

Emergency Medicine Sub-I

Location: Kaweah Health Medical Center, Visalia, CA

Revised 03/04/24

Clerkship Director:

Dr. Sean Oldroyd

MS COORDINATOR:

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PREREQUISITE: Kaweah Delta Clearance

DURATION: 4 weeks

DATES OFFERED: June - June

ROTATION START DATES:

Block#	Start Date	End Date
1	6/17/24	7/12/24
2	7/15/24	8/09/24
3	8/12/24	9/06/24
4	9/09/24	10/04/24
5	10/7/24	11/01/24
6	11/04/24	11/29/24
7	12/2/24	12/27/24
8	12/30/24	1/24/25
9	1/27/25	2/21/25
10	2/24/25	3/21/25
11	3/24/25	4/18/25
12	4/21/25	5/16/25
13	5/19/25	6/13/25

Realizing that some medical schools have rotation dates that do not match the above schedule, the program will have start dates every 2 weeks during the peak months of July, August, September, October, and November to allow more flexibility in matching the medical schools rotation dates.

NUMBER OF STUDENTS: Maximum of 12 students

VISITING STUDENTS: Yes

DESCRIPTION:

Under direct supervision of faculty and residents, patients are evaluated in the emergency department (both major and minor medical and trauma areas). Experience is gained in diagnosis, treatment, and disposition of many patients with undifferentiated complaints. Students will work between 12 to 16 nine-hour shifts, which will include evening and night shifts, and may be scheduled for an EMS ride-along if interested. The student is also expected to participate in weekly EM residency/Medical Student didactics, which could include workshops on both suturing and EM Ultrasound. Students who are applying to EM will be assigned to give a short presentation during EM Residency didactics. We will also be giving the students the opportunity to participate in our street medicine program to provide care to the vulnerable populations during which students will be able to work with a multidisciplinary team to address the social needs of homeless patients.

EVALUATION:

All end of rotation evaluations will be sent to Medical Student Coordinator. The coordinator will distribute for completion and will send completed form to school.

***Selective Attendance and Illness Policy**

In order to insure adequate clinical exposure, no more than 3 days of excused absences, including interview days can be accepted during your rotation. While excused, these days must be made up. This policy does not imply that absences are guaranteed; absences may be excused at the discretion of the faculty. Absence due to illness must be reported to the Coordinator as well as the faculty or his/her designee as soon as possible. In case of extended absence (2 days or more), a note from a physician (who is not a relative) is required and the absence will be reported to the Office of Student Affairs. A physician note may be requested for any absence, at the discretion of the faculty. **Any planned absence must be registered with the coordinator prior to the first day of the rotation.** Further attendance requirements may be covered during the first day orientation.

COURSE OBJECTIVES:

- To Compare the features of emergency and non-emergency problems
- Perform, orally present and appropriately document history and physical examinations of undifferentiated patients under Emergency Medicine resident and faculty supervision.
- Develop differential diagnoses using relevant historical, physical and available laboratory and diagnostic study results.
- Recommend appropriate laboratory and diagnostic evaluations.
- Propose interpretations of radiographs, electrocardiograms, and laboratory evaluations and apply to the patient presentation.
- Perform basic procedures with supervision, which include but are not limited to: peripheral IV catheter placement, CPR, lumbar puncture, paracentesis, thoracentesis, suturing, splinting, arterial puncture, central line, intubation, etc.
- Describe the techniques, indications and potential morbidities of CPR.
- Describe the relationship between Departments of Emergency Medicine and other departments and services in the health system.
- Discuss the stigmas and barriers to care experienced by the vulnerable populations.
- Describe the differences between and need for reality-based guidelines versus clinical guidelines in the care the vulnerable populations.

SUPERVISION:

Attending Physicians and Resident Physicians