BCC 7176
Emergency Medicine Clerkship
2020-2021

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<th>Campus</th>
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<tbody>
<tr>
<td>Daytona</td>
<td>Peter Springer, MD</td>
</tr>
<tr>
<td>Fort Pierce</td>
<td>Mark Gallagher, MD</td>
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<tr>
<td>Orlando</td>
<td>Paula Mueller, MD</td>
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<tr>
<td>Pensacola</td>
<td>Mark Stavros, MD</td>
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<tr>
<td>Sarasota</td>
<td>Julio Arrieta, MD</td>
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<td>Tallahassee</td>
<td>Javier Escobar, MD</td>
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Overview

Course 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 MUST view the current orientation video Emergency Medicine Residents’ Association (EMRA) video “Patient Presentations in Emergency Medicine” and read to read the Welcome Letter on Canvas PRIOR to the beginning of the clerkship. A site-specific orientation will occur at the assigned clinical site prior to initiation of clinical activities. Students are responsible for communicating with clerkship faculty prior to the start date of the clerkship to coordinate their meetings.

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 include at least three (3) night shifts and four (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, and is an integral part of the curriculum.

Required Assignments
EM Basic www.embasic.org offers various podcasts with PDF show notes. Ten basic presentations are required, and students are responsible for reviewing both the podcasts and show notes each week of the clerkship according to the following schedule.

Week 1: Abdominal Pain, Female Abdominal Pain, Chest Pain
- Submission: After completion of all podcasts, students will record this in ETS as an “Educational Activity” and choose [EM] Week 1 Podcasts (Abdominal Pain, Female Abdominal Pain, Chest Pain).

Week 2: Altered Mental Status, Shortness of Breath
- Submission: After completion of all podcasts, students will record this in ETS as an “Educational Activity” and choose [EM] Week 2 Podcasts (Altered Mental Status, Shortness of Breath).

Week 3: Acetaminophen Overdose, Salicylate Overdose, Trauma Part 1 and Trauma Part 2
- Submission: After completion of all podcasts, students will record this in ETS as an “Educational Activity” and choose [EM] Week 3 Podcasts (Acetaminophen Overdose, Salicylate Overdose, Trauma Part 1 & Trauma Part 2).

Week 4: Airway, Febrile Infants
- Submission: After completion of all podcasts, students will record this in ETS as an “Educational Activity” and choose [EM] Week 4 Podcasts (Airway, Febrile Infants)

Patient Care

Inpatient 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 Requirements using the Encounter Tracking System (ETS)**

Students should enter patient encounter data into the Encounters Tracking System (ETS) on a daily basis. A **minimum of 63** patient encounters are required with **at least 80%** of encounters at the full level of participation in patient care. Students are encouraged to see and document 100 patients in the Emergency Department and are expected to record all encounters in the encounters tracking system.

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 who have difficulty seeing a patient within each category should notify their Clerkship Director with sufficient time to **enable remedial action** to be taken. Although there is only **one required procedure of an intravenous (IV) line placement** to document in the ETS in the clerkship, active participation in development of procedural skills is encouraged.

<table>
<thead>
<tr>
<th>Minimum Required</th>
<th>Problems/Conditions</th>
<th>Location of Service</th>
<th>Level of Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Surgical Emergencies (Examples include ocular, dental, otolaryngologic, general, vascular, orthopedic, urologic, neurosurgical, obstetrical, and gynecologic)</td>
<td>Emergency Department</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Traumatic Emergencies (Examples include specific structural and organ injuries, and multi-trauma)</td>
<td>Emergency Department</td>
<td>X</td>
</tr>
<tr>
<td>1</td>
<td>Medical Emergencies (Examples include cardiovascular, pulmonary, gastrointestinal, renal, infectious, neurologic, hematologic, allergic, and psychiatric)</td>
<td>Emergency Department</td>
<td>X</td>
</tr>
<tr>
<td>1</td>
<td>Pediatric Emergencies (Examples include traumatic, medical, and surgical)</td>
<td>Emergency Department</td>
<td>X</td>
</tr>
<tr>
<td>1</td>
<td>Toxicologic Emergencies (Examples include overdose, poisoning, and substance abuse)</td>
<td>Emergency Department</td>
<td>X</td>
</tr>
<tr>
<td>1</td>
<td>Environmental Emergencies (Examples include bites and envenomation, burns, electrical, and temperature-related injuries)</td>
<td>Emergency Department</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minimum Required</th>
<th>Procedures</th>
<th>Level of Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Intravenous line placement</td>
<td>Minimal</td>
</tr>
</tbody>
</table>

**Patient Log (ETS) Monitoring Policy**

Encounter data are monitored by the Clerkship Directors to assure that students are meeting clerkship requirements. If it becomes apparent that students are not encountering the required patient conditions, efforts will be made to specifically select the needed patients for you to see. 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 Aquifer Cases, or discussions with the Clerkship Director.

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 (history, physical or assessment/plan)
- **Moderate**: perform two of the aforementioned tasks (history, physical and/or assessment/plan)
- **Full**: perform all three tasks (history, physical and assessment/plan)

**Alternate Educational Experiences**

Should the student be unable to complete and record a required clinical encounter or other clerkship requirement due to circumstances beyond their control, the education director will determine an appropriate alternative educational
experience. The student will record as instructed in ETS. Utilization of alternative educational activities is monitored by the curriculum committee on a regular basis.

Course Meetings and Lectures

Students will participate in morning rounds, noon conferences and other educational meetings when available. Students may be asked to present to 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, personal educational goal and any challenges or concerns. Mid-clerkship Evaluation will be completed by the Clerkship Director, and will include feedback from the Clerkship Faculty. Review of student workhours will be part of the weekly meetings with the Clerkship Director and the mid-clerkship evaluation.

End of Clerkship Exam

On the last day of the clerkship, students will take the 110 question NBME Advanced Clinical Subject Examination in Emergency. There are self-assessment tools available on the EM Canvas site and the NBME has an EM self-assessment. Contact your student support coordination for the student voucher availability policy.

Learning Resources

Institutional Resources
The Maguire Medical Library offers 24/7 remote access to online resources that support the core clerkships. They include Mobile Resources, Point of Care, and Subject Guides.

Recommended Reading
All resources located on the Emergency Medicine Subject Guide under the “books” tab.
- Emergency Medicine Secrets, 6th Ed 2016 (foundation text, not all inclusive)
- Acute Emergencies and Critical Care of the Geriatric Patient 2000
- Harwood-Nuss’ Clinical Practice of Emergency Medicine 2015
- Roberts and Hedges’ Clinical Procedures in Emergency Medicine and Acute Care 2018
- Rosen’s Emergency Medicine: Concepts and Clinical Practice 2017

Evaluation

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

Evaluation
1. Formative. A 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. See the Canvas M.D. Clerkships AY 2020-2021 site for student user workflow guide.
2. Summative. An evaluation of student clinical performance will be completed by the assigned Clerkship Faculty at the end of the clerkship, as well as by the resident the student worked with during the clerkship. A final
A 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.

**Grade Assignment**
The final grade is assigned by the Education Director and is based on all aspects of the clerkship, including clinical performance, attitude and performance during the weekly meetings with the Clerkship Director, and the results of the NBME Clinical Subject Exam. There are no grade quotas, and it is possible for any student to earn the grade of honors.

**Course Objectives**
The following table outlines the clerkship objectives and assessment method for each, intended to be used as a guide for student learning. Each clerkship objective 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 clerkship years at the Florida State University College of Medicine, please visit the syllabi page of the Office of Medical Education website.

<table>
<thead>
<tr>
<th>Clerkship Objectives</th>
<th>Assessment</th>
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<tbody>
<tr>
<td><strong>Emergency Medicine</strong></td>
<td></td>
</tr>
<tr>
<td>Maintain a professional appearance.</td>
<td>x</td>
</tr>
<tr>
<td>Demonstrate a compassionate and nonjudgmental approach when caring for patients.</td>
<td>x</td>
</tr>
<tr>
<td>Be conscientious, on time, and responsible.</td>
<td>x</td>
</tr>
<tr>
<td>Exhibit honesty and integrity in patient care.</td>
<td>x</td>
</tr>
<tr>
<td>Practice ethical decision-making.</td>
<td>x</td>
</tr>
<tr>
<td>Successfully perform a peripheral IV insertion.</td>
<td>x</td>
</tr>
<tr>
<td>Understand the indications, cost, risks, and evidence behind commonly performed ED diagnostic studies.</td>
<td>x x x</td>
</tr>
<tr>
<td>Provide accurate and organized documentation in the medical record when appropriate.</td>
<td>x x</td>
</tr>
<tr>
<td>Obtain an accurate problem-focused history and physical examination.</td>
<td>x x</td>
</tr>
<tr>
<td>Effectively use available information technology, including medical record retrieval systems and other educational resources, to optimize patient care and improve their knowledge base.</td>
<td>x x</td>
</tr>
<tr>
<td>Develop a differential diagnosis when evaluating an undifferentiated patient:</td>
<td>x x x x</td>
</tr>
<tr>
<td>Prioritize likelihood of diagnoses based on patient presentation and acuity, including worst-case diagnoses.</td>
<td>x x x</td>
</tr>
<tr>
<td>Monitor the response to therapeutic interventions.</td>
<td>x x</td>
</tr>
<tr>
<td>Recognize immediate life-threatening conditions.</td>
<td>x x x x</td>
</tr>
<tr>
<td>Educate patients on safety and provide anticipatory guidance as necessary related to the patient’s chief complaint.</td>
<td>x x</td>
</tr>
<tr>
<td>Educate patients to ensure comprehension of discharge plan.</td>
<td>x x x x</td>
</tr>
<tr>
<td>Create a diagnostic plan based on differential diagnoses.</td>
<td>x x</td>
</tr>
<tr>
<td>Develop a management plan for the patient with both an undifferentiated complaint and a specific disease process.</td>
<td>x x x x</td>
</tr>
<tr>
<td>Develop a management plan for the patient with both an undifferentiated complaint and a specific disease process.</td>
<td>x x x x</td>
</tr>
<tr>
<td>Develop an evaluation and treatment plan.</td>
<td>x x x x</td>
</tr>
<tr>
<td>Recognize importance and develop appropriate disposition and follow-up plans for patients being discharged from the ED.</td>
<td>x x x x</td>
</tr>
<tr>
<td>Understand the role of the local medical community, including access to care and its impact on patient care.</td>
<td>x</td>
</tr>
<tr>
<td>Effectively communicate with consultants and admitting services.</td>
<td>x</td>
</tr>
</tbody>
</table>
Recognize when patients should be appropriately referred to the emergency department. x x 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 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 x
Demonstrate appropriate self-confidence that portrays professionalism and competency. x x
Learn and recognize out-of-hospital resources that underserved patients can access and understand the process of accessing such services. x

Policies

Absence and 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.
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.

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 Office of Accessibility Services; 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 Office of Accessibility Services 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:
Office of Accessibility Services
874 Traditions Way
108 Student Services Building
Tallahassee, FL 32306-4167
(850) 644-9566 (voice)
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.

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.

Student Work Hours Policy
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.

Documentation of Work Hours: Students will use ETS to document by self-report their daily work hours. Students must enter daily work hours that includes both clinical experience and educational activities. Failure to report work hours is considered a breach of professionalism.

- Clinical care, including documentation in medical record
- Required educational meetings (i.e. Doctoring 3, clerkship meetings, educational meetings at residency programs)

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.