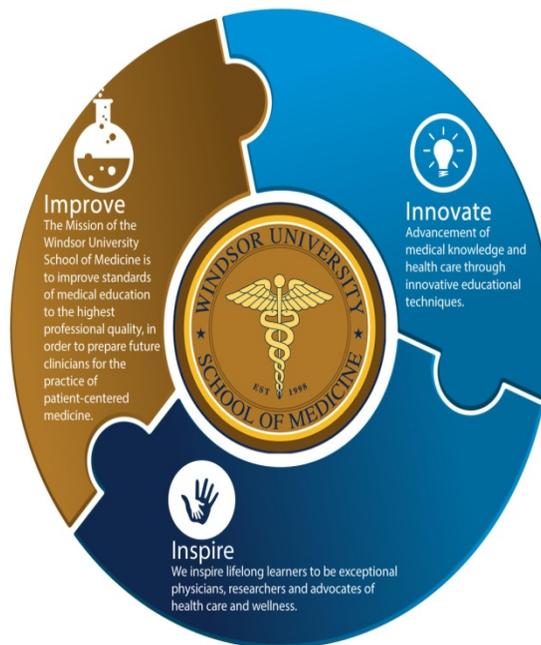




WINDSOR UNIVERSITY

SCHOOL OF MEDICINE

Emergency Medicine Syllabus



This institution is positioned as an affordable international environment for culturally diverse students to gain core competencies required for graduate and post graduate training.

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Introduction

Emergency is a 4 week Selective clinical rotation which includes in-hospital emergency patient care that might be coupled with PMS (paramedic) experience where permitted by state law, creating a learning environment in which clinical competence can be achieved. In addition to acquiring knowledge and skill, students should gain the ability to gather essential and accurate patient information by medical history and physical examination. Students develop investigatory and analytical clinical thinking and fast acting of immediate action plan based on the understanding of the pathophysiology of disease. They should apply knowledge of the structure function of the body, major organ systems and of the molecular cellular and biochemical mechanisms. The student should develop an understanding of the scientific basis of the practice of medicine. In the course of the clinical rotations they should develop a personal program of self-study and professional growth with the guidance of the Emergency Preceptor faculty. They should also demonstrate compassion and empathy in patient care maintaining the highest moral and ethical values. There should be a demonstrative sensitivity to culture, age, gender, and disability as they apply to patients. The students should demonstrate an understanding of the relationships among the various aspects of Emergency healthcare delivery.

Students gain general knowledge of Emergency, which includes fast focused action plan, focused disease triage, diagnosis and treatment of men and women from newborn through old age, from times of health through all stages of acute and traumatic illnesses. Additionally, students develop skills in problem solving, decision making and an attitude of caring driven by humanistic and professional values. This rotation incorporates a consideration of human biology, cultural behaviours, and understanding of the epidemiology and pathophysiology of disease and trauma followed by action focused mechanism of treatments. Students master clinical skills in interviewing, physical examination, focused diagnosis, diagnostic testing strategies, therapeutic techniques, counseling, and system-based referral consultation.

COURSE GOALS and OBJECTIVES

1. MEDICAL KNOWLEDGE

- To apply and reinforce knowledge of the basic sciences, especially anatomy and physiology to the understanding, presentation and treatment of diseases and trauma that are commonly addressed within the field of Emergency Medicine.
- To identify how and when evidence - based information and other aspects of practice - based
- Learning and improvement affect the care of the Trauma patient and the alternatives in management.
- To develop an understanding of the cost to benefit ratio, the role of payment and financing in the healthcare system, the role of multi - disciplinary care including ancillary services such as homecare and rehabilitation and other aspects of systems-based practice in the implementation of the available technologies used in emergency treatment.
- To develop an understanding of the Core Topics (listed below) and to apply the associated anatomical system- based knowledge to clinical analysis and problem solving.
- To utilize distributive learning through the use of on-line resources for emergency learning and problem-solving.

2. CLINICAL SKILLS

- To apply the principles of emergency practice, including immediate treatment both operative and non-operative management, to common conditions.
- To develop and apply the tools of clinical problem solving for traumatic and acute conditions including the process of data collection (history, physical examination and laboratory and imaging studies) in establishing a list of differential diagnoses and a primary working diagnosis for treatment and further investigation.
- To develop interpersonal and communication skills, in conjunction with the broad- range of clinical skill acquisition, by accessing and completing modules of the Windsor University communications course.
- To identify the importance of and approach to informed consent for surgical operations and procedures, with emphasis on the risks, benefits, and alternatives.
- To identify the importance of interpersonal and communication skills and to apply those skills in the multidisciplinary care of the emergency patient in an environment of mutual respect.
- To demonstrate the ability to conduct proper sterile preparation and technique.

3. PROFESSIONAL BEHAVIOR

- To function as a part of the emergency care team in the Emergency Room setting.
- To demonstrate proper behavior in the procedural setting, including the Common Space of the ER, at all times.
- To understand the limits of one's position within the Emergency care team in order to appropriately engage each patient, their friends and associates and their family also Hospital system team members.
- To appropriately seek supervision as provided through the hierarchical structure of the Emergency care team.
- To identify and respond sensitively to cultural issues that affect emergency decision-making and treatment. To develop an understanding of and approach to the principles of professionalism as they apply to emergency room through the observation of the role-modeling provided by the Emergency Preceptor faculty.

Windsor University Clinical PROGRAM's TOPICS::

Learning outcomes

After completing the course the student should be able to:

1. Recognize and validate disturbances in the airways, breathing and circulation
2. Initially treat these disturbances by securing the airways, giving infusions and performing cardiopulmonary resuscitation
3. Use and validate diagnostic tools available at the emergency department (ED), such as arterial blood gases, X-ray, CT, MRI, ultra scan, and ECGs
4. Take a relevant history
5. Present a case to a colleague or supervisor
6. Present and discuss relevant differential diagnoses
7. Present a plan for treatment
8. Work in a team around the acutely ill patient in the trauma room
9. Order and judge the need of the different tests available at the ED)
10. Get an understanding of when and why relevant clinical tests, blood tests or other tests be ordered and what the clinical consequences of these tests may be.

11. Get a basic knowledge of pre-hospital emergency medicine
12. Get a basic knowledge of disaster medicine

Diseases which will be part of the course in a more detailed manner:

Cardio-circulatory Diseases:

- Acute coronary syndrome and myocardial infarction
- Pathophysiology of circulatory shock
- Congestive heart failure
- Sepsis
- Aortic aneurysm and dissection
- Hypertensive Crisis

Respiratory Compromising Diseases:

- Chronic obstructive pulmonary disease, asthma and pneumonia
- Pulmonary embolism and deep venous thrombosis
- Pneumothorax

Neurological:

- Stroke
- Nerve Compression
- Cauda Equina
- Peripheral Nerve injuries

Abdominal Emergencies:

- Appendicitis
- Bowel obstruction
- Diseases of the gall bladder and biliary system
- Acute abdomen
- Gastrointestinal bleeding
- Peritonitis

Orthopedic:

- Hip fractures
- Wrist fractures
- Ankle fractures
- Spinal Fractures

Nephrological Emergencies

- Kidney stones
- Urosepsis

Toxicology:

- Poison
- Overdose
- Chemical Ingestion

Basic knowledge of trauma care:

- Head injury
- Chest trauma
- Abdominal trauma
- Extremity trauma
- Facial trauma
- Spinal cord injury
- Genitourinary trauma
- Pelvic trauma
- Soft tissue injury
- Burn Management

Preceptor's "Teaching Schedule Template": Preceptor's name: _____

	Hospital Ground Rounds and CME rounds	Hospital Morbidity Rounds	Didactic Teaching (Core Topics) 5-6 hours /week)	Preceptor or Resident On-call Schedule (2-3 students/call)	Help Schedule (2 hours Per week)
Mon					
Tues					
Wed					
Thur					
Fri					

Emergency Procedures to be observed and possibly performed by student during this Rotation:

Clinical skills that will be part of the course in a more detailed manner:

- venous and arterial puncture
- open airway with and without airway devices
- ventilate a patient
- performance of cardiopulmonary resuscitation (CPR one or two supporters)
- interpretation of arterial blood gases
- surgical suture of injuries*
- Apply cast to extremity fractures *
- clinical examination of the abdomen
- interpretation of the ECG and X-ray
- Observe the reading of CT or MRI
- supervised teaching or insertion a nasogastric tubes
- insertion peripheral venous catheters
- use an intraosseus needle*
- wound dressing
- Observe the insertion of a central line
- apply a soft or hard neck brace
- Immobilization and transfer of a suspected spinal injured patient
- Insert or observe a urinary catheter and its hook up
- Connect or assist in the IV line and bag preparation
- ECG hook-up

EVALUATIONS AND GRADING

A. The Formative Mid-core Evaluation

All clerkship directors must arrange for formative mid-core evaluations with all students. These consist of individualized face-to-face meetings with each student and completion of the mid-core evaluation form (Appendix D). This form is not part of students' permanent record and can be kept on file at the hospital with a copy to the Associate Dean of Clinical Sciences. The purpose of this evaluation is to provide students with informal, qualitative feedback early enough in the clerkship to allow time for remediation of deficiencies. This meeting also gives the clinical preceptors an opportunity to help students recognize their strengths. The mid-core evaluation also gives medical students the opportunity to measure their progress in learning.

B. The Summative Final Evaluation

Grading Policy for the Clerkships

The Clinical preceptor completes a final evaluation form for each student in a core clerkship. The form requires narrative comments, grades in individual components and a final summative grade (Appendix C). The narrative comments summarize the student's clinical performance, professional behavior including attendance, rapport with patients and staff and the extent to which the students developed the required competencies for that core. This narrative section offers the faculty the opportunity to provide additional evaluative information beyond the letter grade. Students should make every effort to review these comments as soon as possible after completion of a rotation. The opinions of the physicians who have worked with a student are critical for self improvement on the part of the student. In particular, constructive criticisms can help a student develop into a more competent physician. Students should attempt to review

these comments at the hospital, either from the clerkship director or from the medical education office. Alternatively, students can request a copy of the evaluation form from their clinical student coordinator in the Office of Clinical Studies.

The final grade in the clerkship represents a quantitative average of four components:

- 1) **60%: Faculty/Preceptor Final Evaluations Faculty/Student Assessment Meeting**
- 2) **20%: Electronic patient encounter logs, SOAP Notes, Case reports.**
- 3) **10%: OSCE /Oral Examination.**

The final grade calculation= Cumulative of above 4 > 65 % to pass.

Grading:

Honors: If you get an A in all 4 areas of evaluation.

In progress: Failure of one area but pass all other areas of evaluation.

Failure: Fail two or more areas of evaluation.

Re-mediation

In progress:

- **Clinical evaluation:** successfully repeat 4 weeks of rotation
- **Clinical Log:** successfully complete all logs
- **OSCE/Oral:** successfully repeat the OSCE

Failure: The student must repeat the entire clerkship.

EMERGENCY READING LIST REQUIRED

Textbooks for Emergency Medicine:

1. The Atlas of Emergency Medicine, 4eKevin J. Knoop, Lawrence B. Stack, Alan B. Storrow, R. Jason Thurman
2. CURRENT Diagnosis & Treatment Emergency Medicine, 7eC. Keith Stone, Roger L. Humphries
3. Principles of Critical Care, 4eJesse B. Hall, Gregory A. Schmidt, John P. Kress
4. Principles and Practice of Mechanical Ventilation, 3eMartin J. Tobin
5. Poisoning & Drug Overdose, 6eKent R. Olson
6. Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8eJudith E. Tintinalli, J. Stephan Stapczynski, O. John Ma, Donald M. Yealy, Garth D. Meckler, David M. Cline

Links for Evaluation forms:

Midcore Evaluation: <http://www.questionpro.com/t/ALT4jZS0fQ>

Final Preceptor Evaluation: <http://www.questionpro.com/t/ALT4jZS0fc>

Student Evaluation of Clinical Preceptor: <http://www.questionpro.com/t/ALT4jZSwFo>

Student Evaluation of Clinical Rotation: <http://www.questionpro.com/t/ALT4jZSymF>

Windsor University School of Medicine

Clinical Documentation Checklist

Student Name: _____ Student ID: _____

Hospital/Clinic: _____ Preceptor: _____

Date Started: _____ Date Ended: _____ Total Weeks: _____

S.No	Clinical Documentation/ Skills	Required	Completed	Student Initials
1.	Electronic Patient Encounter Logs (EPEL)	12		
2.	SOAP Notes	4		
3.	Case Reports	2		
4.	MedU Cases	6/12		
5.	DocCom Modules	2		
6.	Mid-core evaluation	1		
7.	Preceptor Evaluation	1		
8.	Core Examination (NBME Shelf)	1		
9.	Procedure Logs	1		
10	OSCE Skills	1		
11	Feedback Interview	1		
12	Student Evaluation of Rotation	1		
13	Student Evaluation of Preceptor	1		

Note: It is student's responsibility to complete the above requirements in its entirety with integrity and honesty. Students should get them evaluated by his attending, and submit the same to the clinical department. Failure to do so will result in receiving poor grade in the specific clinical rotation on the transcript.

Student Signature: _____ Date: _____

Attending/Preceptor: _____ Date: _____