



BCC 7176
Emergency Medicine Clerkship
2018-2019

Education Director

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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

Students will meet with Clerkship Director prior to clinical activities to discuss specific schedules, competences and other expectations.

Scheduled Hours/On-Call

Students will work in the Emergency Department for a total of 128 hours/month, which is the equivalent of four eight-hour days/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 reading day is an integral part of the curriculum.

Student Workhour 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.

Absences

Extended absences from the sub-internship are not permitted. Any absence from the sub-internship 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)

Students are encouraged to see approximately 100 patients in the Emergency Department, and record all encounters in the patient log through the encounters tracking system (ETS). A minimum of 63 patient encounters are required (according to the problems outlined below), with at least 80% at the full level of participation in patient care.

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

The following types of problems seen in the emergency department setting are common, and students are **expected to record patients with these types of emergencies into the patient log** (encounter tracking system). The numbers in parentheses represent the **minimal numbers** of patients that need to be seen to achieve the competencies. Students who have difficulty seeing the minimum number of patients within any of these categories should notify their Clerkship Director with sufficient time to enable remedial action to be taken.

- Surgical Emergencies: including ocular, dental, otolaryngologic, general surgical, vascular, orthopedic, urologic, neurosurgical, obstetrical, and gynecologic (20)
- Traumatic Emergencies: including general principles, specific structural and organ injuries, and multi-trauma (5)
- Medical Emergencies: including cardiovascular, pulmonary, gastrointestinal, renal, infectious, neurologic, hematologic, allergic, and psychiatric (20)
- Pediatric Emergencies: including traumatic, medical, and surgical (10)
- Toxicologic Emergencies: including overdose, poisoning, and substance abuse (5)
- Environmental Emergencies: including bites and envenomations, burns, electrical, and temperature-related injuries (3)

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.

Documentation of Workhours

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.

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.

Exam

Students will take a web-based NBME clinical subject examination in Emergency Medicine at the end of the clerkship.

Readings

The Orlando Emergency Medicine Lecture Series is used in this course. Eight presentations have been chosen as required, and students are responsible for reviewing two lectures each week of the clerkship, according to the following schedule.

- Week 1: Abdominal Pain, Chest Pain
- Week 2: Altered Mental Status, Shortness of Breath
- Week 3: Toxicology, Trauma
- Week 4: Airway Management, Febrile Infants & Children

Learning Resources

Students may access the [COM Charlotte Edwards Maguire Medical Library](#) for both required and suggested readings, specifically through the [Emergency Medicine Subject Guide](#).

- **Clerkship Directors in Emergency Medicine (CDEM)** is a national organization representing undergraduate medical education in EM. The [M4 Curriculum](#) is also on the [EM Subject Guide](#) website under "Other Resources." The CDEM manages the medical student online testing service for the Society of Academic EM. These are located at <https://www.saem.org/cdem/education/testing>. If you are interested, please contact your clerkship director for an access code.
- **USMLE Road Map Emergency Medicine**, 1st edition, Scott C Sherman, MD and Joseph M Weber, MD, Lange Medical Books/McGraw-Hill, USA, 2008. This text gives a good overall foundation of Emergency Medicine, but is certainly not all inclusive.

Suggested Readings available in the [Emergency Medicine Subject Guide](#) "Books" tab, in the "Texts" section:

- 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:

- Relevance of Aging Issues in the Emergency Department (pp.1-10)
- Drug Dosage in the Critically Ill (pp.31-48)
- Acute Vision Impairment (pp.399-434)
- Hypothermia and Hyperthermia (pp.435-450)
- Diagnosis and Treatment of Abuse and Neglect (pp.451-460)

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.

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.

College of Medicine Standard Clerkship Grading Policy

The standardized clerkship policy can be found on the [Office of Medical Education](#) website.

Clerkship Specific Grading

1. If any remediation is required, the student is no longer eligible for “honors”, and will be assigned an initial grade of “IR” until remediation has been completed
2. Any breach in professionalism renders a student ineligible for honors
3. 63 patient encounters (pass/fail)
4. Completion of required problems and procedures (pass/fail)
5. Clinical performance must be exemplary to be considered for honors
6. NBME must be at 75th percentile or higher to be eligible for honors consideration

Policies

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 the assessment method for each, intended to be used as a guide for student learning. For a more detailed view on how these competencies map to the educational program objectives (EPO) and entrustable professional activities (EPA), as well as an overview of the curricular map for the clinical years at the Florida State University College of Medicine, please follow this link: <https://med.fsu.edu/index.cfm?page=medicalEducation.syllabi#clerkships>.

| Clerkship Competency | Assessment | | | | | | |
|--|----------------------------|------------------------|-------------------------------|---------------|-------------------|-----------------------|----------------------------|
| <i>Emergency Medicine</i> | NBME/End of Clerkship Exam | Observation by Faculty | Observation by Clerkship Dir. | Online Module | Oral Presentation | Patient Documentation | Project/Written Assignment |
| Obtain an accurate problem-focused history and physical examination. | | X | | | X | | |
| Recognize immediate life-threatening conditions. | X | X | | | X | | |
| <u>Patient Management Skills</u> | | | | | | | |
| Students should be able to: | | | | | | | |
| Develop an evaluation and treatment plan. | X | X | | | X | | |
| Monitor the response to therapeutic interventions. | | X | | | X | | |
| Develop appropriate disposition and follow-up plans. | X | X | | | X | | |
| Successfully perform a peripheral IV. | | X | | | | | |
| <u>Health Promotion</u> | | | | | | | |
| Students should be able to education patients: | | | | | | | |

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| On safety and provide anticipatory guidance as necessary related to the patient's chief complaint. | | X | | | X | | |
| To ensure comprehension of discharge plan. | | X | | | X | | |
| Students should be able to: | | | | | | | |
| 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 | | |
| 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 | | |
| Students should be able to demonstrate ability to: | | | | | | | |
| 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 | | |
| Appreciate the interdisciplinary approach to the acute trauma or emergent patient. | | X | | | X | | |
| Provide accurate and organized documentation in the medical record when appropriate. | | | | | | | |
| <u>Humanistic Qualities</u> | | | | | | | |
| Students should be able to: | | | | | | | |
| Effectively communicate with patients, family members, and other members of the health care team. | | X | | | | | |
| Demonstrate a compassionate and nonjudgmental approach when caring for patients. | | X | | | | | |

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| <u>Presentation Skills</u> | | | | | | | |
| Students should be able to: | | | | | | | |
| Present cases in a complete, concise, and organized fashion. | | X | | | X | | |
| Effectively communicate with consultants and admitting services. | | X | | | | | |
| <u>Positive Work Ethic</u> | | | | | | | |
| Students should demonstrate a solid, positive work ethic to: | | | | | | | |
| Be conscientious, on time, and responsible. | | X | | | | | |
| Exhibit honesty and integrity in patient care. | | X | | | | | |
| Practice ethical decision-making. | | X | | | | | |
| <u>Professional Behavior</u> | | | | | | | |
| Students should be able to: | | | | | | | |
| Exercise accountability. | | X | | | | | |
| Maintain a professional appearance. | | X | | | | | |
| Be sensitive to cultural issues (age, sex, culture, disability, etc.). | | X | | | X | | |
| Work in a collegial manner with other members of the health care team. | | 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 | | |

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| Recognize the role of EM in the community, including access to care and its impact on patient care. | | X | | | X | | |
| Understand the indications, cost, risks, and evidence behind commonly performed ED diagnostic studies. | X | 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 | | | | | |
| Develop a management plan for the patient with both an undifferentiated complaint and a specific disease process. | 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 | | | | | |
| Understand the role of the local medical community, including access to care and its impact on patient care. | | X | | | | | |
| Learn and recognize out-of-hospital resources that underserved patients can access and understand the process of accessing such services. | | X | | | | | |