

What do you see and do in Emergency Medicine?

This document is designed to help you think about what you are going to see and learn about while you are in emergency medicine. Partly it is to prepare you for what is coming, but more importantly it is to help you think about what you might want to learn more about while you are in gen med.

Go through the things you are likely to come across and give yourself a rating. This helps you think about the areas you might want to improve your proficiency. Have a think about what you want to learn more about, and how you are going to do that.

This list doesn't replace the unit handbook which you should look at, and it doesn't include some components of the assessment tool ([Click for Link to Intern Assessments](#)), which you should talk about so it is clear how you will be assessed

Reflect on your skills at this stage, and give yourself a score.

- 1- Not done much
- 2- OK ish
- 3- Pretty good
- 4- Excellent

Common complaints seen in this rotation

How are your clinical skills with each of these symptoms? Mark yourself 1-4 as above

The deteriorating patient	1 2 3 4	This may occur while the diagnosis is still unclear, know how and when to escalate, and be familiar with life support
Headache	1 2 3 4	Migraine is common, but important not to miss haemorrhage
Limb or face weakness	1 2 3 4	stroke and TIAs are common. Be familiar with calling the stroke team.
Altered conscious state	1 2 3 4	Many possible contributing factors, don't miss sepsis, seizures or glucose abnormalities.
Shortness of breath	1 2 3 4	CCF, obstructive lung disease and pneumonia are all common. Don't miss PEs or a pneumothorax.
Chest pain	1 2 3 4	Ischaemic disease is important to rule out, but also consider pleuritic pain.
Abdominal pain	1 2 3 4	Consider the acute abdomen, appendicitis, pancreatitis, cholecystitis, peptic ulcer disease, pyelonephritis, renal calculi. Diagnoses not to miss include AAA and the acute abdomen
Behavioural disturbance	1 2 3 4	Many conditions can contribute to this. Delirium or psychiatric diagnoses such as depression, suicidal ideation, schizophrenia, and psychosis are common.
Trauma	1 2 3 4	Fractures and other trauma presentations are common. Know how to approach a possible spinal injury.
Paediatrics	1 2 3 4	In most EDs you will see paediatrics. Consider whether you have an approach to the paediatric patient, and the most common conditions seen
Vaginal bleeding	1 2 3 4	This is quite common, review your approach to this presentation in different age groups.
Electrolyte abnormalities	1 2 3 4	K, Na, Mg and Ca are most common.

Procedures commonly done in this rotation

Have you done these procedures before? How would you rate yourself?

**to be assessed with 'direct observation of procedural skills' (DOPS) – discuss what DOPS you might be able to do this rotation.*

Nasogastric tube insertion*	1 2 3 4	Venepuncture	1 2 3 4
Male urinary catheter insertion*	1 2 3 4	Oxygen administration	1 2 3 4
Female urinary catheter insertion*	1 2 3 4	Blood cultures	1 2 3 4
Cannulation*	1 2 3 4	Arterial and venous blood gas	1 2 3 4
Plastering *	1 2 3 4	Good technique for inhalers	1 2 3 4
Suturing*	1 2 3 4		

Common medication and fluid prescribing

Are you comfortable prescribing these things? Mark yourself 1-4 as above

Prescribing antibiotic therapy	1 2 3 4
Prescribing narcotic analgesia	1 2 3 4
Prescribing Anticoagulant therapy	1 2 3 4
Prescribing Insulin	1 2 3 4
Prescribing intravenous fluid	1 2 3 4
Prescribing Electrolyte replacement – Mg, K	1 2 3 4

What do you want to get out of this rotation?

Goals for learning this rotation?

What practical steps can you take to achieve your goals?

How can your supervisor help you? Perhaps discuss this with them?