

EMERGENCY MEDICINE

- Smooth your transition and be ready for residency
- Case-based approach brings your readiness to the next level
- Targets what you really need to know to care for patients on day one



Debra L. Klamen • Ted R. Clark Christopher M. McDowell

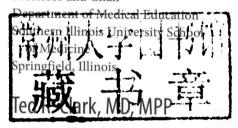


Resident Readiness™

Emergency Medicine

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Resident Readiness™: Emergency Medicine

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To my wonderful husband Phil, who loves me and supports me in all things, especially my crazy passion for horses! To my mother, Bonnie Klamen, and to my late father, Sam Klamen, who were, and are, always there.

To my extended family, for their love and understanding. To my students, for keeping me motivated and inspired.—DLK

To the SIU Emergency Medicine Residents, whose insights into the transition from medical school to residency have been vital to the development of this book.—TRC and CMM



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The resident readiness series evolved from ideas that a talented educator and surgeon, David Rogers, had about preparing senior students interested in going into surgery through a resident readiness course. This course was so successful at Southern Illinois University School of Medicine that it spread to other clerkships, and resident readiness senior electives now exist throughout them. The idea for this book series was born by watching the success of these courses, and the interest the senior students having them. It has been a great joy working with Chris McDowell and Ted Clark, completely devoted physicians who retain their humanity for others and passion for education, as well as with the other contributors to this book. We are grateful to the Dean, Dr. Kevin Dorsey, whose dedication to education and innovation allowed us to carve out time in our work to be creative. I (DLK) am greatly indebted to Catherine Johnson from McGraw-Hill, who helped me make the vision of a resident readiness series a reality. Her support and enthusiasm for the project have been unwavering. Likewise, the production manager on the emergency medicine resident readiness book, Shaminder Pal Singh, has been completely dedicated to the task and is deserving of much thanks. We would also like to thank the many contributors to this book, whose commitment to medical education undoubtedly led to long nights writing and editing in its service. Lastly we appreciate our spouses' forbearance for the hours we spent in front of the computer at home; their patience and understanding are without match.

Debra L. Klamen

Facing the prospect of an internship is an exciting, and undoubtedly anxiety-provoking, prospect. Four years of medical school, after graduation, culminate in a rapid transition to someone calling you "Doctor" and asking you to give orders and perform procedures without, in many cases, a supervisor standing directly over your shoulder.

This book is organized to help senior medical students dip their toes safely in the water of responsibility and action from the safety of reading cases, without real patients, nurses, families, and supervisors expecting decisive action. The chapters are short, easy to read, and "to the point." Short vignettes pose an organizing context to valuable issues vital to the function of the new intern. Emphasis on the discussion of these cases is not on extensive basic science background or a review of the literature; it is on practical knowledge that the intern will need to function well in the hospital and "hit the ground running." Many of the cases include questions at the end of them to stimulate further thinking and clinical reasoning in the topic area discussed. References at the end of the cases are resources for further reading as desired.

HOW TO GET THE MOST OUT OF THIS BOOK

Each case is designed to simulate a patient encounter and is followed by a set of open-ended questions. Open-ended questions are used purposely, since the cued nature of multiple-choice questions will certainly not be available in a clinical setting with real patient involvement. Each case is divided into four parts.

Part 1

Answers to the questions posed. The student should try to answer the questions after the case vignette before going on to read the case review or other answers, in order to improve his or her clinical acumen, which, after all, is what resident readiness is all about.

2. A Case Review: A brief discussion of the case in the vignette will be presented, helping the student understand how an expert would think about, and handle, the specific issues at hand with the particular patient presented.

Part 2

Topic Title followed by Diagnostic Reasoning, Workup, and Management discussions: The Diagnostic Reasoning section uses the patient's chief complaint as a launching pad for a discussion of efficient differential diagnosis building and sorting. The Workup and Management sections provide a more generalized, though still focused and brief, discussion of the general issues brought forward in the case presented. For example, in the case of a patient presenting with coma and a significantly elevated glucose, the case review might discuss the exact treatment of the patient presented, while this part of the book will discuss, in general, the diagnosis and treatment of DKA. Of note, not all of the cases in the book will fit entirely in this model, so variations do occur as necessary.

Part 3

Tips to Remember: These are brief, bullet-pointed notes that are reiterated as a summary of the text, allowing for easy and rapid review, such as when preparing a case presentation to the faculty in rounds.

Part 4

Comprehension Questions: Most cases have several multiple-choice questions that follow at the very end. These serve to reinforce the material presented, and provide a self-assessment mechanism for the student.



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Section I.

Approach to the Patient in the Emergency Department





A New Resident Begins the First Day of Emergency Medicine Residency

Ted R. Clark, MD, MPP

CASE DESCRIPTION

You present for your first day in the emergency department (ED) as an emergency medicine (EM) resident. You are armed with the knowledge you accrued through at least 8 years of higher education. You have rotated in EDs and have successfully matched into an EM residency. You feel great and you are ready to work hard.

Your vitals are temperature 37.1 (98.8), blood pressure 130/80 mm Hg, pulse 105 beats/min, respiratory rate 20 breaths/min, and oxygen saturation of 99% on room air.

On examination, your pupils are slightly dilated and you are breathing deeply. You are focused, slightly anxious, but confident in your abilities.

- 1. Are you prepared?
- 2. What resources are available to prepare you for this day?
- 3. How do you use this book?

Answers

- 1. Yes. Your training has prepared you, but there are additional resources to help you prepare for your first day.
- 2. There are many types of resources available: comprehensive texts, board review books, clerkship study books, and myriad online resources. There is value in each of these types of books. The comprehensive text is difficult to complete prior to beginning residency. Board review books are geared toward answering test questions. Clerkship study books are designed to help you succeed as a *student*. The EM Residency Readiness book is designed to help you succeed as a new *resident*. This book focuses on how to approach the most common EM patients and is filled with practical advice for the new resident. Additionally, this book addresses the typical off-service rotations that an EM resident will complete during the first year. By completing this book prior to beginning your EM residency, you are specifically addressing the question "am I ready to be an EM resident?"
- 3. EM Residency Readiness is a case-based book that provides a foundation for each of the major rotations an EM resident will experience during the first year of residency. Specifically, the book addresses ED rotations, ICU rotations, and trauma rotations. Additionally, the book provides a foundation in the important