

**Ohio University College of Osteopathic Medicine**  
**Centers for Osteopathic Research and Education**  
**Class of 2010 CORE Clinical Rotation: *Emergency Medicine***

*Last update: 09/08/2008*

<b>Course Title:</b>	<b>OCOM 865 Emergency Medicine</b>
<b>Instructor of Record:</b>	<b>Peter B. Dane, D.O.</b>
<b>Credit Hour:</b>	<b>12 Credit Hours</b>
<b>Rotation Length:</b>	<b>4 weeks</b>
<b>Prerequisites:</b>	<b>Successful completion of Family Medicine Clerkship, Part 1</b>

**Syllabus Components**

1. Rotation Description, Purpose and Philosophy
  2. Rotation Objectives
  3. Orientation to Rotation
  4. Required Activities and Assignments
  5. Student Performance Evaluation
  6. Recommended Resources
  7. Standards of Professional Conduct
  8. Tips for Successfully Completing the Rotation
- Appendix A: Skills and Procedures Log for this rotation

**1. Rotation Description, Purpose, and Philosophy**

The purpose of this rotation is to provide the student with an overview of the clinical specialty of Emergency Medicine. This rotation is not intended to transform the student into an EM physician, but rather it is to provide the clinical clerk a survey of the specialty. S/he will learn the skills necessary for the immediate assessment and management of life-threatening and urgent conditions or for the stabilization of such conditions prior to referral to another treatment facility.

**2. Rotation Objectives**

A set of learning objectives is provided below. The objectives are intended to guide the student's learning activities and to serve as a baseline for assessment of the student's knowledge, skills, and professional behavior. While these objectives are the focus of the rotation, s/he is to care for all assigned patients.

**Rotation Objectives: Knowledge Domain**

For each disease or condition listed below, the student should be able to describe/assess the following:

1. Presenting signs and symptoms
2. Physical findings
3. Basic interpretations of appropriate diagnostic studies
4. Major differential diagnoses
5. Management alternatives, including: treatment plans, patient education, and modifiable risk factors
5. Possible complications
6. Prognosis
7. Follow-up care
8. Related somatic dysfunction and appropriate osteopathic treatment(s)

## Emergency Medicine

9. Primary, secondary, and tertiary prevention strategies

10. Underlying biomedical/psychosocial principles

### Diseases/Conditions

- Resuscitation/Cardiac arrest (ABC's)
- Major/multiple trauma (including C Spine fractures)
- Chest pain/Angina/Acute Myocardial Infarction
- Vomiting (including Hematemesis)/diarrhea/dehydration
- Cardiovascular accidents
- Head trauma/ seizures
- Acid-Base disorders (including Diabetic keto-acidosis)
- Management of Overdose
- Acute respiratory distress/Asthma/COPD
- Shock
- Assessment of low back pain
- Acute abdomen /Pelvic pain
- Diagnosis and initial management of minor trauma (including fractures, sprains, bites, burns)

The post-rotation exam may include questions on any aspect of the topics listed.

### **Rotation Objectives: Clinical Skills Domain**

During the Emergency Medicine Rotation, students are expected to develop their competencies in many basic clinical skills. While not every skill can be performed during this brief rotation, the student should avail him/herself of as many of the following procedures as possible, and to seek out opportunities to perform these skills in other rotations as well. Possible procedures are listed in Appendix A of this syllabus.

### **3. Orientation to the Rotation**

The student should try to meet with the preceptor either prior to or on the first day of the rotation. Clarifying the following details with the preceptor will help to ensure a rewarding and successful rotation:

- a. Student responsibilities on the service.
- b. Preceptor expectations of the student on the service.
- c. Goals, objectives, and the structure of the rotation.
- d. Required rotation assignments and responsibilities in the preceptor's practice (e.g. clinics, lectures, conferences, other didactics, journal clubs, rounds, office hours, morning report).
- e. Discuss the Evaluation of Student Clinical Performance form. (The student should ask for feedback several times during the rotation, especially at mid-rotation. In addition, he/she should be prepared to share past clinical experiences and personal objectives for this rotation with the preceptor.)

### **4. Required Learning Activities, Assignments, and Responsibilities for ALL OU-COM STUDENTS in order to earn credit for this rotation**

- a. Successfully complete the pre- and post-rotation exams per instructions in this syllabus.
- b. Attend and participate in all CORE education day presentation or other didactic activities as assigned by the CORE Assistant Dean.
- c. Fulfill all required responsibilities identified by the preceptor during orientation.
- d. Ensure that the following are submitted within two weeks of the end of the rotation:
  - preceptors' written evaluation to the CORE office
  - online Student Evaluation through New Innovations
  - procedures log through New Innovations
  - a copy signed by the preceptor of the log summary (from New Innovations) to the CORE office

### **5. Student Performance Evaluation**

A student's grade for the rotation will be based on the following criteria. The student must pass both parts in order to pass the rotation.

#### **Rotation Exams**

##### **Pre-rotation Exam**

## Emergency Medicine

During the first week of this rotation the student must complete an on-line (BlackBoard) 20-item pre-rotation test in 20 minutes. The purpose of this pre-test is to introduce the types of questions that will make up the post-rotation exam and help focus reading during the rotation.

Scheduling The exam is self-scheduled during the first week of the rotation.

Computer requirement The exam can be taken on any computer that meets the requirements for using Blackboard. The exam cannot be taken over a dial-up connection.

Required Score No specific grade is expected or required on this pre-test.

Limitations Only one attempt may be made to take this. Once the exam is started, the student must complete it in one sitting. It may not be saved to resume at a later time.

Scoring Upon submitting the exam, the student will receive a score along with the correct answers and information on the chapter of the required text on which the question is based.

Honor Code The OU-COM Honor Code guides student behavior related to this exam. At the end of the exam, the student is required to enter New Innovations to complete and submit the Honor Code form. The student will not receive a passing grade for the clerkship unless this form is documented on New Innovations.

Time Penalty Blackboard will alert the student when one minute remains to complete the exam. Blackboard does **not** automatically stop the test when the time limit is reached. The student must manually submit the exam within 1 minute of receiving the 1-minute warning.

### Post-rotation Exam

During the last few days of the rotation (or no later than two weeks after the rotation ends), the student must successfully complete (score at least 60 percent) on an online, 50-item, 50-minute post-rotation exam that will cover the diagnosis, treatment, and prevention of diseases and conditions listed in this syllabus. The answers to all of these questions are referenced to the text listed as required reading for this rotation.

Scheduling The exam is self-scheduled. It may be scheduled during the last few days of the rotation, but must be taken no later than two weeks after the rotation ends.

Computer requirement The same as for the pre-rotation exam.

Limitations The student may only attempt to take this post-test once just as for the pre-rotation exam.

Scoring Upon submitting the exam, the student will receive a score along with the correct answers and information on the chapter of the required text on which the question is based.

Honor Code The OU-COM Honor Code guides student behavior related to this exam. At the end of the exam, the student is required to enter New Innovations to complete and submit the Honor Code form. The student will not receive a passing grade for the clerkship unless this form is documented on New Innovations.

Time Penalty Blackboard will alert the student when one minute remains to complete the exam. Blackboard does **not** automatically stop the test when the time limit is reached. The student must manually submit the exam within 1 minute of receiving the 1-minute warning. ***The exam score will be reduced by 2 points for every minute that the limit is exceeded.*** If the student exceeds the time limit, s/he will be notified via e-mail that the score has been reduced.

Reassessment Failure to achieve a 60 percent on the examination will result in a second opportunity to take the exam. The student may retake this exam no sooner than 48 hours after completion of the first post-clerkship exam. In the event of a second failure to achieve a score of 60 percent, the student will meet with the CORE assistant dean to discuss areas of knowledge deficiency and to construct a plan for remediation.

### b. The Preceptor's Written Evaluation

A student must receive a passing grade from the preceptor in order to pass the rotation. If the preceptor considers the student *Marginal*, then a remediation recommendation should be made by the CORE Assistant Dean, in consultation with the preceptor, and submitted to the Associate Dean for approval. If the preceptor fails the student, the student is awarded a grade of "F" for the rotation regardless of the grade s/he received on the post-rotation exam. The failure must be forwarded to the CSP. ***NOTE: It is the responsibility of the student to ensure that the preceptor's evaluation is submitted to the CORE office within 2 weeks of the end of the rotation.***

## 6. Recommended Resources

## Emergency Medicine

The following resources have been identified for this rotation by the instructor of record. Note: Post-rotation exam questions are referenced to the required texts.

### Required:

Ma, J., Cline, D., Tintinalli, J., Kelen, G., & Stapczynski, J. (2004). *Emergency Medicine Manual*. (6th ed., Updated). New York: McGraw-Hill.

American Heart Association Advanced Cardiovascular Life Support Provider Manual

### Reference for additional information:

Tintinalli, J., Kelen, G., & Stapczynski, J. (2004). *Emergency medicine*. (6<sup>th</sup> ed.). New York: McGraw-Hill. Also available on AccessMedicine

*See the Class of 2010 Year 3 and 4 Student Manual booklist for a list of resources approved for ALL rotations.*

## 7. Standards of Professional Conduct

The OU-COM Honor Code applies to all activities in the CORE as well as on the Athens campus. “As a member of the medical profession, I will maintain the highest standards of academic and personal behavior. As a medical student I will not cheat or plagiarize or tolerate that behavior in others.” OU-COM Honor Code

Students are encouraged to study together and to share their knowledge freely with one another during the learning process. During examinations, however, no assistance from other students or from outside sources is allowed, unless explicitly permitted by the CORE office. Books, notes, and other materials must be left at the periphery of the testing area during examinations.

Professional standards required of a member of the Osteopathic profession are a requirement for passing this rotation, as is compliance with the professional standards of the hospital and outpatient offices of the student’s preceptor. Students are expected to maintain high professional standards of behaviors. They should exhibit such personal characteristics as honesty and integrity, as well as to maintain patient confidentiality at all times. Unprofessional behavior may result in a failing grade in this rotation, regardless of other academic performance on this rotation, and could subject the student to dismissal from the hospital in which they are based. Professional conduct shall be evaluated by the CORE Assistant Dean through observation of and interaction with the student, his/her preceptor, other hospital attending physicians and staff.

## 8. Tips for Successfully Completing the Rotation

Success on this rotation requires the student to be proactive. Taking an interest in the specialty and becoming an active team member of the service is critical to learning in a clinical setting. Remember, the clinical learning environment differs from the classroom. The student will be expected to think on his/her feet and learn as s/he goes. To capitalize on *the learning moment*, seek out opportunities to ask questions and speak up appropriately.

In addition, be sure to:

- review the syllabus to understand all requirements
- discuss with the preceptor previous clinical experiences and personal goals and objectives for this rotation
- clarify the preceptor’s expectations of performance early on in the clerkship
- come prepared to take advantage of the opportunities this rotation has to offer

***If there are any questions, please contact the CORE Administrator or CORE Assistant Dean.***

# Emergency Medicine

## Skills and Procedures List

## Appendix A

ABG interpretation

Administration of blood and blood products

Airway management/intubation

Anesthesia, regional

Arterial Catheter Insertion

Arterial puncture

Arthrocentesis

Bladder catheter insertion (Foley)

Breast examination

Cerumen removal

Chest tube insertion

Code Blue/Resuscitation

Comprehensive Hx (new admit/new patient)

Comprehensive PE (new admit/new patient)

CPR

Culture, blood

Culture, sputum

Culture, stool

Culture, throat

Culture, urine

Culture, vagina

Culture, wound

Debridement

Dislocated shoulder reduction

Drain placement/management

Dressing placement

Ear lavage

Echocardiogram

EGD

EKG

EKG interpretation

Excision, skin lesion

Fetal Monitor Placement (internal)

Foreign body removal from ear

Foreign body removal from eye

Foreign body removal from nose

Foreign body removal from skin

Foreign body removal from throat

Fracture reduction

Gastric lavage

Glucose by fingerstick

Hemoccult

Imaging CT

Imaging MRI

Imaging x-ray

Immunizations

Incision and drainage of abscess

Incision closure

Injections, Intradermal

Injections, intramuscular

Injections, intravenous

Injections, joint

Injections, subcutaneous

Intrauterine pressure catheter placement

Intravenous Catheter Insertion - Peripheral

Intravenous Catheter Insertion - Central

KOH/ Wet mount

Laceration/wound stapling

Laceration/wound suturing

Lumbar puncture

Mini-Mental Status Exam

Nasal packing

NG tube placement

OMT 1-2 regions

OMT 3-4 regions

OMT 5-6 regions

OMT 7-8 regions

Ophthalmoscopic exam

Osteopathic Exam

Pacemaker insertion

Patient education

Pelvic exam

Peritoneal lavage

PFT interpretation

PPD interpretation

Prescription writing

Rapid strep test

Rectal exam

Slit lamp exam

SOAP notes

Splint application

Splint removal

Staple removal

Steri-strip application

Surgical site prep

Suture removal

Taping procedure for sprains etc

Thoracentesis

Tonometry

Transfusion, blood and blood products

Tuberculosis Testing

Ultrasound

Urinalysis (dipstick and microscope)

Vaginal delivery

Venipuncture (for blood sampling)

Visual acuity/visual field testing

Wart Removal