conferences on time.</li> </ol> </li> <li>3. Respect for patient confidentiality.</li> <li>4. Sensitivity to cultural, age, gender, and disability.</li> <li>5. Treatment of patients in a caring and respectful manner</li> </ol>	Observations of faculty and staff
<b>SYSTEMS BASED PRACTICE:</b>		
<ol style="list-style-type: none"> <li>1. Become aware of the larger context and system of health care to provide care that is of optimal value.</li> <li>2. Assist ED team in effectively calling on system resources to</li> </ol>	<ol style="list-style-type: none"> <li>1. Understand the role of EMS/prehospital care.</li> <li>2. Understand the role of the Emergency Department in a health care system in providing patient care.</li> <li>3. Help ED team call consultant to see patient in the ED.</li> </ol>	Participation in conferences, teaching resident shifts, small group sessions End of shift evaluations

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<p>provide care that is of optimal value.</p> <p>3. Assist patients in dealing with system complexities.</p>	<p>4. Help ED team call consultant to arrange follow-up clinic appointments.</p> <p>5. Ensure patient understands clinic follow up.</p>	
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**I. METHODS OF INSTRUCTION:**

**A. DIDACTIC:**

Begins at 1100 am the first Monday of the rotation. **Attendance is mandatory for ALL medical students – there is no makeup, including during interview season. If unable to attend during interview season, a different selective should be chosen.**

**Wednesday morning lectures and skill labs – 9:00 AM – 1200 PM**

Covers core topics in Emergency Medicine, location varies.

Peer teaching to occur on selected Wednesday's mornings proctored by EM faculty and residents.

**Thursday EM conferences/Grand Rounds – 7:30 AM –11:30 in D1.502**

Self-study reference materials covering core topics in EM distributed to each student prior to rotation.

**B. CLINICAL**

**Parkland Memorial Hospital:**

1. Clinical teaching for the rotation will be from Emergency Medicine faculty as well as Emergency Medicine and other UTSW residency house staff.
2. Clinical time during the rotation will be spent in the GME areas of the Emergency Department.
3. Shift length is 10 hours with days, nights, weekends, and holidays.
4. Students will be assigned to work with the EM residents. If there is an EM "teaching resident" present, the student may be assigned to work with this resident. Students are to carry no more than 2 active patients at a time, unless approved by the supervising resident. The student should initially present his/her patient to the supervising EM resident. After formulating a plan with this resident, the student will then give succinct presentation (including assessment and plan) to the EM faculty. Students are encouraged to follow critically ill patients with the EM residents, perform procedures (i.e. suturing, lumbar punctures, etc.), and spend time in triage or BioTel.

**Clements University Hospital (CUH) ED:**

1. Clinical teaching will be from UTSW Department of EM faculty and residents.
2. Shift lengths will be 10 hours.
3. The goal of this ED experience is to understand the principles of EM in a community with extensive cardiac, transplant and tertiary center care populations.

**Special Clinical Shifts:**

**Teaching Resident Shifts:** students will spend time with senior residents discussing patient evaluation and management, documentation in more detail. Residents will teach and supervise minor procedures (eg suturing, performing I&D) if needed and appropriate.

**THR Presbyterian Dallas**

1. Clinical teaching will be from UTSW and community faculty who are also in private practice in the Presbyterian community hospitals. The amount of involvement of the medical student in regard to roles and responsibilities will be left up to the discretion of the supervising faculty at each facility.
2. Presbyterian Dallas is located approximately 15 minutes from UTSW Students are responsible for their own transportation to and from shifts. Proximity of a given student's housing may make a difference in the assignment of these community shifts
3. Shift lengths will be from 8-10 hours and approximately 7 shifts in the month will be in the community rotations

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4. The goals of this suburban EM sites are to understand the principles of EM in a community while appreciate the complexities of delivery of emergency care in a nonuniversity or county-based health care system.
5. Charting will be done as per instructed by on site preceptors during their orientation period (TBA during orientation day)

### **THR Presbyterian Kaufman**

1. Clinical teaching will be from UTSW faculty who are also in private practice in the Texas Health Resources facility named Presbyterian Kaufman, in Kaufman Texas. The faculty will be able to provide one- on-one supervision in a busy rural ED. The amount of involvement of the medical student in regard to roles and responsibilities will be left up to the discretion of the supervising faculty at Presbyterian Kaufman.
2. Presbyterian Kaufman is located approximately 45 minutes from UTSW, and students are responsible for their own transportation to and from shifts. Proximity of 4-12-2022 this site to a given student's housing may make a difference in this site vs. Presbyterian Dallas EDs as alternatives
3. Shift lengths will be from 8-10 hours and approximately 7 shifts for these community and rural rotations
4. The goals of this rural EM rotation is to understand the principles of EM in a nontertiary center while appreciate the complexities of delivery of emergency care in a rural setting.
5. Medical students will not be required to chart in EPIC.

**Each student MUST have smartphone mobile evaluations completed by the supervising EM faculty or resident before the end of each shift. Each student must also complete the EM passport provided to the student regarding procedures and core patient complaints.**

## **II. SCHEDULE**

1. Be on time for each shift –Evaluate patients, present to resident and/or faculty, reevaluate patients, follow up on all diagnostic studies and interventions, and manage care until discharged (under the supervision of resident and faculty)
2. Engaged and active participant in didactic, clinical and conference activities
3. Evaluations of the students as daily shift evaluations will be done via a smartphone application. A minimum number of evaluations will be required to pass the course and comprise shifts at all facilities.
4. Completion of interesting patient write up and submission
5. Passing grade on written final examination, which will be an SAEM standardized exam in Emergency Medicine. This is given on the last Wednesday of the period and no makeup will be allowed even during interview season thus the student should plan accordingly.
6. Attend conferences with at least 75% attendance
7. Participation in peer-led didactic sessions

## **III. COURSE REQUIREMENTS**

- A.** Be on time for each shift –Evaluate patients, present to resident and/or faculty, reevaluate patients, follow up on all diagnostic studies and interventions, and manage care until discharged (under the supervision of resident and faculty).
- B.** Evaluations of the students as daily shift evaluations will be done via a smartphone application. A minimum number of evaluations will be required to pass the course and comprise shifts at all facilities
- C.** Interesting patient presentations must be submitted to D2L by the final Thursday teaching session.

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**D.** Attend and active participation in didactics and conferences with at least 85% attendance.

**IV. METHOD OF EVALUATION OF STUDENTS AND REQUIREMENTS:**

A. Completion of all required shifts with student evaluations

B. Written presentation by each student

C. Attendance and participation in lectures/conference

D. Complete medical student evaluation of the course.

E. Minimum threshold of end of shift evaluations by EM residents and faculty

**V. RECOMENDED READING:**

A. MS3 Emergency Medicine Curriculum

B. Optional:

a. Emergency Medicine Secrets (available as an eBook at the library)

b. Emergency Medicine Case Files (available as an eBook at the library)