

630D Advanced Emergency Medicine

1. Course Director, Coordinator and General Administrative Information

FACULTY AND STAFF

Name	Office Location	Phone	Email
Director: Ronald Rivera, MD	UCI Department of Emergency Medicine UCI Medical Center 3800 Chapman Ave, Suite 3200	714-456-5239	ronaldr3@hs.uci.edu (preferred)
Co-Director: Danielle Matonis, MD	UCI Medical Center 3800 Chapman Ave, Suite 3200	Office: 714-456-5239	dmatonis@hs.uci.edu (preferred)
Coordinator: Sonia Portillo	UCI Department Of Emergency Medicine UCI Medical Center 3800 Chapman Ave, Suite 3200	714-456-5922	soniaep@hs.uci.edu (preferred)

DESCRIPTION

The goal of the 630D clerkship is to introduce students to principles of acute care medicine. Students have the opportunity to evaluate patients and formulate effective testing and treatment strategies. Active participation in patient care and procedural skills are emphasized. The course consists of experiences in patient care, assigned readings from emergency medicine references, weekly conferences, and simulation sessions.

PREREQUISITES

This clerkship is intended for fourth-year students enrolled in the undergraduate medical education program at UCI School of Medicine and for extramural students invited to the clerkship blocks.

RESTRICTIONS: Duration: All 630D Students must attend 4 consecutive weeks

COURSE DIRECTOR

Dr. Sudario is an Assistant Clinical Professor of EM and the Director of the EM Clerkship.

Sonia Portillo is the Emergency Medicine Clerkship Coordinator [630D, in addition to her duties as Clinical Informatics and International Fellowship Coordinator] within the UCI Department of Emergency Medicine.

INFORMATION FOR THE FIRST DAY

Typically scheduled on the 1st Monday of your rotation with the Clerkship Coordinator

Location:

City Tower: 333 City Blvd. West, Suite 640, Floor 6, Orange, CA 92868

Time: 8:30 a.m.

CLINICAL SITE: The Emergency Department at the UCI Medical Center.

DURATION: 4 weeks

Scheduling Coordinator: UCI students please email comsched@hs.uci.edu to make a scheduling appointment.

Extramural students enrolled at a U.S. LCME medical school must use VSAS to apply. To apply please refer to the [Visiting Student Learning Opportunities website](#).

Blocks Available: every 4 weeks through November. The time of the course must be pre-approved by the elective director at least three months prior to the start of the course. No exceptions.

NUMBER OF STUDENTS ALLOWED: Varies throughout the academic year

WHAT STUDENTS SHOULD DO TO PREPARE FOR THE COURSE

UCIMC Preparation

- Students should review the 630D Advanced Emergency Medicine Clerkship Canvas page **AND** the course syllabus
- Review the recommended readings
- Ensure EPIC computer training has been completed, if not contact the Clerkship Coordinator

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- **EXT Students:** Sign and Return the attached confidentiality form **Monday a week prior to orientation.**
- By the **Monday, a week prior to orientation**, UCI Students must fill in the [ED Door Access](#). (also linked in your Welcome Email from the Clerkship Coordinator). Please include the following:
 - Name as it appears on UCI ID Badge
 - 5 digit badge number
 - Rotation dates
- Dress Code/Attire
 - Clean Scrubs (**EXT Students:** wear your home institution scrubs)
 - White Coat
 - ID badge (**EXT Students:** use your home institution badge and clip it with the white ED badge)
 - No hoodies
 - We recommend professional attire for conferences

OVERVIEW

Students on rotations with direct patient care, such as emergency medicine, **work the exact schedule the team works** (including day, night, weekend, and holiday shifts). Please note that **vouchers** for days off are **not valid for EM rotations**.

HOW TO PREPARE

- Review the welcome email sent to you by the coordinator with details and links regarding your course
- Review the rotation schedule
- Read the syllabus and browse the reading material
- Have appropriate attire:
 - Clean scrubs. Visiting students can use matching scrubs from their institution and school ID badge
 - White coat and stethoscope
 - No hoodies
 - We recommend professional attire for conference
 - You can also use UCI School of Medicine scrubs purchased from the UCI bookstore

FIRST DAY (First Monday from 8 am - noon) - Mandatory!

Orientation is held on the first Monday of the rotation at 8:30 a.m., in City Tower: 333 City Blvd W, Suite 640, Orange, CA 92868

- Sign the Attestation of Clerkship Requirements **before the end of your first day**

FIRST SHIFT

Check your schedule and report to the attending in the Emergency Department.

- You can usually track them down in the Resident Workroom
- If the faculty attending on your schedule has swapped out, please join the new faculty attending on same shift

ON-SHIFT ACTIVITIES & WORKFLOW

Log into EPIC and assign yourself the patient with the red-boxed column. Read the nursing triage note and note the vital signs.

Inform the attending before seeing the patient.

- Example: "Dr. Sakaria, I see a patient with Chest Pain -- can I assign them to myself?"

Students will work under the direct supervision of EM attending. It is intended that the students participate actively in the evaluation and management of patient cases, assuming more responsibility as their level of comfort and expertise develops. Students are not to be observers on this rotation. There are no minimum or maximum numbers of patients to be seen in a typical clinical session. This should be determined by the student's abilities, time, and their supervising physician.

IMPORTANT

If at any point, you identify an unstable patient, either from the board or at the bedside, immediately notify the attending.

Please introduce yourself to the patient as a fourth-year medical student. Always address your history and physical so that it is focused on the patient's chief complaint. After completing the initial assessment of your patient, type your medical documentation into patient chart in medical student documentation note on EPIC then present the case with the attending to formulate a plan. The presentation should take about 3-5 minutes. Once attending approves the plan, you can inform the nurse assigned to the patient of this plan. Do not order tests or administer medications without first discussing the plan with the attending. If at any time, you feel that a patient is very sick, or you do not feel comfortable managing a patient, please let the attending know right away.

Reassess your patient periodically and give updates on care frequently. Note any change in your patient's condition and inform your attending immediately.

If any consultants are called, note the name of the consultant, their department, pager number and the time they were called. You are expected to consult the other specialties or perform the hand-off of patients to admitting team.

PATIENT SIGN-OUTS:

Patient sign outs from the medical student go directly to the attending and not to the incoming student

END OF SHIFT:

Before you leave your shift, make sure that

1. You log all cases and procedures at the end of each shift.
2. Sign out any active patients to the oncoming attending.
3. The attending should evaluate you and complete your end-of-shift evaluation using the Qualtrics link in EPIC as well as the paper NCAT form. It is recommended to ask the attending to complete the evaluation two hours before your shift ends.
4. Email program coordinator at end-of-shift if the faculty has not completed this for you.
5. When appropriate, the attending will indicate when you may leave.

ROLES AND RESPONSIBILITIES

- Students are expected to attend/arrive on time to all mandatory activities: orientation, all assigned shifts, Wednesday conference/SIM Sessions/ MS SIM Session, mid-clerkship feedback and other didactics. Journal club is optional but recommended.
- Students are expected to complete all assigned case logs, procedures logs, alternative tasks, and evaluations.
- It is the emergency physician's job to take a full history, perform a physical exam, and obtain the tests that will elucidate the cause of the patient's complaint. Upon doing so, the physician must either treat the patient or refer him/her to the appropriate follow up care. A trained emergency physician is able to handle not only traumas, but also almost every other imaginable acute and non-acute problem. Because most hospital admissions come through the Emergency Department (ED), it is imperative that the Emergency Medicine (EM) physicians have a good grasp of most fields of medicine.

COMMUNICATION WITH FACULTY

Questions about logistics should be directed to the Course Coordinator. Direct questions, comments, or concerns about the course can be directed to the Clerkship Director or Assistant Clerkship Director. Contact information and office location are at the beginning of this document.

The Clerkship Director and Assistant Clerkship Director are also available to meet in person. Please email the clerkship coordinator to arrange an appointment. To ensure that your email will not be lost in the large volume of email received, please use the following convention for the subject line:

SUBJECT: COURSE NAME, your last name, your issue (e.g. XXX, Smith, Request for appointment)

2. Course Objectives and Program Objective Mapping

The following are the learning objectives for the XXX course. Students are expected to demonstrate proficiency in these areas in order to satisfactorily complete the course. In addition, the extent of a student's mastery of these objectives will help guide the course evaluation and grade.

Course Objective	Mapped UCI School of Medicine Program Objective	Sub Competency	Core Competency
EM-1. Develop an appropriate deferential diagnosis for a variety of patient presentations.	A-3. Knowledge of basic clinical skills required to meet the skills objectives, including interviewing, physical diagnosis, communication and clinical reasoning processes	Basic Clinical Skills	Knowledgeable
EM-2. Formulate a plan to safely make or rule out these diagnoses prior to disposition of the patient.	A-3. Knowledge of basic clinical skills required to meet the skills objectives, including interviewing, physical diagnosis, communication and clinical reasoning processes	Basic Clinical Skills	Knowledgeable
EM-3. Acutely evaluate and manage a wide range of symptoms and conditions.	A-3. Knowledge of basic clinical skills required to meet the skills objectives, including interviewing, physical diagnosis, communication and clinical reasoning processes	Basic Clinical Skills	Knowledgeable
EM-4. Describe the full extent and complexities of a patient's past medical history and current social situation.	B-1. The ability to competently conduct a medical interview and counseling to take into account patient health beliefs, patient agenda and the need for comprehensive medical	Medical Interview	Skillful

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	and psychosocial assessment C-3. Sensitivity and awareness of diverse cultures, health beliefs and social factors impacting patient health and illness	Cultural and Social Awareness	Altruistic
EM-5. Manage timely patient evaluation, treatment, reexamination, and disposition.	B-2. The ability to competently perform a complete and organ system-specific examination including a mental health status examination	Physical Exam	Skillful
EM-6. Assess patient understanding about workup and treatment, admission or discharge, and when appropriate, follow up and return precautions.	B-3. The ability to articulate a cogent, accurate assessment and plan, and problem list, using diagnostic clinical reasoning skills in all the major disciplines	Patient Management	Skillful
EM-7. Demonstrate a high level of professionalism throughout the rotation when interacting with other healthcare providers and patients.	C-1. Honesty and integrity reflecting the standards of the profession, in interacting with colleagues, patients, families and professional organizations	Professionalism	Altruistic
EM-8. Demonstrate a caring bedside manner and provide clear explanations of the medical workup and treatments provided.	D-2. A commitment to patient care and to the well-being of patients and colleagues	Patient Care	Dutiful
EM-9. Practice the key elements of efficient and productive communication with consultants.	C-1. Honesty and integrity reflecting the standards of the profession, in interacting with colleagues, patients,	Professionalism	Altruistic

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	families and professional organizations B-6. The ability to function effectively within the context of complexity and uncertainty in medical care	Patient Management	Skillful
EM-10. Students will communicate and collaborate effectively, both orally and in writing, with patients, patients' families, colleagues, and interprofessional teams with whom physicians must exchange information in carrying out their responsibilities.	A-3. Knowledge of basic clinical skills required to meet the skills objectives, including interviewing, physical diagnosis, communication and clinical reasoning C-1. Honesty and integrity reflecting the standards of the profession, in interacting with colleagues, patients, families and professional organizations.	Basic Clinical Skills Professionalism	Knowledgeable Altruistic

3. Course Resources

Below are suggested education links:

- <http://www.uptodate.com/home>
- <https://www.aliem.com>
- <https://cdemcurriculum.com>
- <https://lifeinthefastlane.com>
- <http://embasic.org>
- <http://emedicine.medscape.com/> (Links to an external site.)
- <https://www.nejm.org/case-studies-in-social-medicine> (Links to an external site.)
- <http://www.idheal-ucla.org/page-12/> (Links to an external site.)

Texts and Readings

Suggested Podcasts and/or Reading before Clerkship:

Podcasts:

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- [EM Basic Podcasts](#) [Links to an external site.](#)

Readings:

1. [Chest pain show notes.pdf](#) Download Chest pain show notes.pdf
2. [Abdominal pain show notes.pdf](#) Download Abdominal pain show notes.pdf
3. [Female abdominal pain show notes.pdf](#) Download Female abdominal pain show notes.pdf
4. [First trimester vaginal bleeding show notes.pdf](#) Download First trimester vaginal bleeding show notes.pdf
5. [Airway show notes.pdf](#) Download Airway show notes.pdf
6. [Headache show notes.pdf](#) Download Headache show notes.pdf
7. [Febrile infants.pdf](#) Download Febrile infants.pdf
8. [Back pain show notes.pdf](#) Download Back pain show notes.pdf
9. [MI and ACS show notes.pdf](#) Download MI and ACS show notes.pdf
10. [AMS show notes.pdf](#) Download AMS show notes.pdf
11. [DKA show notes.pdf](#) Download DKA show notes.pdf
12. [Syncope show notes.pdf](#) Download Syncope show notes.pdf
13. [Sepsis show notes.pdf](#) Download Sepsis show notes.pdf
14. [Shortness of Breath.pdf](#) Download Shortness of Breath.pdf
15. [How to give a good ED patient presentation.pdf](#) Download How to give a good ED patient presentation.pdf
16. [Trauma Resuscitation Part 1- the evaluation.pdf](#) Download Trauma Resuscitation Part 1- the evaluation.pdf
17. [Trauma Resuscitation Part 2- interventions.pdf](#) Download Trauma Resuscitation Part 2- interventions.pdf
18. [Dizziness.pdf](#) Download Dizziness.pdf
19. [Procedural Sedation Part 1.pdf](#) Download Procedural Sedation Part 1.pdf
20. [Procedural Sedation Part 2- Medications.pdf](#) Download Procedural Sedation Part 2- Medications.pdf
21. [Stroke and TIA.pdf](#) Download Stroke and TIA.pdf
22. [Hyponatremia.pdf](#) Download Hyponatremia.pdf
23. [Hyperkalemia.pdf](#) Download Hyperkalemia.pdf
24. [EM Basic Generic Drug Reference- Episodes 1-13 PDF Format.pdf](#) Download EM Basic Generic Drug Reference- Episodes 1-13 PDF Format.pdf

USEFUL WEBSITES

- <http://www.uptodate.com/home>
- <https://www.aliem.com>

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- <https://www.saem.org/about-saem/academies-interest-groups-affiliates2/cdem/for-students/online-education/m4-curriculum> Links to an external site.
- <https://lifeinthefastlane.com>
- <http://embasic.org>
- <http://emedicine.medscape.com/>Links to an external site.

Below are suggested scholarly readings:

- "The Clinical Practice of Emergency Medicine," fourth edition, by Ann Harwood-Nuss et al.
- "Emergency Medicine, A Comprehensive Study Guide," fifth edition, by Judith E Tintinalli et al.
- "Clinical Procedures in Emergency Medicine," third edition, by Roberts & Hedges et al.
- "The Radiology of Emergency Medicine," fourth edition, by John H Harris, et al.

ADDITIONAL RESOURCES

- [Calling Consults](#)
- [Patient Presentations](#)
- Touch Surgery: <https://live.touchesurgery.com> (Links to an external site.)
- [Case Files - Emergency Medicine](#)Download Case Files - Emergency Medicine
- Board Review Questions: <https://www.emra.org/Resources/Board-Review-Questions/>
- Recommended Blogs and Podcasts: <https://www.emra.org/Resources/Recommended-Blogs-and-Podcasts>

4. Major Exams, Assignments and Grading

CLINICAL PERFORMANCE

Your clinical performance will include input from your assigned faculty members. They use a standardized feedback format that assesses for knowledge, skills, and interpersonal interactions. They will provide written feedback on this form.

Attendance

Your attendance is tracked through your end-of-shift surveys which **you must complete at the end of every shift** after receiving verbal feedback from your attending.

The survey link can be found here: ucisom.typeform.com/attendance [Links to an external site.](#)

QR code cards with links to the survey (linked below) are also available in the ED work room.

[2022 Attendance Card.png](#)

Evaluations

The Faculty/Senior Resident Evaluations will be filled out by your attending at the end of every shift. When you complete your end-of-shift attendance survey, an email reminder is sent to them to complete this evaluation.

[Faculty Evaluations of Students](#) [Links to an external site.](#)

Please note: Emergency Medicine differs from other rotations because students work with a different team on every shift. In order for students to receive a fair grade, residents/faculty submit an evaluation after every shift. Please bear in mind that students enrolled in Emergency Medicine 547 AND 630D will have more interaction with attending faculty. To ensure students are receiving adequate educational feedback, students need to fill out the required End of Shift Attendance Survey/Card, this in return provides an opportunity for the student to request written feedback and serves as a reminder for the individual who they request feedback from to also complete an evaluation. Emergency Medicine 547 and/or 603D requires a minimum of 6 no more than 8 evaluations to be completed for each student for 2-week rotations (the minimum number changes to 14 with a max of 16 for 4-week rotations).

***External Student Grade**

For external students, the first two weeks of your grading will be using the 547 Grade breakdown, and then the other 2-weeks will use the 630D Grade breakdown (see below). The final grade will be the average of the two grades.

ASSIGNMENTS

Observed History and Physical (H&P)

All students will be observed completing a history and physical. You will be required to submit one (1) observe history and physical per 2 weeks. Students enrolled for 4 weeks will be required to submit (2) observed history and physical forms.

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- To obtain the form click [here](#)Download here

Case Log

[Link to One45](#)Links to an external site.

[Instructions on using One45](#)

Social determinant of Health Project

- To obtain more information click [here](#)

Info-graphic Project (547: Optional Honors Assignment)

Students will have the opportunity to create an info-graphic that will contribute to towards the criteria to honor.

- To obtain the assignment instructions click [here](#)
- To obtain an example info-graphic click [here](#) Download here

Mini-Talk Presentation (630D: Optional Honors Assignment)

Students will have the opportunity to give a 10-15 minute mini-talk on a topic that will contribute to towards the criteria to honor for 630D grade.

- To obtain the assignment instructions click [here](#)

Distance Learning Curriculum/Assignment (Only assigned if conference is cancelled)

Students will be required to complete distance learning curriculum content in the case that conference are cancelled.

- If a cancellations occurs, more information will be emailed to students.

GRADING

Medical Students are graded in the clerkship using the following scale: Honors (H), Pass (P), Fail (F) and Incomplete (I). For further information, review the [Grading Policy](#).

***External Student Grade**

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**For external students, the first two weeks of your grading will be using the 547 Grade breakdown, and then the other 2-weeks will use the 630D Grade breakdown (see below). The final grade will be the average of the two grades.*

Final grades are comprised of the following:

547 Grade

Points	%
Clinical Performance Evaluations	70%
Week 1 and 2 Quizzes	10%
Medical Student SIM	10%
Social Determinant of Health Project	10%
Total	100%

630D Grade

Points	%
Clinical Performance Evaluations	90%
Participation & Professionalism	10%
Total	100%

Requirement for "Pass":

To receive a grade of Pass, students must demonstrate performance meeting all the following criteria:

Clerkship Pass Criteria	
Minimum total point percentage	<ul style="list-style-type: none"> • 70%
Completion of the following required assignments	<ul style="list-style-type: none"> • Social Determinant of Health Project • Observed History and Physical (1 or 2)* • Evaluations**

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Additional requirements	<ul style="list-style-type: none"> • Attendance at all mandatory shifts, didactics, resident conference, SIM and educational sessions
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**Students are required to submit one (1) Observed History and Physical for 2-week rotations (Students must submit two (2) Observed H&P for 4-week rotations).*

***Please bear in mind that students enrolled in Emergency Medicine 547 AND 630D will have more interaction with attending faculty. To ensure students are receiving adequate educational feedback, students need to fill out the required End of Shift Attendance Survey/Card, this in return provides an opportunity for the student to request written feedback and serves as a reminder for the individual who they request feedback from to also complete an evaluation. Emergency Medicine 547 and 630D requires a minimum of 6 no more than 8 evaluations to be completed for each student (the minimum number changes to 8 with a max of 16 for 4-week rotations).*

Requirements for “Honors”:

To receive a grade of Honors, students must demonstrate exceptional performance meeting all the following criteria:

Clerkship Honors Criteria	
Minimum total point percentage	<ul style="list-style-type: none"> • 85%
Additional requirements	<ul style="list-style-type: none"> • Completion of all clerkship requirements • Minimum score of 80% on optional honor assignments***

Optional Honor Assignments***

547 Grade: Optional Honors Infographics Project - Completion of infographic project with a minimum score of 80% .

630D Grade: Optional Honors Residency Conference Mini-Talk -- 10-15 Minute mini-talk on a topic pertaining to residency conference block.

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Grounds for “Incomplete”: *You will not be issued a grade until all elements of the clerkship have been completed.*

An incomplete grade will be assigned if (1) case logs are not logged on [One45 Links to an external site.](#), (2) 8 out of 8 required shifts are not completed, (3) attendance at all mandatory sessions is not met, or (4) all assignments are not completed.

Grounds for “Fail”: *You will receive a grade of "Fail" if the requirements for passing the clerkship have not been met. Please refer to the [Grading Policy](#) for the impact of the "Fail" grade to the transcript.*

REMEDIATION

Remediation, if needed will be designed by the Clerkship Director to address the issues at hand.