

Orientation

Welcome to the Emergency Department!

We are glad that you chose to rotate with us here at Boston Medical Center Department of Emergency Medicine. We hope your time with us will be exciting and educational.

Our department is the entry point into the hospital for approximately 70% of inpatient admissions and we treat over 130,000 patients per year! For many of you this will be your first opportunity to evaluate and manage acutely ill patients. You will be the one to manage the patient and make the diagnosis.

You will be supervised by board certified EM physicians and senior emergency medicine residents. You will see patients independently (unless the patient is critically ill and emergent intervention is needed) and you will be the primary person responsible for the care of your patient while they are in the ED.

The Department

The ED is divided into 3 separate areas -- the A, B, and C sides (creative, we know.) All beds can be centrally monitored and several beds have positive/negative flow capabilities. With very few exceptions, any patient can be cared for in any area of the ED. Patients are triaged to particular areas based on a variety of factors including staffing, bed availability, and resources available/needed -- all with an eye towards patient care, patient safety, and operational efficiency.

Who's Who at the Menino Pavilion?

There are Attendings assigned to each area of the ED (except for a few hours during the overnight), as well as a 'float' attending who is able to assist in any areas that may need additional physician coverage.

There is a senior EM resident on both the A (24 hours/day) and B (16 hours/day) sides. This may either be a PGY3 or PGY4. This resident is responsible for taking presentations from junior residents, developing a plan of care in collaboration with the primary resident seeing a patient, and ensuring that this plan is implemented.

There is a "Trauma Resident" (PGY3 or 4) who generally sees patients on the B side when not directing the resuscitation of trauma patients. They are also responsible for airway management on critically ill patients.

The PGY2 EM resident is the "Procedure Person". Their responsibilities include performing any procedures on ED patients and running medical resuscitations in the trauma rooms.

PGY1 EM residents work in all areas of the ED, seeing any and all types of patients.

You will encounter rotating interns and residents from Internal Medicine, Family Medicine, General Surgery, and OB/GYN in the ED.

All residents are encouraged and expected to participate in teaching their colleagues, residents from other specialties, and students.

Medical Assistants: will draw labs, do EKGs, check vital signs, finger sticks, urine dips, undress and put patients on monitors, transport patients, and assist with pelvic exams

Nursing Students: will also help with EKGs and blood draws

Paramedic Students: will also help with EKGs, IVs, and blood draw

Seeing Patients

Patient care should be the number one priority. If a patient appears critically ill, you should immediately interrupt the senior resident or attending and have them evaluate the patient with you.

Students should typically carry between 1 and 3 patients at a time, depending on the complexity of the patient(s). For example, if your patient is having an interesting procedure performed or is very sick, you will want to stay with that patient and may not be able to pick up additional patients. In other cases, you may have admitted 2 patients and finished their entire workup, and the patient is simply waiting for an available inpatient bed. In this case you may pick up additional patients. It's always better to do an excellent job with 1 or 2 patients at a time, than to do a mediocre job with 5 patients.

We encourage you to participate in any procedures that your patients need, including blood draws, IVs, ABGs, foley catheters, NG tube insertion, etc. Procedures, such as pelvic exams, abscess drainage, suturing, and femoral blood draws should be supervised by the senior resident or attending.

Presentations

Although you should perform a complete HPI, ROS, PMH, and exam on most of your patients, your presentation does not need to include every detail. Include only aspects that highlight the differential diagnosis, particularly focusing on potentially life-threatening conditions. This is a skill that you will need to work on and refine over the course of the month.

Always end your presentations with an assessment and plan. Be sure to address any life threatening causes of your patient's symptoms. It's OK if your assessment and plan are incorrect. Give it a shot anyway!

You should "own" your patients: make sure to follow up on all labs, xray or CT results, and recommendations from consultants. Keep your attending / resident informed of these results.

Communication

It can get very hectic in the ED. Make sure to maintain good communication with all members of your team. Introduce yourself to everyone when you start a shift and wear your name tag. Try to learn people's names. There are a lot of staff members in the ED and it is difficult to get to know everyone's names, but learning a few will go a long way. To help you, there is a facesheet in the Nursing Lounge that has pictures of about 90% of the nursing and ancillary staff.

When a medication is ordered on your patient, make sure to tell the nurse taking care of the patient. Don't assume the nurse will see the new order on the electronic ordering system. Similarly, tell the

nurse when you put a patient in for admission and when the patient has been signed out and is ready to go upstairs.

Rounds

Formal rounds occur at 7a, 3p, and 11p. They may occur more frequently at the discretion of the Senior Resident and Attending. On rounds, be brief. This is not the time to give a full presentation. A brief HPI, completed workup, pending workup, and disposition are sufficient.

The Trauma Rooms

The resuscitation rooms are located in the hallway between the B and C sides and they are labeled Trauma 1, 2, and 3. If you enter the hallway from the ambulance bay, Trauma 1 is on your right and Trauma 2 is on your immediate left.

Trauma 1 is used for medical, non-traumatic resuscitation. Common chief complaints include cardiac arrest, drug overdoses, allergic reactions, and sepsis. Basically, any unstable patient without a preceding traumatic event will go to Trauma 1 for more rapid evaluation and treatment than might occur in a regular bed in the ED.

Trauma 2 is used for traumatic resuscitation. Common problems are motor vehicle crashes (MVC), head injuries, stabbings, and shootings. These patients have presentations ranging from alert and oriented after a simple bump on the head to multiple life-threatening injuries with hypovolemic shock.

Trauma 3 is for pediatric resuscitations or any overflow for simultaneous adult cases.

The C-Med radio is the citywide EMS control system. BMC residents do medical control for the entire city of Boston! The point is to give the ED some time to prepare for anticipated injuries by assembling procedural equipment, strategizing a difficult intubation, or calling consultants ahead of time. The conversation between the paramedic and the resident will let you know what kind of chief complaint the patient has, where they will be triaged (Trauma 1 or 2), and when they will arrive.

While students do not have a defined role in the Trauma Rooms (it is difficult to have a defined role for a position that is not filled 24/7), students are encouraged to observe all medical and surgical resuscitations and should make themselves available should the need for "another pair of hands" arise.

Miscellaneous

You can store your belongings in the resident locker room on the C Side. You will need to ask a resident for the key when you want to get into the room.

You should get a break during your shift to eat. Your senior should make sure this happens, but if you feel the need to take a break, just ask. The break room is in the hallway near the ambulance bay, in the "Nurses Lounge."

Our goal and the goal of everyone in the department is to ensure that your experience at BMC is every bit as amazing as it was when many of us rotated here as students. In pursuit of this, it is very important to let a senior resident or attending know if anyone or anything is negatively affecting your time here. If

you have any questions, please ask! We want to help you, and we can frequently tell you how to get things done quickly and efficiently.