

Advice to Students Beginning a Medical Student Rotation in Emergency Medicine (Adrienne Birnbaum, MD; Wallace Carter, MD)

Strategy

EM is largely fast-paced and hands-on. Students that show enthusiasm, initiative, and interest during the rotation will undoubtedly have the best experience and make the best impression on evaluators. Knowing one's limitations and asking for help when needed must, of course, temper this strategy. Demeanor is all-important in how the student will be perceived. Over-confidence at the student level will be perceived negatively, as will the sense that a student is working overly hard to make a favorable impression. Focus on learning, providing good care to patients and getting the most that you can from the provided experiences. Whenever possible, follow cases through to completion of the pertinent ED work-up and beyond. Ask to observe interesting cases and or procedures that you are not directly involved in.

Be prepared to think like an EM physician

The fast pace of the ED requires EM physicians to focus rapidly on the chief complaint and to efficiently tease out relevant information from the history and physical exam to generate a differential diagnosis and to make prompt decisions about necessary diagnostic tests, disposition and treatment. Depending on the acuity and nature of the problem, treatment may need to be instituted simultaneously with the performance of the history and physical exam. The EM approach to a sick patient is relatively unique in its focus on ruling out diseases in the differential diagnosis that are potentially life-threatening, i.e. the diagnoses that "one cannot afford to miss", even if such diagnoses are not the most likely possibility. Be prepared to rapidly and efficiently work up patients with undifferentiated complaints with this approach in mind.

Professionalism

Dress and act professionally. While ED attire is often casual, check out the policy on clothing such as scrubs and jeans before you start, to avoid appearing unprofessional. Be prepared to treat patients of diverse ethnic backgrounds, socioeconomic status, and variable levels of acuity of illness. Keep in mind that the ED serves as the only access to medical care for some patients and that what constitutes an emergency is often in the eyes of the beholder. Be prepared to encounter patients with various overlays of psychosocial issues as well as both organic and functional impediments to history taking and physical exam. Make an effort to be non-judgmental and persevere to do the best job possible under sometimes difficult circumstances. Consider volunteering to work one or more evening, overnight or weekend shifts, if not required. EM is a 24 hour per day operation. The "off-hours" experience may be significantly different in volume, patient mix, physician coverage and cadence than that of daytime.

Personal Safety

Be cognizant of personal safety. The hectic, fast pace of the ED, combined with the large number of procedures performed on ED patients, can be a recipe for disaster if the proper universal precautions are not adhered to. Students rotating through the ED are particularly prone to injuries such as needle-stick or other exposure to body fluids. Glove, gown, mask when appropriate. Never, never, never recap needles. Report any such exposures immediately. Seek help with potentially combative or violent patients.

Ask Around – The Informal Survey

Do, by all means, use the rotation as an opportunity to talk to as many residents and faculty as possible about EM and/or about their institution. Keep in mind that residents, and even attendings, may not be in a position to compare programs to one another or to give accurate

information about programs other than their own and that word of mouth information may be prone to inaccuracies. Finally, remember that no one program is right for everyone.

Reading list

General textbooks of the specialty, such as Rosen, et al. *Emergency Medicine: Concepts and Clinical Practice*. Mosby, can serve as valuable references but are too voluminous for even the most avid reader to master during a one month rotation in EM. Hamilton, et al. *Emergency Medicine: An Approach to Clinical Problem-Solving*. W.B. Saunders, is somewhat more manageable for this purpose and is written at the student/resident level. It is organized by chief-complaint, an approach that is particularly useful for students developing an approach to ED patients with undifferentiated problems. Tintinalli, et al. *Companion Handbook to Emergency Medicine: A comprehensive Study Guide*. ACEP, is an example of a handbook that can provide a portable source of basic information.

A final word...

A little planning and a lot of enthusiasm, initiative and positive attitude will maximize the likelihood of a positive experience on the EM rotation. Make the best of each clinical and didactic experience. Keep in mind that EM is a hands-on specialty, the art of which is often best learned at the bedside. Make an effort to take care of as many sick patients as possible and to discuss the cases with EM faculty. Enjoy the diversity, excitement, and privilege of being involved in saving lives or at least making a difference in the lives of the patients that you come into contact with in the ED.