BCC 7176
Emergency Medicine Clerkship
2019-2020

Education Director
Mark G. Stavros, MD
Florida State University College of Medicine
Regional Medical School Campus - Pensacola
8880 University Parkway, Suite A
Pensacola, FL 32514-4911
Email: mark.stavros@med.fsu.edu

Phone: 850-494-5939 ext. 102 (Sandra Nevels)
Email: sandra.nevels@med.fsu.edu

Campus	Clerkship Director
Daytona	Peter Springer, MD
Fort Pierce	Mark Gallagher, MD
Orlando	Paula Mueller, MD
Pensacola	Mark Stavros, MD
Sarasota	Julio Arrieta, MD
Tallahassee	Javier Escobar, MD

Contents

Overview

Description
The purpose of the Emergency Medicine Clerkship is to introduce students to the role that Emergency Medicine plays in the management of acute disease. The Emergency Department (ED) provides an opportunity for significant clinical exposure and learning of many skills. Such skills include appropriately focused patient history and physical exams, differential diagnoses, medical decision making, and acquisition of procedural skills. In the ED, there will be exposure to a broad base of undifferentiated patients with a wide variety of personal, social, and cultural issues that influence patient care. This environment places a premium on physical exam skills and diagnostic reasoning, emphasizing the ability to recognize life-threatening situations and initiate resuscitation in a wide range of diseases with varying degrees of urgency. Students will be taught to appreciate the dynamic state of emergency medicine knowledge, the necessity for maintaining clinical competency, and the means to accomplish this. The clerkship is offered in the Emergency Departments of hospitals affiliated with the regional campuses. Each student will work with one or more Clerkship Faculty during the rotation.

Orientation and Syllabus Review
Students will meet with Clerkship Director prior to clinical activities to discuss specific schedules, competencies and other expectations. Students are required to review the syllabus prior to the first day of the clerkship. A site-specific orientation will occur at the assigned clinical site prior to or at the initiation of clinical activities. Students are responsible for communicating with Clerkship Faculty prior to the start date of the clerkship.

Scheduled Hours/On-Call
Students will work in the Emergency Department for a total of 128 hours during the four-week Clerkship, which is the equivalent of four eight-hour shifts per week. Shifts will be 8 to 12 hours in length, and will normally include at least 3 night shifts, 4 weekend shifts, with the remainder comprising day and evening shifts. The specific schedule will be determined by the assigned Clerkship Faculty, and will be communicated to the student with sufficient time to arrange personal affairs. One day per week is specifically designated as an independent study day, in order for the student to complete the assignments and other academic work. This designated independent study day is an integral part of the curriculum.

Student Workhour Policy and Documentation
The FSU College of Medicine adheres to the ACGME requirements regarding clinical work and education. This includes working no more than 80 hours per week and no more than 24 hours continuously, except an additional 4 hours may be added to the 24 to perform activities related to patient safety, such as transitions of care or education. Additional patient care responsibilities must not be assigned during this time. Students will have at least one out of every 7 days off, completely free from clinical and educational duties, when averaged over 4 weeks.

Students will use the [Encounter Tracking System (ETS)](#) to document by self-reporting their daily work hours. Students must enter daily work hours that includes both clinical experience (clinical care and documentation in the medical record) and assigned educational activities (clerkship meetings, educational meetings in ED or residency program). Failure to report work hours is considered a breach of professionalism.

Hours that **should not be included in self-reported work hours** include reading about patient conditions and procedures, self-directed study for clerkships/courses, work completed for assignments, learning modules and assigned reading.

Absences
Extended absences from the clerkship are not permitted. Any absence from the clerkship must be **pre-approved by the regional Campus Dean** prior to the beginning of the clerkship, using the [student absence request form](#). Even with an excused absence, the student will complete the scheduled work as outlined.

The Clerkship Faculty, Clerkship Director and Education Director must be notified of any absence in advance by the

student. In the case of illness or other unavoidable absence, follow the same procedure outlined above, and notify everyone as soon as possible. **Unapproved absences during the clerkship will result in a grade of "incomplete" until remediated, and may result in a grade of "fail" for the clerkship.**

Components

Patient Care
All Patients are seen in the Emergency Department. There may be occasional opportunities to see patients in the field with EMS, but this is an additive experience. It is expected for the student to complete a history and physical exam on each patient, develop a differential diagnosis and develop a solid assessment and plan for each patient encounter. All of this information is then presented to their preceptor.

Patient Log (ETS)
A **minimum of 63** patient encounters are required, with at least one in each of the six categories of emergencies listed below. **At least 80%** of encounters must be at the full level of participation in patient care. Students are encouraged to see and document 100 patients in the Emergency Department, and record all encounters in the patient log through the encounters tracking system (ETS).

The following types of problems seen in the emergency department setting are common, and students **must record at least ONE patient within each of the following 6 categories of emergencies.** Students are expected to record all patients into the patient log encounter tracking system (ETS). Students who have difficulty seeing a patient within each category should notify their Clerkship Director with sufficient time to **enable remedial action** to be taken.

1. **Surgical Emergencies:** Examples include ocular, dental, otolaryngologic, general surgical, vascular, orthopedic, urologic, neurosurgical, obstetrical, and gynecologic
2. **Traumatic Emergencies:** Examples include specific structural and organ injuries, and multi-trauma
3. **Medical Emergencies:** Examples include cardiovascular, pulmonary, gastrointestinal, renal, infectious, neurologic, hematologic, allergic, and psychiatric
4. **Pediatric Emergencies:** Examples include traumatic, medical, and surgical
5. **Toxicologic Emergencies:** Examples include overdose, poisoning, and substance abuse
6. **Environmental Emergencies:** Examples include bites and envenomations, burns, electrical, and temperature-related injuries

There is only **one required procedure** in the Emergency Medicine Clerkship, although active participation in development of procedural skills is encouraged. Students must document a **minimum of one intravenous (IV) line placement.**

Level of participation in patient care is determined by the effort a student puts forth during the data-gathering phase, assessment and development of a treatment plan. Typically, the data-gathering phase includes history, physical examination and review of diagnostic tests available. The assessment phase includes creating a problem list, as well as developing a prioritized differential diagnosis for a problem. The treatment plan includes therapeutics, diagnostic evaluation, patient education and follow-up. The complexity of these components will vary, but for the purposes of choosing a level of participation, three basic tasks have been created. These include gathering history, performing a physical exam (full or focused/targeted), and developing assessment and plan of care. For "Level of Participation in Patient Care" the levels have been defined as follows:
- Minimal: perform one of the aforementioned tasks (either history or physical)
- Moderate: perform two of the aforementioned tasks (both history AND physical)
- Full: perform all three tasks

Meetings and Lectures
Students will participate in educational meetings when available. Students may be asked to present to faculty or residents at one of the educational meetings, and specific topics may be assigned.

Students are required to communicate weekly with clerkship director throughout the clerkship; this may be via in-person meetings, email or telephone. This real or virtual meeting will include discussion on clinical experiences, progress on documentation of patient encounters and any challenges or concerns. Mid-clerkship Evaluation will be completed by the clerkship director, and will include feedback from the Clerkship Faculty.

End of Clerkship Exam
On the last day of the clerkship, students will take the NBME Advanced Clinical Examination for Emergency Medicine. The examination consists of 110 questions. There are NBME self-assessment tools available by request to your Student Support Coordinator.

Learning Resources

Readings
EM Basic www.embasic.org offers various podcasts with PDF show notes. **Ten basic presentations are required**, and students are responsible for reviewing podcasts each week of the clerkship, according to the following schedule. Review of the PDF show notes is also required. Once complete, **students will document in ETS as an Educational Activity.**
- Week 1: Abdominal Pain, Female Abdominal Pain, Chest Pain
- Week 2: Altered Mental Status, Shortness of Breath
- Week 3: Acetaminophen Overdose, Salicylate Overdose, Trauma Part 1 & Trauma Part 2
- Week 4: Airway, Febrile Infants

Electronic Resources
Students may access the COM Charlotte Edwards Maguire Medical Library for both required and suggested readings, specifically through the Emergency Medicine Subject Guide.
- The **Clerkship Directors in Emergency Medicine (CDEM)** is a national organization representing undergraduate medical education in EM. Please visit the **CDEM M4 Curriculum** as it was meant to capture the most common conditions a fourth-year student would encounter while rotating in the ED. (This resource is also located on the Emergency Medicine Subject Guide under the "other resources" tab.)
- The online text, Emergency Medicine Secrets, Sixth Edition gives a good overall foundation of Emergency Medicine, but is certainly not all inclusive. This resource is also located on the Emergency Medicine Subject Guide.

Suggested Readings available in the Emergency Medicine Subject Guide "Books" tab:
- Roberts and Hedges' Clinical Procedures in Emergency Medicine and Acute Care 2018
- Harwood-Nuss' Clinical Practice of Emergency Medicine 2015
- Rosen's Emergency Medicine: Concepts and Clinical Practice 2017
- Acute Emergencies and Critical Care of the Geriatric Patient 2000

Institutional Resources
The COM Charlotte Edwards Maguire Medical Library is primarily a digital library that is available 24/7 through secure Internet access. Library resources that support this course are available under "Subject Guides" under the *Resources by subject* from the main menu on the library website. In addition, many of the point-of-care resources are available for full download to mobile data devices. Upon student request, items not found in the library collection may be borrowed through interlibrary loan.

Evaluation and Grading

Mid-Clerkship Feedback
The mid-clerkship evaluation is completed at the mid-point of the Clerkship by the Clerkship Director and will provide feedback to the student on progress in the clerkship. This will include progress toward achievement of clerkship

objectives, competencies, assignments and required encounters.

Encounter data are monitored by the Clerkship Directors to assure that students are meeting clerkship requirements. If it becomes apparent that a student is not encountering the expected patient conditions, efforts will be made to specifically select the needed patients needed to be seen. If these opportunities for specific patient encounters do not occur, the student will be exposed to the conditions/diseases secondarily through reading assignments, completion of online modules or discussions with the Clerkship Director.

Evaluation
An evaluation of student clinical performance will be completed by the assigned Clerkship Faculty at the end of the clerkship. A final summative report will be completed by the Clerkship Director at the end of the clerkship. The Education Director will review all components of the clerkship and include an assessment of each in the final grade summary.

Clerkship Specific Grading
The standardized clerkship policy can be found on the Office of Medical Education website.
1. If any remediation is required, the student is no longer eligible for honors, and will be assigned an initial grade of IR (Incomplete Remediation) until remediation has been completed
2. Any breach in professionalism renders a student ineligible for honors
3. Minimum of 63 patient encounters entered into ETS (pass/fail)
4. Completion of required encounters (problems and procedures) (pass/fail)
5. Completion of required podcasts (pass/fail)
6. Clinical performance must be exemplary to be considered for honors
7. NBME must be at 75th percentile or higher to be eligible for honors consideration and must be at the 10th percentile to pass the clerkship

Policies

Student Mistreatment Policy
If you feel you are being mistreated, please refer to the Student Mistreatment Policy in the FSUCOM Student Handbook and report the incident as soon as possible.

College of Medicine Attendance Policy
The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See FSUCOM Student Handbook for details of attendance policy, notice of absences and remediation. Students must use the absence request form that is located on Student Academics.

Academic Honor Policy
The Florida State University Academic Honor Policy outlines the University's expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading the Academic Honor Policy and for living up to their pledge to "...be honest and truthful and...[to] strive for personal and institutional integrity at Florida State University." (Florida State University Academic Honor Policy, found at http://fda.fsu.edu/academic-resources/academic-integrity-and-grievances/academic-honor-policy.

Americans with Disabilities Act
Students with disabilities needing academic accommodation should: (1) register with and provide documentation to the Student Disability Resource Center; and (2) bring a letter to the instructor indicating the need for accommodation and what type.

Please note that instructors are not allowed to provide classroom accommodation to a student until appropriate verification from the Student Disability Resource Center has been provided. This syllabus and other class materials are

available in alternative format upon request. For more information about services available to FSU students with disabilities, contact the:

Student Disability Resource Center
874 Traditions Way
108 Student Services Building
Florida State University
Tallahassee, FL 32306-4167
(850) 644-9566 (voice)
(850) 644-8504 (TDD)
sdrc@admin.fsu.edu
http://www.disabilitycenter.fsu.edu/

College of Medicine Student Disability Resources
Candidates for the M.D. degree must be able to fully and promptly perform the essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavioral/Social. However, it is recognized that degrees of ability vary widely between individuals. Individuals are encouraged to discuss their disabilities with the College of Medicine's Director of Student Counseling Services and the FSU Student Disability Resource Center to determine whether they might be eligible to receive accommodations needed in order to train and function effectively as a physician. The Florida State University College of Medicine is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to the medical degree.

Competencies

The following table outlines the **Emergency Medicine** clerkship competencies and assessment method for each, intended to be used as a guide for student learning.

Each clerkship objective/competency is mapped to the FSU COM Educational Program Objectives (EPOs) and ACGME Core Entrustable Professional Activities (EPAs). To view the complete table and for an overview of the curricular map for the clinical years at the Florida State University College of Medicine, please visit the syllabi page of the Office of Medical Education website.

Clerkship Competency	Assessment			
Emergency Medicine	NBME	Observation by faculty	Oral presentation	Patient documentation
Maintain a professional appearance.		x		
Demonstrate a compassionate and nonjudgmental approach when caring for patients.		x		
Be conscientious, on time, and responsible.		x		
Exhibit honesty and integrity in patient care.		x		
Practice ethical decision-making.		x		
Successfully perform a peripheral IV.		x		x
Understand the indications, cost, risks, and evidence behind commonly performed ED diagnostic studies.	x	x	x	
Provide accurate and organized documentation in the medical record when appropriate.				x
Obtain an accurate problem-focused history and physical examination.		x	x	
Effectively use available information technology, including medical record retrieval systems and other educational resources, to optimize patient care and improve their knowledge base.		x	x	

Develop a differential diagnosis when evaluating an undifferentiated patient:	x	x	x	
Prioritize likelihood of diagnoses based on patient presentation and acuity.		x	x	
List the worst-case diagnoses.		x	x	
Monitor the response to therapeutic interventions.		x	x	
Recognize immediate life-threatening conditions.	x	x	x	
Educate patients on safety and provide anticipatory guidance as necessary related to the patient's chief complaint.		x	x	
Educate patients to ensure comprehension of discharge plan.		x	x	
Create a diagnostic plan based on differential diagnoses.	x	x	x	
Develop a management plan for the patient with both an undifferentiated complaint and a specific disease process.	x	x	x	
Develop a management plan for the patient with both an undifferentiated complaint and a specific disease process.	x	x		
Develop an evaluation and treatment plan.	x	x	x	
Develop appropriate disposition and follow-up plans.	x	x	x	
Understand the role of the local medical community, including access to care and its impact on patient care.		x		
Effectively communicate with consultants and admitting services.		x		
Recognize when patients should be appropriately referred to the emergency department (ED).	x	x	x	
Recognize the importance of arranging appropriate follow-up plans for patients being discharged from the ED.		x	x	
Work in a collegial manner with other members of the health care team.		x		
Recognize the role of EM in the community, including access to care and its impact on patient care.		x	x	
Effectively communicate with patients, family members, and other members of the health care team.		x		
Present cases in a complete, concise, and organized fashion.		x	x	
Appreciate the interdisciplinary approach to the acute trauma or emergent patient.		x	x	
Work in a collegial manner with other members of the health care team.		x		
Engage with other members of the healthcare team to provide the best care for patients.		x		
Exercise accountability.		x		
Be sensitive to cultural issues (age, sex, culture, disability, etc.).		x	x	
Understand one's personal limits when working in a demanding area like the Emergency Department.		x		
Develop healthy coping mechanisms to respond to stress.		x		
Manage conflict between personal and professional responsibilities.		x		
Demonstrate appropriate self-confidence that portrays professionalism and competency.		x		
Learn and recognize out-of-hospital resources that underserved patients can access and understand the process of accessing such services.		x		