



DOERNBECHER
CHILDREN'S
Hospital

**Pediatric Emergency Medicine
Rotation Dates
XXXXXXX – XXXXXXX**

Our Mission is to...

Serve as a nationally-recognized DEM, providing excellence and leadership in emergency medicine education, patient care, community service and research while supporting OHSU's mission of teaching, healing and discovery.



Table of Contents

Clinical Student Schedule.....	3
Conference Schedule.....	4
Lecture Schedule	5
Rotation Guidelines & Reading List.....	6
Oregon Poison Center	8
History & Physical (H&P) and Documentation Guidelines.....	10
Note Routing Instructions	13
Patient Follow-Up	14
Rotation Check List.....	16



Clinical Student Schedule



Conference Schedule

Located in the Vey Auditorium unless noted otherwise

(DATE)	Presenter:	Theme: Core
8:00am	Dr. David Jones	QI Talk - Cognitive Error and Medical Decision Making
8:30am	Dr. Alex Miller	Resident M&M
9:00am	Dr. Bryce Edwards	Senior Grand Rounds
10:00am	Dr. Anna Nabel	R2 Topic Talk: Ultrasound Guided Nerve Blocks
10:30am	Pharm Forum	Pulmonary Medications
11:00am	Resident Power Hour	
(DATE)	Presenter:	Theme: Faculty M&M
8:00am	Dr. Jenna Wiley, Dr. Nisha Baliga, & Dr. Molly McCoy	Resident M&M
9:00am	PEM	
11:00am	Dragon Training	
(DATE)	Presenter:	Theme: Core
8:00am		
9:00am	Dr. John Ma	Chairs Conference
10:00am	Critical Care	
11:00am	Resident Power Hour	
(DATE)	Presenter:	Theme: Core
8:00am	Dr. Mary Tanski & Dr. Dan Hubbard	Faculty M&M
9:00am		Senior Grand Rounds
10:00am		Toxicology
11:00am		R2 Topic Talk:



Lecture Schedule

<u>(DATE)</u>	<u>Presenter</u>	<u>Topic</u>
9:00 AM		Splint/Suture
11:00 AM		Ultrasound Lab
<u>(DATE)</u>	<u>Presenter</u>	<u>Topic</u>
8:00 AM	Conference	Vey
1:30 PM		Sim Lab
<u>(DATE)</u>	<u>Presenter</u>	<u>Topic</u>
8:00 AM	Conference	Vey
1:00 PM		Lectures
<u>(DATE)</u>	<u>Presenter</u>	<u>Topic</u>
8:00 AM		Sim Lab
11:00 AM		Presentations & Exams



Rotation Guidelines & Reading List

Overview

You will be assigned 13 shifts in the Pediatric ED at OHSU. You must attend all of the same lectures, conferences, and participate in the same labs as the other students (these may be waived if you have completed EMED 709A). You will have an oral final exam, no written, based on the reading topics (below) and/or lecture. A short final paper/presentation is also required. The paper/presentation will be modeled after the Best Evidence Topics series where the literature surrounding a clinical question is reviewed and summarized. You must present this on the Exam day for EMED 709A.

Reading Assignment

A copy of ***Pediatric Emergency Medicine***, by Strange et al will be checked out to you on orientation day. PLEASE DO NOT WRITE IN THE BOOK.

Grading

In order to receive credit for PEM in Emergency Medicine you will need to return the Strange textbook by the last day of the rotation, so the next set of students may have access to it immediately.

Your grade is 65% clinical performance, 5% Conference/Lecture Attendance, 15% exam, 20% project. To assist in clinical performance grading, you are required to give an evaluation form to each attending and resident you work with each shift and have it submitted to the student evaluation box in the ED.

Evaluations

You are required to give an evaluation form to each Attending and Resident you work with. It is recommended that you give out our evaluation form at the beginning of your shift (to remind the evaluator to pay attention to your performance that day) and remind them again at the end of your shift. This also provides a good opportunity to solicit oral feedback on your performance. If we do not receive a minimum of 10 returned evaluations for you, we will not be able to give you a passing grade for the course.

Didactics/Labs

Attend all Didactic Sessions and Labs:

- Wednesday Resident Conference (8a-12p)
 - The Wednesday conference reviews the core content of the Emergency Medicine curriculum. Please write your name on the **yellow attendance sheet** for credit
- First and Third Wednesday Student Lectures (1-4p)
 - Students are to attend the Wednesday lectures given by Emergency Medicine faculty. Topics and content are directly geared toward the medical student



- Labs
 - The labs could include, but are not limited to: Simulation, Ultrasound, Suture/Splint, and Airway. Participation in all labs are a required component of the rotation

Presentation/Project

Students are expected to do a write-up on a clinical question of your choice. Format should be based on the Best Evidence Topic (BET) format, so a focused clinical question is recommended (examples available upon request-email Lauren). You are encouraged to submit these for publication on the BET website; Dr. Nelson can help you with this if you're interested. Additionally, there may be an opportunity for you to present your findings during the rotation to an EM faculty member.

Oral Exam

For the oral exam, each student will have 15-20 minutes with one of the education faculty where they will manage a case. Oral exam topics are taken from the Wednesday lectures and reading assignments.



Oregon Poison Center

The Oregon Poison Center is a 24-hour health care information and treatment resource serving the states of Oregon, Alaska, and Guam.

The Poison center was established by an act of the Oregon State Legislature in 1978 to provide emergency treatment information for patients experiencing a poisoning or toxic exposure. The Oregon Poison Center is also responsible for providing public outreach and education to health care professionals.



Mission

The Oregon Poison Center's mission is to provide care for people exposed to poison in their homes and to make prompt referrals to hospitals or clinics when necessary. We are committed to cost-saving management of poison-exposed people. Poison prevention education is another important component of our mission.

Shift Information

During your OHSU Emergency Medicine rotation, you will spend one day at the Oregon Poison Center working with the Toxicology team. The team consists of faculty and fellows, all of whom have completed an Emergency Medicine residency, as well as rotating EM and Pediatric residents. This day is meant for you to get more exposure to the Toxicology subspecialty of Emergency Medicine, and is intended for your learning benefit. As such, there is no need to prepare anything in advance. The day is generally low-key (you will not be responsible for any patient care or documentation); although we do ask that you take it seriously and actively participate while you are here.

- Please arrive at the Oregon Poison Center (Campus Services Building, 5th floor, this is the building next to the School of Nursing) at 8:00am for Poison Center conference.
- Dress professionally; you may have the opportunity to round in the hospital. You may wear scrubs if you have a shift after your Poison Center shift. Wear your OHSU ID badge.
- Check in with Charisse Pizarro-Osilla in room 547



- Take the elevator to the 5th floor, turn left as you leave the elevator, turn right down the hallway. Room 547 is down the hall to your left. (Phone# 4-2199)
- Program for the Day:
 - 8:45 am: Arrive to review cases/charts for presentation at rounds. These are found in the conference room at the end of the hall. The Poison Center is staffed with highly trained nurses (called Certified Specialists in Poison Information, or CSPIs ["spies"]), who handle all of the incoming phone calls. The call center is located across the hall from the conference room. If there are no charts to review, please introduce yourself to the CSPIs and ask for printouts. Please pick at least one interesting case and use the reference materials in the conference room (primarily the Goldfrank and Lange textbooks) to research the topic/s.
 - 9 am to 11 am: Please introduce yourself to the Fellows, they arrive at 9am, and their office is located down the hall. Rounds in the poison center conference room 544 to discuss new cases admitted overnight. If there any consults to see in the hospital you will round with the Fellows for the bedside consults.
 - 11 am – 2:30pm: In-patient consults in both emergency department and ICUs
 - 11 am – 2:30 pm : In-patient consults in both the emergency department and ICUs or other units
 - If there are no patients please use the time listening in on calls with the CSPI's.
 - Afternoon didactic sessions which include lectures, journal clubs, M and M cases, chapter reviews, toxic history or disaster presentations. Student may leave to go to next session in the emergency department at 2:30. You will have time to get lunch from 12:00pm – 1:00pm.
- Goals of Poison Center Experience:
 - Describe how state or regional poison centers reduce emergency visits and 911 calls on non-critical exposures.
 - Describe how medical toxicologists proved telephone case management to critical poisonings and environmental exposures.
 - Describe how medical toxicologist in-patient consultation service to emergency departments and intensive care units can improve utilization and treatment of toxicology patients.



History & Physical and Documentation Guidelines

Patient H&Ps

Please provide a list of the patients you see at the Doernbecher ED and complete H&Ps on, in addition you are required to do 3 H&Ps per shift. We will review your patient charts as part of your clinical grade component.

OHSU is committed to protecting the confidentiality, privacy and security of health information. This commitment to confidentiality applies in all settings where OHSU creates, receives, uses, processes, maintains or furnishes health information, including but not limited to classroom, clinical, research, administrative, telemedicine and telehealth settings.

Documentation

There is a note template in EPIC for you to use to document: **.edstudentnote**. It is not mandatory that you use it, but please do make sure that if you use your own template, you are still including the header, "Medical student note: for educational purposes only". This is so that the coders know to not use your note for billing purposes (which would be **fraud**).

Please keep in mind that calling report is a learning tool that should be conducted with your attending or resident. OHSU does not permit medical students to officially call report, or call the initial consult to consultants. Medical students may not act on behalf of the department in these situations; only residents or faculty are authorized to do this.

Note example:

MEDICAL STUDENT EMERGENCY DEPARTMENT NOTE -- FOR EDUCATIONAL PURPOSES ONLY

CC: Abdominal pain

HPI: Mr. XXX is a 67 yo M who has a h/o HTN, HLD, COPD, afib on Coumadin who presents to the ED with 3



days of worsening left sided abdominal pain. Pain is most notable in LUQ and LLQ, sharp, throbbing, not positional, radiates to his left groin, nothing makes it better or worse. Started gradual, now constant. Tried ibuprofen without relief. No fevers, chills. Decreased PO intake, mild nausea, no vomiting. No dysuria or hematuria. NI BM two days ago (which isn't unusual for him). No changes to medications. Never had this pain before.

PMH: HTN, HLD, MI, GERD, COPD, DM

Meds:

Lisinopril

Statin

ASA

Omeprazole

Insulin

Albuterol

Spiriva

All:

Codeine

penicillin

SH: smokes, 2-3 alcohol drinks daily, no drugs

PCP is Dr. ABC

FH: unknown, patient was adopted

ROS:

Eyes/vision: negative

ENT: negative

Neuro: occasional headache, not currently

CV: intermittent angina, unchanged from baseline

Resp: chronic SOB and cough, no change in sputum

GI: see HPI

GU: negative

Psych: negative

MSK: negative

Heme: negative

Infectious/allergic: negative

Physical Exam:

Filed Vitals:

T 37.6, HR 106, BP 109/60, RR 20, O2Sa 96%

Gen: alert, oriented, resting in bed in no acute distress

Head: NCAT

EENT: PERRL, EOMI, OP moist and no lesion

Neck: trachea midline, supple

CV: irregularly irregular, no murmurs, no rubs



Lungs: no increased WOB, nl lungs sounds throughout without wheezes, crackles, rales, symmetric chest wall movement

Abd: soft, nl BS, TTP LUQ and LLQ without guarding or rebound, no surgical scars, no hernias

Ext: MAEW, no e/o trauma, no peripheral edema

Skin: warm, well-perfused, no rash

Psych: mood appropriate

ED Course/Medical Decision-Making/Results:

Patient triaged to Rm *** and nurses notes reviewed. The patient was staffed with Dr. Nelson who was involved in all pertinent aspects of this case.

EKG: atrial fibrillation, rate 96, nl axis, nl intervals, no ST or TW abnormalities

Labs notable for WBC 18, no anemia, nl platelets.

CMP normal.

Troponin negative.

He had already taken a full strength ASA this morning. He was given 2 mg morphine and then 1 mg dilaudid for abdominal pain. He was given 4 mg zofran for nausea. He was given 1L NS.

Mr. X is a 67 yo M with multiple medical problems who presents to the ED with acute L sided abdominal pain. He is alert, oriented. VS notable for mild tachycardia and tachypnea without hypotension. He is not febrile. His examination was notable for L sided abdominal tenderness without peritoneal signs. I considered acute abdominal pathology including diverticulitis, abscess, appendicitis, gastritis, perforated ulcer, as well as an unusual presentation for ACS, PNA, appendicitis. Given the leukocytosis and left sided abdominal tenderness on examination I ordered a CT A/P with contrast (renal function normal).

CT A/P: Notable for diverticulitis with micro-perforation and small abscess in descending colon without free air

Consult EGS (emergency general surgery) for possible perforation and abscess complicating the patient diverticulitis

A:

Diverticulitis

Leukocytosis

Abdominal pain

Tachycardia

Intra-abdominal abscess

P:

Admit to EGS

Zosyn ordered

Sign out given

Patient admitted in stable condition

Patient expressed understanding



Note Routing

Once H&P is completed and signed off on route the note to Lauren Kerr in Epic. Here are the instructions:

- 1) Medical Student writes a note.
- 2) Highlights the note and clicks on the Route button.

The screenshot shows the Epic Notes interface. At the top, there is a toolbar with various icons. The 'Route' button, which is a square with a right-pointing arrow, is circled in red. Below the toolbar, there is a list of notes. The first note is highlighted in yellow and has the text 'Time Mark the patient to be notified of new updates. Time Mark'. Below this, there is a table with columns: Author Name, Author Type, Service, Status, Cosigner, Type, Date of Service, and File Time. The first row of the table contains the following data: Farhad Chavoshian, ED Provider, Cardiac Surgery, Cosign Needed, [blank], ED Notes, 02/22/2018 12:56, and 02/22/2018 12:56. Below the table, there is a section titled 'Notes' with a table that has columns: Include?, Date, and Description. The first row of this table has a checked box in the 'Include?' column, the date '02/22/2018 12:56 PM' in the 'Date' column, and the description 'ED Notes by Farhad Chavoshian' in the 'Description' column.

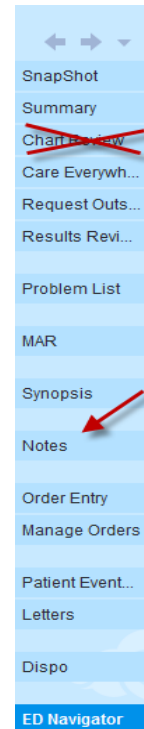
- 3) In the search all contacts box, type in "c ed med".
- 4) Click send

The screenshot shows the Epic ED Track Board interface. At the top, there is a toolbar with various icons. The 'Send' button, which is a square with a right-pointing arrow, is highlighted with a red arrow. Below the toolbar, there is a search bar with the text 'c ed med' entered. To the right of the search bar, there is a dropdown menu with the following options: ED Chart, Hospital at a Glance, My Patients (30 Days), My Patients (3 Days), and Transfer Center. The 'Send' button is highlighted with a red arrow.



*Please note that student notes will still require signature from an Attending.

- **For finding patients who have been transferred or discharged:** In the ED board, click the dropdown arrow and choose “ED Chart” —> “Recent Patients,” and open the patient you’re interested in for note completion/routing.
- **For routing notes:** be sure to be under the “Notes” tab rather than the “Chart Review” tab in order to route the note to “c ed med.” If under Chart Review, you will not be able to find “c ed med” for proper routing.





OHSU EMERGENCY MEDICINE PATIENT FOLLOW-UP

Student:

Date:

Resident/Attending:

<input type="checkbox"/>	Inpatient F/U	<input type="checkbox"/>	Interesting Case
<input type="checkbox"/>	Computer F/U	<input type="checkbox"/>	Interesting X-ray
<input type="checkbox"/>	Phone call F/U	<input type="checkbox"/>	Referred for M&M

DX:

Dispo:

<input type="checkbox"/>	Home	<input type="checkbox"/>	ED Obs	<input type="checkbox"/>	Ward	<input type="checkbox"/>	Unit
--------------------------	------	--------------------------	--------	--------------------------	------	--------------------------	------

F/U:

Follow-up example:

Student: Anna

Date: April 17, 2016

Resident/Attending: Dr. Nelson

<input type="checkbox"/>	Inpatient F/U	<input type="checkbox"/>	Interesting Case
<input checked="" type="checkbox"/>	Computer F/U	<input type="checkbox"/>	Interesting X-ray
<input type="checkbox"/>	Phone call F/U	<input type="checkbox"/>	Referred for M&M



DX: sepsis, unknown etiology

Dispo:

<input type="checkbox"/>	Home	<input type="checkbox"/>	ED Obs	<input type="checkbox"/>	Ward	<input checked="" type="checkbox"/>	Unit
--------------------------	------	--------------------------	-----------	--------------------------	------	-------------------------------------	------

F/U: 9 yo F admitted to the PICU for sepsis of unknown etiology. The CXR was over-read by the attending the next day as concerning for pre-vertebral soft tissue infection. The CSF was negative. A neck CT with contrast was notable for retropharyngeal cellulitis and abscess. The patient was continued on broad spectrum antibiotics and ENT was consulted. Discharge still pending.



End of Rotation Coursework Checklist

- _____ 10 Completed Evaluation turned into box in ED
- _____ 3 University H&Ps per shift (routed in Epic)
- _____ 10 Patient Follow-Ups
- _____ Presentation
- _____ Return Textbook
- _____ Return Plastic Folder