

MEDD 431: Clerkship (48 credits)

Course Overview

This 12-month course follows the initial two years of medical school. The overall goal is to provide students with core experiences across the breadth of medicine through both clinical and academic learning opportunities. Students will interact with patients under the supervision of Clinical Faculty members in order to develop a solid foundation of knowledge, skills, and abilities described by the UBC Exit Competencies. Clinical activities will occur in ambulatory, hospital-based, rural/remote settings, and specialist clinics. The types of specialist clinics may vary from site to site, taking into account local availability and accessibility to specialists. Variability in clinical exposure will draw on the strengths of each site.

Clinical Learning Objectives: Emergency Medicine

Emergency Medicine consists of a rotation during the Ambulatory Care (AMB) Block.

In the AMB Care Block students will spend time apprenticing with a Family Physician in a rural or underserved community within BC, working in the discipline of Emergency Medicine along with caring for patients in various ambulatory environments. These ambulatory experiences may include experiences in Internal Medicine, Dermatology, Ophthalmology, Geriatrics, Palliative Care, etc., thus exposing students to issues commonly seen in outpatient primary care and subspecialty settings.

Emergency Medicine consists of 4 weeks within the 12 week “Ambulatory Care (AMB)” Block.

By the end of their rotation in Emergency Medicine, the student will be able to:

1. Perform an emergency-directed history and physical exam (*mapped to WBA#1: “Obtain a history adapted to the patient’s clinical situation” and WBA@2: “Perform a physical examination adapted to the patient’s clinical situation”*).
2. List all medications that a patient is on and assess them for drug interactions and side effects appropriate to the patient.
3. Use a patient’s history and clinical findings to generate an urgent problem list, and a differential diagnosis for the relevant urgent problem(s).
4. Outline an appropriate investigation plan to confirm or refute the potential diagnoses, and be able to correctly interpret the results based on the patients’ condition.
5. Propose a management plan.
6. Recognize an acutely ill/injured patient and apply a systematic prioritized approach to the assessment and stabilization/treatment (*mapped to WBA #9: “Recognize urgency of unstable vital signs and participate in stabilization. Seek help when needed”*).
7. Communicate clearly with written and dictated notes.
8. Summarize the physical layout of the site-specific Emergency Department, safety procedures, patient flow.

9. Demonstrate effective and timely communication with patients, their families, substitute decision-makers and other members of the health care team
10. Demonstrate integration of basic sciences in your clinical approach through application of a patient's genetic background, normal and abnormal molecular/cell/tissue/organ/system structure and function and any relevant infectious disease syndromes to determine the cause and mechanism of the patient's clinical presentation.
11. Practice effective personal management skills including time management, task prioritization, effective communication with others, selection and utilization of the most appropriate learning materials, resources and methods, accurate self-assessment and acceptance of feedback with subsequent implementation of changes based on this information
12. Perform CPR while being directly observed, either in practice or simulation, adhering to proper technique and all patient safety protocols, including appropriate informed consent (*Mapped to WBA direct observation #14: "Perform the general procedures of a physician"*).
13. Function as a reliable member of the healthcare team, abiding by UBC and Faculty of Medicine codes of professional conduct fulfilling a responsibility to patient and their families, and to colleagues and other health professionals. This includes establishing and maintaining effective working relationships with the emergency department team, consultation teams and patients.

It is hoped that the student will have the opportunity to participate in the following clinical cases ("must=sees"):

1. Abdominal pain (acute)
2. Agitation, aggression and abuse
3. Alcohol use / abuse / withdrawal (emergency medicine perspective)
4. Chest pain (acute)
5. Delirium / confusion
6. Dizziness / vertigo
7. Dyspnea / respiratory distress
8. Fractures / sprains
9. Headache
10. Shock / hypotension (Gi bleed, sepsis)
11. Stroke / TIA
12. Substance use / abuse / withdrawal (including alcohol)
13. Syncope
14. Vaginal bleeding

It is hoped that the student will have the opportunity to perform the following procedures (“must-dos”):

1. Chest X-ray interpretation
2. CPR in practice or simulation (Mapped to WBA direct observation #14)
3. EKG interpretation
4. Incision and drainage of abscess (assist)
5. Metered dose inhalation (MDI) plus aerochamber inhalation (assist)
6. Otoscope exam
7. Suture laceration
8. Urine dipstick