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### Educational Goal

**OM 7540 Emergency Medicine III (10 credit hours)**
This course provides supervised clinical education in Emergency Medicine. Expected competencies include clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and inter-professional communication. Prerequisite: OM 7022.

### Core Emergency Medicine Clerkship Learning Objectives
The student will be expected to:

1. Apply basic knowledge of the anatomy and physiology of the organ systems to the care of the acutely and chronically ill or injured medical, psychiatric, surgical, obstetrical/gynecological, and pediatric patients.  
   (COMP/AOA core competencies 2; Institutional outcomes 1, 2)
2. Apply basic knowledge of the molecular, biochemical, and cellular mechanisms for maintaining homeostasis in the care of the acutely and chronically ill or injured medical, psychiatric, surgical, obstetrical/gynecological, and pediatric patients. (COMP/AOA core competencies 2, 3; Institutional outcomes 1, 2, 7)

3. Refine skills to obtain appropriately comprehensive history and physical examination on acute care patients presenting to the Emergency Department. (COMP/AOA core competencies 2, 3; Institutional outcomes 1, 2, 3, 4, 7)

4. Formulate and communicate a focused differential diagnostic problem list on each psychiatric, surgical, obstetrical/gynecological, pediatric and medical patient. (COMP/AOA core competencies 2, 4; Institutional outcomes 1, 2, 3, 4, 7)

1. Identify knowledge deficits and search the medical literature for the most current aspects of diagnostic and management strategies to thereby apply the principles of evidence-based medicine to the care of the individual acutely and chronically ill or injured medical, psychiatric, surgical, obstetrical/gynecological, and pediatric patient. This will be supported by ACEP on-line material such as guidelines review. (COMP/AOA core competencies 2, 6, 7; Institutional outcomes 1, 2, 6, 7)
5. Formulate strategies for disease prevention based on knowledge of disease pathogenesis and mechanisms of health maintenance, with the support of ACEP on-line guidelines and the United States Preventative Task Force Recommendations. (COMP/AOA core competencies 2, 6, 7; Institutional outcomes 1, 2, 7, 8)

6. Integrate concepts of epidemiology and population-based research methods into the care of the individual acutely and chronically ill or injured medical, psychiatric, surgical, obstetrical/gynecological, and pediatric patient. (COMP/AOA core competencies 2, 4, 6, 7; Institutional outcomes 1, 2, 7)

7. Formulate diagnostic and treatment plans taking into consideration a cost-benefit analysis and access to healthcare. (COMP/AOA core competencies 2, 4, 6, 7; Institutional outcomes 1, 2, 4, 5, 6, 7, 8)

8. Skillfully present patient history, physical and diagnostic information in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and supports a logical assessment. (COMP/AOA core competencies 2, 3, 4; Institutional outcomes 2, 3)

9. Respect the cultural and ethnic diversity of their patients’ beliefs in evaluating and managing their emergent medical care. (COMP/AOA core competencies 1, 2, 3, 4, 5; Institutional outcomes 2, 3, 4, 5, 6, 8)

10. Display honesty, integrity, respect, and compassion for patients and their families. (COMP/AOA core competencies 1, 2, 3, 4, 5; Institutional outcomes 23, 4, 5, 6, 8)

11. Participate in the education of patients, families, and other students. (COMP/AOA core competencies 1, 2, 3, 4, 5; Institutional outcomes 1, 2, 3, 4, 5, 8)

12. Participate in an inter-professional team to enhance patient safety and improve patient care. (COMP/AOA core competencies 1, 2, 3, 4, 5, 6, 7; Institutional outcomes 1, 2, 3, 4, 5)

13. Display collegiality, professionalism and respect toward all members of the healthcare team. (COMP/AOA core competencies 4, 5, 7; Institutional outcomes 3, 4)

14. Follow all infection control policies and guidelines as established by the Centers for Disease Control and Prevention (CDC) and the Society for Healthcare Epidemiology of America (SHEA). (COMP/AOA core competencies 2, 4, 6, 7; Institutional outcomes 1, 2, 7)

15. Obtain a greater understanding of the patient-physician relationship and consistently apply the “bio psychosocial model.” (COMP 1, 2, 3, 5, 7; Institutional Outcomes 1, 2, 3, 4, 5, 6, 8)

16. Apply Osteopathic Principles and Practice as an integral part of patient treatment and care. (COMP 1, 2, 3, 4, 5, 6, 7; Institutional Outcomes 1, 2, 3, 4, 5, 6, 7, 8)

At the end of the rotation, the student should be able to:

- Assist in the evaluation, treatment, and disposition of patients in the emergency department
- Complete an accurate History and Physical
- Write accurate, organized and legible progress notes
- Establish a differential diagnosis for patients
- Recommend to the intern/resident or attending physician a treatment plan for assigned patients
- Demonstrate a knowledge of library use quoting references on patients
- Identify abnormal laboratory values, then create an appropriate treatment plan and present it to your resident or attending.
- Demonstrate knowledge of specific medical procedures (indications and contraindications)
Additional Expectations

1. The student will be assigned patients by their Intern/Resident or attending. Students are not to do the initial visit or triage of a patient – this must be done by an attending or resident physician. *****How do we word this as I routinely ask ms 4s to see pts initially after I review their initial chart. What about EM sub internships? We have one at kdmc and this is routinely expected of them. *****

2. Write accurate, organized and legible progress notes. If the student is not allowed to enter data directly into the electronic records, please have the student “hand write” all progress notes and orders for daily review).

3. Recommend to the intern, resident or attending physician a treatment plan for assigned patients.

4. Demonstrate a knowledge of specific medical and emergent surgical procedures (indications and contraindications)

5. Review the clinical course of patients following initial workup and follow through to disposition or sign out.

6. Effectively communicate with attendings, residents and interns about patients with regard to perceived problems with patients and any change of status of patients.

7. Participate in all conferences, bedside rounds, transitions of care, morning reports, lectures, and meetings as directed by the attending and COMP faculty.

8. Lecture or present case histories as requested by interns, residents or attending.

9. General Presentations: each student should have a topic ready to present every day (discuss with your intern/resident/attending). Topics should be related to previous interesting patients. They should contain the “highlights” of the disease or process (epidemiology, etiology, pathophysiology, clinical presentation, lab/dx information, management, prognosis and other important points). Should be 5 – 10 minutes maximum if on transitions of care/bedside sign out rounds in ED.

10. Weekly reading assignments are required (See Mentor topics below). Use attached reading log for documentation.

11. Be timely.

12. Wear appropriate attire.

13. Be professional at all times.

14. The rotation consists of _____ shifts. __________ will orient the student to the rotation, including staff, dress code, and performance requirements. Night, weekend, and holiday shifts are routinely expected.

15. Specific procedures/exams to complete during the EM rotation: BASIC/Required: Peripheral IV, External jugular vein access, intra-osseous access, lumbar puncture, FAST/eFAST ultrasound, Foley catheter placement, NGT placement, male and female genital exams, rectal exam, CPR, NIHSS. ADVANCED/Recommended: endo-tracheal intubation, central venous access, arterial line placement.
**Purpose of the Rotation**

This 4-week ER rotation is designed to expose medical students to care of the emergently ill and injured patient. Responsibilities for patient care will be graduated and supervised. The purpose is to teach fundamental knowledge in Emergency Medicine and to develop skills and behaviors necessary to care for adult/pediatric patients.

**Goals**

This four-week student rotation is designed to provide graduated supervised responsibility for patient care in emergency medicine. Through this rotation, the student will gain an appreciation of the skills and values necessary for urgent and emergent patient evaluation, management, and disposition.

The goals of this rotation are to:

1. Refine your ability to gather clinical information through a focused patient interview, appropriately complete physical examination and review of diagnostic testing.
2. Refine patient problems systematically, generate a differential diagnosis of each problem and determine a diagnostic work-up and management strategy.
3. Skillfully present patient history, physical and clinical information in a systematic, coherent and concise manner.
4. Identify knowledge deficits and seek information, answers and guidance from appropriate resources including scientific literature. Integrate and implement this new found knowledge into the patient's care.
5. Instill and accept responsibility and compassion for patients and their families.
6. Communicate with and show respect for patients, their families and all members of the health care team and become an integral member of the team.
7. Consistently apply the "biopsychosocial model".

**Evaluations**

The Evaluation of the student is based upon, but not limited to the following:

- Communication skills regarding patients
- Care provided to assigned patients
- Attendance and participation at conferences, lectures and meetings
- Demonstration of library references on patients
- Completion and accuracy of paperwork on patients (Histories and Physicals, progress notes, treatment plans, presentations, hand-outs, etc.)
- Interaction with attendings, residents, students, medical staff, nursing and ancillary personnel
- General knowledge base and knowledge applied to specific patients
- Motivation in the learning process
- Overall performance, participation, enthusiasm to learn, and effort to improve

Mid-rotation grades will be given by your intern/resident/attending. Your final grade will be given on the last day of the rotation.

SAEM EM clerkship shelf exam at end of rotation
One patient satisfaction survey
Rotation Structure:

Because this is a very intense service, teamwork is essential to the efficiency of the team and for the care of the patients. To have a successful rotation, the student must have a clear understanding of their important position in this structure.

The **attending physician** is ultimately responsible for the outcomes of all patients under their care. Their primary interest is in making the patient healthy as quickly as possible to minimize the patient’s suffering.

The **resident** either a PGY-I, II, III, or IV. They understand the details of patient management and can assist and guide the student. The intern/Resident makes sure that the Attending’s management plan is being carried forward, and when necessary makes adjustments to the plan in order to hasten patient recovery.

The **student** is at the foundation of this structure. They are responsible for data collection and synthesis. Students often do not understand the importance of their role. In order to be a master clinician, the physician must be able to collect and process vast amounts of data about a patient. The OMS-III and IV years are to develop these data collection and processing skills. The internship year is to develop patient management skills. Thereafter, additional years of training are to perfect the management skills and general knowledge base of the physician.

Reading Assignments:

The student is required to read on the topics related to their patients (see Mentor topics enclosed).

Osteopathic Treatments

Students are expected to perform OMT on appropriate patients at the direction of, and under the supervision of the Attending physician, or resident. These treatments must be documented in the patient’s chart and co-signed by the student’s supervising resident or attending. *Prior to performing any treatments, the student must discuss the patient’s osteopathic findings and recommended treatment plan with his or her supervising intern/resident and or Attending.*

Emergency Medicine Texts

Rosens Emergency Medicine

Tintinalli Emergency Medicine
Goldfranks Toxicological Emergencies

Simon and Brenner, Emergency Techniques and Procedures

Dubin’s Rapid Interpretation of EKG.

Cope’ Early Diagnosis of the Acute Abdomen

Problem Solving in Emergency Radiology

Pediatric Emergency Medicine – A Comprehensive Study Guide

The Trauma Manual: Trauma and Acute Care Surgery

**Rotation Format, Evaluation, Grading, and Student Feedback**

Refer to the Clinical Education Manual.

**Rotation Schedule**

Each site will provide students with a schedule on their first day of the rotation. If not provided please ask and have a clear understanding as to the expectations. These schedules are rarely available prior to the start of the rotation. This schedule will include, days, evenings, nights, weekends, and holidays.

It is solely your responsibility to read and understand all information provided to you by the site. Some sites have additional requirements above and beyond those set forth by the College of Osteopathic Medicine.

**General Policies**

**Policy on Disability Accommodations:** To obtain academic accommodations for this rotation, students with disabilities should contact the Center for Disability Issues and the Health Professions and the system coordinator within ten days of the beginning of the system. Disability Services can be reached at 909.469.5380.

**Remediation Policy:** Refer to the Clinical Education Manual

**Attendance Policy:** Refer to the Clinical Education Manual

**Academic Dishonesty:** Complete confidence in the honor and integrity of the health professions student and health care professional is essential. Such confidence depends entirely on the exemplary behavior of the individual health care provider in his or her relations with patients, faculty and colleagues. Strict honesty as a personal way of life should be nurtured during the period of education for professional service. The student shall conduct all aspects of his or her life with honor and integrity. This includes accountability to oneself and to relationships with fellow students, future colleagues, faculty, and patients who come under the student’s care or contribute to his or her training and growth, and members of the general public. This applies to personal conduct that reflects on the student’s honesty and integrity in both academic and non-academic settings, whether or not involving a University sponsored activity.

Upon accepting admission to the University, each student subscribes to and pledges complete observance to the Standards of Academic and Professional Conduct as outlined in the University Catalog for each academic program. A violation of these standards is an abuse of the trust placed in every student and could lead to suspension or dismissal.
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<thead>
<tr>
<th>WU INSTITUTIONAL OUTCOMES</th>
<th>Health Professional Education</th>
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<tbody>
<tr>
<td>1</td>
<td>Critical Thinking</td>
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<td>2</td>
<td>Breadth and Depth of Knowledge in the Discipline/Clinical Competence</td>
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<td>3</td>
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<td>Evidence-Based Practice</td>
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<td>8</td>
<td>Humanistic Practice</td>
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<td><strong>COMP/AOA CORE COMPETENCIES</strong></td>
<td><strong>Competency: Osteopathic Medical Students are part of an educational continuum that leads to residency and the curriculum provides the foundation for the following outcomes:</strong></td>
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<tr>
<td>1</td>
<td>Osteopathic Philosophy and Osteopathic Manipulative Medicine</td>
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<tr>
<td>2</td>
<td>Medical Knowledge</td>
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<td>3</td>
<td>Patient Care</td>
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<tr>
<td>4</td>
<td>Interpersonal and Communication skills</td>
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<tr>
<td>5</td>
<td>Professionalism</td>
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in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to effective care for patients. Please note that professionalism is an integral part of the career of a physician. Clinical sites do have the right to fail a student or remove them from rotation due to deficits in professionalism.

| 6 | Practice-Based Learning and Improvement | Residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices. |
| 7 | Systems-based Practice | Residents are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine. |

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**Mentor Topics**

- Chronic Obstructive Pulmonary Disease/exacerbation
- Asthma (status asthmaticus)
- Anemia/bleeding work up evaluation
- Congestive Heart Failure, diastolic vs systolic
- Hypertension (and crisis)
- Electrolyte imbalance
- Abdominal pain/GERD/GI bleed/diverticulosis/rectal bleeding/gallbladder disease/GI prophylaxis
- Renal failure-acute/dialysis/ UTI/pyelonephritis
- Myocardial infarction/arrhythmia/ACS/ ACLS protocols/code blue
- Pneumonia/respiratory failure and ventilator care/antibiotics
- Diabetic Ketoacidosis/hypoglycemia
- Shock causes and treatment/sepsis
- Hyper/hypocauaguable states
- Pulmonary embolus diagnosis and treatment
- Acute Pancreatitis
- Cellulitis/Osteomyelitis
- Fractures/elderly hip fractures
- Splinting
- Hepatitis acute
- Seizure disorder
- Stroke
- Dizziness
- Depression/suicidal ideation
- Cauda equina syndrome
- Lacerations and repair
- Wound care and healing
- EKG interpretation
- Fever: Infant/pediatric/adult
- Alcohol/drug abuse
- Joint sprains/strains
- Trauma/ATLS
- Poisoning/AHLS
- Pediatrics/APLS/PALS
- XRAY, CT, interpretation
- ED POC US

Specific Core Clinical Competencies and specific objectives for the majority of the above problems can be found the CDIM and SGIM Core Curriculum clerkship guide available at the SGIM website:

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