

What to Expect: SCVMC Emergency Department

The Santa Clara Valley Medical Center Emergency Department is an urban Level I trauma center staffed by skilled nurses, techs, and providers treating some of the sickest and most disadvantaged patients with the most interesting pathology you can find - we are excited for you to join us! You will be scheduled four 10 hour shifts - days, nights, and weekends - in either the Express Care or RME areas of the emergency department. These areas see a broad range of pathologies, ranging from the simple URI or ankle sprain to osteomyelitis or ectopic pregnancy. Procedures can range from a simple laceration repair to fracture reductions or lumbar punctures. You will also get exposure to cardiopulmonary, trauma, and infectious emergencies and get to work with smart, caring, and devoted PAs and MDs.

Many of the PAs at VMC are relatively new to their careers, but their experience in our department makes them a valuable tool for you to learn emergency medicine as well as the ins and outs of functioning as a PA in an ER or urgent care setting - time management, triage, charting, consulting with specialists, and working with attendings.

Your experiences will only be as good as you make them: seek out conditions that you are uncomfortable with, look at all diagnostic imaging (the radiologists and their residents can and will miss things), observe and then perform procedures. Create and utilize Epic dot-phrases to improve efficiency and cognitive offloading. Well thought-out medical decision making written into your chart is imperative to understanding the reasoning behind your diagnostic and treatment decisions, which is important for your colleagues today and your billers weeks down the line when you don't remember much about the patient encounter. A word of advice for early on: make friends with the nurses, they can be one of your biggest allies.

Don't hesitate to reach out to myself or Diajai Rhines with any questions, comments, concerns, or ideas. We welcome feedback (positive or negative!) so we can make this the best experience possible for you.

Eric Bergersen, PA-C
APC Director
Emergency Department
Santa Clara Valley Medical Center
c. (401) 525-8048
ebergersen@vephealthcare.com

Express Care

What to expect: An MD/DO attending trained in emergency or family medicine, with anywhere from 1-4 PAs depending on the day. We see a wide range of patients and all age groups but are limited to patients that do not require cardiac monitoring and we cannot see certain acuities (e.g. abdominal pain >65yrs, traumas, patients requiring conscious sedations, etc.). You can expect to do: lots of pelvic exams; XR, ECG, CT, and US interpretation; abscess I&D; laceration repairs; and management of patients with all sorts of pregnancy-related issues, abdominal conditions (surgical and non-surgical), upper respiratory complaints, some amazing eye pathology, and lots of other mid to low acuity conditions. This is not your typical express or urgent care.

1. Shift Times
 - a. 08:30-18:30
 - b. 12:30-22:20
 - c. 15:00-0100
2. Door Codes
 - a. Med Room: 26845
 - i. US machines, Wood's lamp, tono pen, interpreter iPad
 - b. Clean Supply: 56789
 - i. Suture, I&D, splinting, bandaging, miscellaneous supplies
 - c. Dirty: 98765
 - i. Guaiac developer, interpreter phone
 - d. Break Room: 01983
 - i. Microwave, fridge
3. Nursing Pertinents
 - a. RNs and LVNs are not assigned to rooms but work together to take care of all the patients.
 - b. Pelvic and genital exams should always be chaperoned by a nurse

Rapid Medical Exam (RME)

What to Expect: 3 PAs work in RME; 2 intake PAs with a brief overlap at change of shift and a midshift covering the busiest times, all with supervision from one of the EM attendings. We generally manage the lower acuity patients in the ED that aren't sent to Express Care. However, there are often patients in RME that have higher acuity conditions that require IV antibiotics, admission, and even surgery. RME is a goldmine for procedures: laceration repair, I&D, dislocations (shoulder, finger, toe, patella, mandible), fracture reduction, joint aspirations, and becoming proficient in splint application. We also often sneak in some osteomyelitis, admission-worthy cellulitis, pneumonia, and every now and then a surgical trauma or belly pain; not to mention the other low acuity URIs, ankle sprains, rashes, etc. RME is fast paced, high volume, and lots of fun.

The second half of RME is triaging every ED patient that walks through the door and, with the charge nurse, managing the flow of the ED. This job is intense, fast paced, and full of exposure to high risk patients - strokes, STEMI's, acute abdominal pathology, COPD exacerbations, pulmonary embolism, sepsis, etc. You will quickly learn that the most dangerous patient in the department is the one that hasn't been evaluated yet, which is why good clinical gestalt and efficiency are your most valuable tools in triage.

1. Shift times
 - a. 0700-1700
 - b. 1230-2230
 - c. 1700-0300
2. Pertinent Locations
 - a. Splinting material: located in the closet by the CT scanner and across from locker room
 - b. Wound care, I&D, and lac repair materials are all in RME
 - c. ED Break Room w/ water cooler and refrigerator: back hallway; code is 76543
3. Nursing Pertinents
 - a. One LVN works in RME with the PAs and cares for all the patients
 - b. Triage has either one or two RNs with a tech for ECGs and miscellaneous tasks. There is also a lobby nurse that helps to manage WR patients, giving meds, repeating vitals, etc.
 - c. The charge nurse manages the main ED beds and works with the intake PA to get the sickest patients and ambulance patients into rooms as quickly as possible.