

EMERGENCY MEDICINE DIVISION

DEPARTMENT OF MEDICINE

REQUIRED CLERKSHIP

MED 660 P- Emergency Medicine (*, max 16)

Meets surgery selective requirement

Offered:	AWSpS; 4 week rotation, 8 credits per rotation.
Prerequisite:	FAMED, MED, OB/GYN, PEDS, PBSCI, and SURG required clerkships (exceptions made with prior approval). Limited to Fourth-year medical students except during Spring Quarter (UWMC), and by special request (HMC, UWMC)
Total Enrollment (per rotation):	HMC 14; UWMC 5; Boise 1
Faculty Contact:	Clerkship Director: Dr. Michael Copass Site Coordinators: Dr. Michael Copass (HMC), Dr. Jared Strote (UWMC), Dr. Jared Strote (Boise)
Administrative Contact:	Katrina Jordan, 206-744-3263, katrinaj@u.washington.edu (HMC) Tamara Hister Harrison, 206-598-7352, histert@u.washington.edu (UWMC, Boise)
Clerkship Sites:	HMC, UWMC, Boise

General:

Students work at the level of sub-interns, with senior resident and attending supervision, encountering a wide range of patients, presenting complaints, and levels of acuity. Learning is primarily through direct patient care experience and bedside teaching, supplemented with lectures and directed readings.

Core Clerkship Objectives:

- Learn to perform a thorough evaluation and develop an appropriate treatment plan for core clinical presentations common to an emergency department setting.
- Learn to simultaneously evaluate and manage multiple patients with urgent/emergent complaints.
- Gain exposure to core clinical procedures common to an emergency department setting.
- Appreciate the powerful influences material and social resources, psychiatric illness, and addiction can have upon disease states, injury prevention, and prognosis.
- To appreciate and practice an Emergency Medicine approach to acute patient care based on the following concepts
 - appropriate patient triage.
 - accurate chief complaint identification.
 - rapid assessment and simultaneous stabilization of chief life and morbidity threats via an accurate primary survey and appropriate resuscitation.
 - meticulous attention to vital sign abnormalities and changes over time.
 - appropriate differential diagnosis generation, including not only the most likely diagnoses but also the most life-threatening diagnoses.
 - appropriate evaluation plan with judicious use of laboratory and radiographic studies.
 - appreciation of roles of pre-hospital providers including paramedics, flight nurses, and EMTs
 - appreciation of roles of Emergency Department colleagues including nurses, medical assistants, social workers, physical therapists, and technicians.
 - appreciation of roles of various specialty consultation available to an Emergency Department
 - effective pain management.
 - generation of accurate treatment, disposition, and follow-up care plans
- CEX requirement: peripheral IV start

Feedback and Evaluation:

A formal structure for feedback to occur in real-time during the clerkship is in place for the above core objectives. Evaluation will be based on attending observation of student performance in the Emergency Department, and a final exam. Students will receive the standard Department of Medicine evaluation form currently used for 4th year electives, which includes a narrative description of student performance.

EMERGENCY MEDICINE REQUIRED CLERKSHIP SITE DESCRIPTIONS

Boise

Students work at the level of sub-interns directly with the emergency medicine attending. A wide variety of patient presentations are encountered, spanning the scope of all specialties and both private and public hospital populations. Learning occurs through direct patient care experiences, bedside teaching, and readings.

Harborview Medical Center (HMC)

The Harborview Emergency Department serves unique regional needs as the sole Level 1 Trauma Center and is the portal through which 30 % of all hospital charity care in the State of Washington is accessed. ACLS certification offered as part of clerkship curriculum. NOTE: This rotation is offered to visiting students as space allows.

UWMC:

Students work at the level of sub-interns directly with the emergency medicine attending. A wide variety of patient presentations are encountered, spanning the scope of all specialties and including particularly complex patients unique to a tertiary care facility. Learning occurs through direct patient care experiences, bedside teaching, didactics, and readings.