

Course: Sub Internship Emergency Medicine**Course Number: EMED 1902**

Department:	Emergency Medicine
Course:	Sub Internship; Emergency Medicine
Faculty Coordinator: Associate Faculty:	Christine Kulstad MD Mary McHugh MD Jeff Van Dermark MD
Hospital:	Parkland Memorial Hospital ED
Periods Offered:	All Periods
Length:	4 weeks
Max students:	5 per month including visiting students, with preference given to UTSW students.
First Day Administrative Contact:	Silvia.Ramirez@UTSouthwestern.edu 214-648-3189
First Day Time:	First Monday of rotation at 0900
First Day Place:	E4.300

PREREQUISITES: EMED 1901 or 2101 and completion of 5 out of 6 core Clerkship Courses. *Visiting students must have completed all their core Clerkship courses and a 4-week Emergency Medicine home course prior to application.*

I. COURSE DESCRIPTION

Sub-interns will be a member of the team providing emergency care for acutely injured or ill patients in the Emergency Departments (ED) of Parkland Memorial Hospital. Sub-interns will function and be managed as an intern in Emergency Medicine in this setting. Under the direct supervision by UTSW Emergency Medicine faculty members, students will assess patients, formulate patient care plans, and implement such plans. In addition, they will observe, assist, and/or perform procedures as needed to care for their patients.

The Sub-internship is appropriate for students who are seeking an intense clinical experience in Emergency Medicine prior to beginning their training in other specialties, along with students who have chosen a career in Emergency Medicine. The sub-intern will work independent of EM resident input, working with specified EM faculty over the Sub-I month.

Goals	Objectives	Assessment methods
PATIENT CARE: ASSESSMENT AND MANAGEMENT		
<ol style="list-style-type: none"> 1. Obtain essential and accurate histories. 2. Discuss the appropriate indication for medical tests (i.e. blood work, x-ray, EKG). For example: 3. Indication for a Head CT for a patient with head trauma. 4. Fashion appropriate differential diagnosis 5. Relevant medical problems are addressed 6. Participate with attending in developing patient care management plans 7. Understand patient care management plans. 8. Accept responsibility for and carry out patient care management plans. 	<ol style="list-style-type: none"> 1. Perform accurate physical exams 2. Perform accurate physical exams. 3. Demonstrate appropriate interpretation of medical data (i.e. EKG, labs, radiographs). 4. Create and maintain accurate patient medical records. For example: <ol style="list-style-type: none"> a. Documentation is clear, concise, organized. b. Relevant medical problems are addressed 5. Demonstrate effective clinical judgment and treatment based on sound investigatory & analytical thinking. 6. Perform good procedural skills related to basic Emergency Medicine. For example: <p>Students will not perform invasive procedures on patients with known HIV/AIDS or hepatitis as per policy of UTSW. A sub intern will not manage other emerging episodic diseases such as Ebola, MERS etc.</p> <ol style="list-style-type: none"> a. Basic airway intervention. b. IV access. c. Cardiac monitoring. d. Defibrillation. e. Lumbar puncture. f. Wound care – to include suturing and I&D of abscesses. 7. Utilize clinical information systems such as EPIC, McKesson and others to gather and interpret clinical and laboratory information. 	<ul style="list-style-type: none"> • <i>Quality of Medical Records entries</i> • <i>Skills evaluation from direct observation.</i>
MEDICAL KNOWLEDGE:		
<ol style="list-style-type: none"> 1. Explain the role and function of Emergency Medicine in health care. 	<ol style="list-style-type: none"> 1. Demonstrate knowledge in the assessment, differential diagnosis, 	<ul style="list-style-type: none"> • <i>10 minute oral presentation</i>

<p>2. Understand the concept of triage</p> <p>3. Understanding the roles and responsibilities of prehospital providers (EMS) in emergency care, including their interface with physicians</p>	<p>and management of common emergency complaints. Examples:</p> <ol style="list-style-type: none"> a. Cardiac and respiratory arrest. b. Chest pain. c. Abdominal pain. d. Critical and non-critical trauma. e. Poisonings. f. Altered mental status. g. Infectious disease emergencies <p>2. Demonstrate knowledge of disease pathophysiology of the acutely ill or injured patients. For example:</p> <ol style="list-style-type: none"> a. Shock b. Arrhythmia c. Sepsis <p>3. Explain the process for resuscitation and stabilization of acutely ill or injured patient. For example:</p> <ol style="list-style-type: none"> a. Airway management – need for intubation. b. Shock – process of resuscitation. c. Indications for intervention (e.g. chest tube). <p>4. Demonstrate knowledge in medical management of the acutely ill or injured patient. For example:</p> <ol style="list-style-type: none"> a. Management of ventilator b. Management of vaso-active drips c. Method of monitoring patient. 	<ul style="list-style-type: none"> • <i>Appropriate exam/quiz</i>
<p>INTERPERSONAL AND COMMUNICATION SKILLS:</p>		
<p>Students must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients and their families.</p>	<ol style="list-style-type: none"> 1. Give patient case presentations in a clear, concise, organized, and an emergently relevant manner. 2. Exchange information effectively with clerkship team and consultants. 	<p><i>Observations of faculty and staff</i></p>

	<ol style="list-style-type: none"> 3. Work effectively with Pod team, and other health care providers (i.e. nurses and ancillary staff). 4. Communicate effectively with patients and their families 	
PRACTICE BASED LEARNING AND IMPROVEMENT:		
<p>Students must be able to assimilate scientific evidence and improve their patient care practices.</p>	<ol style="list-style-type: none"> 1. Participate in rounds and conferences. (See below) 2. Demonstrate proper evidence based decisions. 3. Demonstrate appropriate use of education resources for self-education. For example: <ol style="list-style-type: none"> a. Medical literature review. b. On-line medical information. c. Self-study materials provided 4. Medical student manual – supplemental reading. A 100 question NBME Advanced Clinical Examination will be given during the last week of the rotation covering key concepts covered in written materials, online materials, peer and faculty directed didactic lectures 	<p><i>10 minute oral presentation</i></p> <p><i>Critical review of a relevant article</i></p>
PROFESSIONALISM:		
<p>Students must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.</p>	<ol style="list-style-type: none"> 1. Ethically sound decisions. 2. Professional behavior. For example: <ol style="list-style-type: none"> a. Maintain professional appearance. b. Be mature, reliable, and respectful of others. c. Attend rounds and conferences on time. 3. Respect for patient confidentiality. 4. Sensitivity to cultural, age, gender, and disability. 5. Treatment of patients in a caring and respectful manner. 	<p><i>Observations of faculty and staff</i></p>
SYSTEMS BASED PRACTICE:		
<ol style="list-style-type: none"> 1. Become aware of the larger context and 		<p><i>Observations of faculty and staff</i></p>

<p>system of health care to provide care that is of optimal value. For example:</p> <ul style="list-style-type: none"> a. Understand the role of Prehospital Medicine and Observation Medicine as bookends to Emergency Medicine care b. Understand the role of the Emergency Department in a health care system in providing patient care. 	<ul style="list-style-type: none"> 1. Assist ED team in effectively calling on system resources to provide care that is of optimal value. For example: <ul style="list-style-type: none"> a. Help ED team call consultant to see patient in the ED b. Help ED team call consultant to arrange follow-up clinic appointments 2. Assist patients in dealing with system complexities. For example: <ul style="list-style-type: none"> a. Ensure patient understands clinic follow 	<p><i>Reflection essay</i></p> <p><i>Group discussion</i></p>
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II. METHODS OF INSTRUCTION

Orientation – begins at 0900 am the first Monday of the rotation. **Attendance is mandatory for ALL medical students – there is no makeup, including during interview season. If unable to attend during interview season, a different selective should be chosen.**

- A. Wednesday afternoon Sub Internship lab/lectures – 12:00 PM – 3:00 PM covering core topics in Emergency Medicine. Room TBA
- B. Thursday Department of EM conferences/Grand Rounds – 7:30 AM – 11:30 PM in D1.502
- C. Self-study reference materials covering core topics in EM distributed via LMS to each student prior to rotation
- D. Peer teaching to occur on selected Wednesdays afternoons proctored by EM faculty and teaching residents.
- E. Teaching resident shifts distributed throughout month where core EM topics and procedures are discussed, demonstrated and performed:

Clinical

- 1. Parkland Memorial Hospital
- 2. Clinical teaching/supervision for the rotation will be from Emergency Medicine faculty.

3. Clinical time during the rotation will be spent in the GME and non GME Pod areas of the Emergency Department.
4. Shift length is 9 hours with distribution over days, nights, weekends and holiday.
5. 12 total shifts including Critical Care Pod shifts, Teaching Resident shifts and routine Pod shifts.
6. Students will be assigned to work with the EM faculty except in Critical Care pod. If there is an EM “teaching resident” present, the student may be assigned to work with this resident for additional procedural training and performance in addition to bedside learning. Students are to carry approximately 2 active patients at a time, more if approved by the supervising attending. The student should initially present his/her patient to the supervising attending faculty. A plan of care, after deliberation of differential diagnosis, will be formulated by the sub intern and faculty. The sub intern is responsible for all ongoing care of the patient including keeping patient and family up to date on care plan and disposition (including consultations).
7. During Critical Care pod shifts, sub interns are part of the clinical care team with reporting to EM residents and faculty. Sub interns will not be managing critical care patient on their own. Students are encouraged to follow critically ill patients with the EM residents, perform procedures (i.e. suturing, lumbar punctures, etc.), and spend time in triage or BioTel. Students at this time will be charting but not ordering in the EPIC EMR. Complete training of entering notes and data interpretation through EPIC will be done on Day one during orientation. EPIC training will provided to non-UTSW visiting students.

Each student **MUST** have **smartphone mobile evaluations completed by the supervising EM faculty or resident before the end of each shift**. Each student must also complete the EM passport provided to the student regarding procedures and core patient complaints. This will be for all facilities.

III. OVERVIEW OF STUDENT RESPONSIBILITIES

1. Be on time for each shift –Evaluate patients, present to faculty, reevaluate patients, follow up on all diagnostic studies and interventions, and manage care until discharged (under the supervision of faculty)
2. **Notify faculty immediately if any patient being managed becomes unstable in any manner**
3. Evaluations of the students as daily shift evaluations will be done via a smartphone application. A minimum number of 12 evaluations will be required to pass the course and comprise shifts throughout the month
4. An oral presentation regarding a narrow but interesting topic in Emergency Medicine geared towards the skill level of an MSIV will be delivered and graded in Sub-internship conference
5. Passing grade on written final examination, which will be the NBME ACE exam in Emergency Medicine.

6. Honors will be awarded based on exceptional shift evaluations, final exam scores, active participation and faculty input and review.
7. Attend all appropriate conferences
8. Participation in peer-led didactic sessions

SCHEDULE CHANGES FOR INTERVIEWS WILL BE ALLOWED DURING THIS ROTATION HOWEVER THERE WILL BE NO ADDITIONAL TIME OFF. THE FINAL EXAM IS ON THE LAST WEDNESDAY OF THE BLOCK AND WILL NOT BE RESCHEDULED. DURING INTERVIEW SEASON ONLY 2 OF THE 8 REQUIRED CONFERENCES MAY BE MISSED. THUS PLANNING THIS SUBINTERNSHIP DURING NOVEMBER-JANUARY IS UP TO THE STUDENT.

IV. METHOD OF EVALUATION OF STUDENTS AND REQUIREMENTS

1. Satisfactory performance and completion of all required shifts.
2. 10 minute oral presentation by each student
3. Full Attendance and active participation in lectures/conference
4. Completion/Passing of final written examination
5. Complete medical student evaluation of the course.