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ROTATION CONTACT INFORMATION		
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### **WELCOME to the PLFSOM EM CLERKSHIP**

We have created a rotation that takes advantage of the unique learning opportunities that the ED provides. Here you will assess undifferentiated patients, coming up with your own diagnostic and therapeutic management plan, integrating and applying much of what you have learned in years 1-3. To compliment your clinical experience we have created additional educational opportunities through hands-on exercises, simulations, lectures, and readings along with written and oral assignments. We have also incorporated pre-hospital and poison center exposure into the course. This clerkship is based upon national curriculum guidelines for EM clerkships and is designed to contribute significantly to our overall institutional learning objectives. This syllabus contains all the information you will need to succeed during the rotation. In addition, you are expected to know and understand the Rules and Regulations in *Common Clerkship Policies* provided by the Office of Medical Education and the *Student Affairs Handbook* provided by the Office of Student Affairs. The behavioral expectations and the necessary items for this rotation are specified in General Requirement section of this syllabus. Please note that assignment results may be used for training or research purposes anonymously.

### **Academic Success and Accessibility Office (ASAO):**

TTUHSC El Paso is committed to providing equal access to learning opportunities to students with documented disabilities. To ensure access to this course, and your program, please contact the Academic Success and Accessibility Office (ASAO), to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical setting. Accommodations are not provided retroactively, so students are encouraged to register with the ASAO as soon as possible. Please note: faculty are not allowed to provide classroom accommodations to a student until appropriate verification from ASOA has been provided to the school and disseminated to the appropriate faculty member(s). For additional information, please visit the ASAO website: <https://el Paso.ttuhsc.edu/studentservices/office-of-academic-and-disability-support-services/default.aspx>."

### ASSIGNMENT LIST AND DUE DATES

Due	Rotation Preparation	Assignment
Prior to first shift	Presenting your Patients in the ED	<a href="https://vimeo.com/132865332">https://vimeo.com/132865332</a>
Throughout Rotation	<i>EM Fundamentals &amp; An Introduction to Clinical Emergency Medicine Textbook</i>	Select Chapters, Refer to page 7/8

Due no later than	Required Assignments **	Location	Clerkship Review
First Rotation Tuesday 8:00am to 4:00pm	<b>US/Task Trainer /Medical Simulation Cases(P.12)</b>	GGHSON-TECHS, 2 <sup>nd</sup> Floor (Lobby)	Mid
Second Rotation Friday by midnight	<b>History &amp; Physical (P.11)</b>	Submit to: via PLF approved on-line system	Mid
Third Thursday by 5:00pm	<b>Social History (P.11)</b>	Submit to: via PLF approved on-line system	Final
1 <sup>st</sup> Update – 2nd Friday of Rotation 2 <sup>nd</sup> Update – midnight on last rotation Friday	<b>Op-Log (P.14)</b> <ul style="list-style-type: none"> <li>○ Two updates due</li> <li>○ <b>30</b> Entries to Pass/<b>60</b> Entries to Honor</li> <li>○ <b>Include:</b> Abdominal Pain; Fever; Chest Pain, Nausea/Vomiting; Trauma; Cough/SOB.</li> </ul>	<a href="https://ilios.ttuhsce.edu/Fostersom/Curriculum/PatientLog/Default2.aspx">https://ilios.ttuhsce.edu/Fostersom/Curriculum/PatientLog/Default2.aspx</a>	Mid/Final
Every Thursday	<b>Completed Shift Assessments</b>	Submit to: Ida Rascon	Mid/Final
Last Rotation Day by 5:00pm	<b>Completed Procedure Log/Procedure OpLog Entries</b> <i>(be pro-active in ED) (p.13)</i>	Submit to: Ida Rascon	Final
Article/PowerPoint due 24 hours prior to schedule activity.	<b>CQP Article/PowerPoint (P.13)</b> Submit to: via PLF approved on-line system	TBD	Final
Last day of Rotation	<b>NBME (P.14)</b> <ul style="list-style-type: none"> <li>○ Bring your E-raider log-in IT requires you to bring your own testing compliant- ready laptop.</li> </ul>	MEB Testing Lab #2150	Final

Due (based on assigned day)	Expected Assignments	Location
Every Thursday 7:00 to noon	<b>EM Resident Conference</b>	<b>Trauma</b> – UMC ED Trauma Conf Rm <b>(1<sup>st</sup> and 3<sup>rd</sup> Thursday Only)</b>  <b>EM</b> – CSB EM, #A3500 (3 <sup>rd</sup> Flr)
Exact Thursday 1:00-5:00pm provided day of orientation.	<b>SIM Shadow (P.12)</b>	GGHSON-TECHS <b>N</b> , 2 <sup>nd</sup> Floor

Exact 11:45am to 8:45pm shift provided day of orientation.	<b>EMS Ride-Out (P.12)</b>	Exact Fire Station will be provided on your EMS Ride-Out Schedule
Exact 1:00 to 3:00pm shift provided day of orientation.	<b>911 Dispatch Center (P.12)</b>	6055 Threadgill Avenue (79924) For assistance: 915-832-4459 or 915-832-4424
Exact 10:00am to 12:00N shift provided day of orientation.	<b>West Texas Regional Poison Control (P.13)</b>	4625 Alberta Avenue, 1 <sup>st</sup> Level (within the UMC Parking Garage) 915-534-3800

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<b>Date</b>	<b>Optional Assignments</b>	<b>Location</b>
Third Tuesday of the Month 7:00 to 9:00pm	<b>Journal Club (P.13)</b> Optional but encouraged, discussion topics will be sent via e-mail. Required of all EM bound students	Location will be provided via email.

**\*\* LATE ASSIGNMENTS WILL DISQUALIFY YOU FOR A GRADE OF HONORS, EVEN IF YOU HONOR THE NBME.**

## **PLFSOM EMERGENCY MEDICINE CLERKSHIP OBJECTIVES**

*(Corresponding Institutional Learning Objectives in parentheses.)*

### **Patient Care**

**Goal:** Students who are able to provide patient-centered care that is appropriate and compassionate.

**Objectives:** By the end of the clerkship, students should be able to:

- Demonstrate proper interviewing techniques *(PC-1.1)*
- Obtain an accurate problem-focused history and physical exam *(PC-1.1)*
- Develop a diagnostic and therapeutic patient management plan for the patient with both an undifferentiated complaint and a known disease process *(PC-1.3, PC-1.2)*
- Formulate a differential dx when evaluating an undifferentiated patient: *(PC-1.3)*
  - List worst case scenarios
  - Prioritize likelihood of diagnoses based on clinical findings
- Patient management skills *(PC-1.2, PC-1.7)*
  - Monitor the response to therapeutic intervention
  - Develop appropriate disposition and follow up plans
- Patient communication *(PC-1.6, PC-1.7)*
  - Educate patients on safety and provide anticipatory guidance as necessary
  - Educate patients to ensure comprehension of discharge plan
- Recognize immediate life-threatening conditions such as, but not limited to, STEMI, Stroke, high-acuity Trauma, etc. *(PC-1.4, PC-1.5)*
- Interpret basic diagnostic tests such as, but not limited to labs and imaging *(PC-1.3)*
- Execute accurate EMR documentation appropriate to the ED *(PC-1.1, ICS- 4.4)*
- Initiate basic resuscitation and stabilization *(PC-1.5)*
- Demonstrate proficiency in the following basic skills *(PC-1.3, PC-1.8)*
  - Basic Airway Management
  - Peripheral Intravenous Access
  - ECG/cardiac rhythm analysis
  - Cardiopulmonary resuscitation

### **Knowledge for Practice**

**Goal:** Students who are able to apply their broad knowledge base to patient care in the ED clinical setting.

**Objectives:** During the clerkship, the student will have opportunity to:

- Apply diagnostic principles from years 1-3 to the ED clinical setting *(KP-2.2)*
- Apply evidence-based principles to patient care in the ED clinical setting *(KP-2.3)*

### **Practice Based Learning and Improvements**

**Goal:** Students who are able to apply scientific evidence to patient care, accept, and apply feedback for improvement of patient care practices.

**Objectives:** Students will demonstrate the ability to:

- Investigate a clinical question relevant to patient care through evaluation of primary research *(PBL-3.1, PBL-3.4)*
- Act on corrective feedback *(PBL-3.3)*
- Evaluate the medical literature *(PBL-3.4)*
- Use information technology to improve patient care *(PBL-3.4)*

### **Interpersonal and Communication Skills**

**Goal:** Students who are able to effectively communicate with patients, families, faculty, staff, residents and other students.

**Objectives:** Students will have opportunity to:

- Develop and demonstrate professional interactions and effective communication with ED faculty, staff and consultants (*ICS-4.2*)
- Demonstrate active listening skills (*ICS-4.3*)
- Establish a therapeutic relationship with patients and families (*ICS-4.1, ICS-4.3*)

### **Professionalism**

**Goal:** Students who demonstrate a commitment to carrying out professional responsibilities, adhering to ethical principles, displaying sensitivity to a diverse patient population.

**Objectives:** Throughout the clerkship, students will demonstrate:

- Respect towards patients and families whose lifestyles, culture and values may be different from their own (*PRO-5.1*)
- Ethical behavior, including patient confidentiality, privacy and consent (*PRO-5.2*)
- Reliability, by arriving on time and prepared for all required activities (*PRO-5.3, PRO-5.7*)
- Honesty and integrity in patient care (*PRO-5.6*)
- Professional appearance (*PRO-5.7*)

### **Systems-Based Practice**

**Goal:** Students who demonstrate an awareness of the larger context of health care and understand how to effectively utilize system resources to provide optimal care.

**Objectives:** By the end of the clerkship, students should be able to:

- Describe the role of emergency medicine in the US health care system (*SBP-6.1*)
- Demonstrate understanding of limitations patients' face due to lack of resources (*SBP-6.2, SBP-6.3*)
- Know when accessing social services is indicated (*SBP-6.2, SBP-6.4*)
- Describe the role of poison centers in the US healthcare system (*SBP-6.1*)

### **Inter-Professional Collaboration**

**Goal:** Students who demonstrate the ability to effectively engage as part of an inter-professional team.

**Objectives:** Throughout the clerkship, student should have the opportunity to:

- Develop teamwork and inter-professional communication skills during simulation activities and in the ED (*IPC-7.3*)

### **Personal and Professional Development**

**Goal:** Students who demonstrate the principles required for lifelong professional growth.

**Objectives:** During the clerkship, students will have opportunity to:

- Develop their own clinical question, identify appropriate research to answer the question and critically appraise this research, presenting their findings to fellow students (*PBL3.1*)

- Develop proper judgment regarding when to take responsibility and when to seek assistance with patient care, based on their current level of training (*PPD-8.1*)

### **Clinical Presentations**

The following clinical presentations (CPs) from year 1-2 will be revisited during this rotation:

- Introduction to Health and Disease CPs
  - Wound
- Musculoskeletal/Dermatology CPs
  - Fractures-Dislocations-Joint Injuries
- Cardiovascular/Respiratory CPs
  - Chest discomfort
  - Abnormal blood pressure: Shock
  - Abnormal Arterial Pulse
  - Dyspnea
  - Syncope
- Gastrointestinal System CPs
  - Abdominal pain and blood in GI
- Endocrine System CPs
  - Diabetes and obesity/Metabolic syndrome
- Neurological CPs:
  - Delirium, stupor, coma
  - Headache

## GENERAL REQUIREMENTS

Course expectations include showing up for all shifts, on time, appropriately attired (scrubs or business attire, no dangling hair, no open toe shoes), ready to work, with a stethoscope. When evaluating real or simulated patients, always use appropriate Personal Protective Equipment (PPE) and be respectful.

ED Shifts will be distributed between the following facilities:

- UMC of El Paso, 4815 Alameda, 915-521-7700
- El Paso Children's Hospital, 4815 Alameda, 915-298-5443
- THOP-Transmountain Campus, 2000 Transmountain Road, 915-877-8136 (with **completed** credentialing on file)
- **Additional sites are being pursued.**

If an emergency arises preventing you from working your shift or you are ill, e-mail the Clerkship Coordinator and PLFClerkshipAbsence.com The absentee policy during this rotation allows up to 16 hours of missed shift work if the missed shifts are for *excused* absences (illness, residency interview or family emergency). You will be required to make up any excused absence (if more than 16 hours) to complete the rotation. Contact the Clerkship Coordinator to reschedule any shift that needs to be rescheduled for any other reason. Should an MS-4 request changes to the schedule after being published, it is also the MS-4's responsibility to assist in assuring all duty hour requirements/restrictions have been met. **Any shift changes should be requested a minimum of 48 hours in advance, excluding weekend hours, to ensure timely change to the schedules.**

**We have a strict 'No-Show' policy. If you do not show up for a scheduled shift or required activity without notification, you will be dropped from the course, based on a lack of professionalism and you will be required to retake the course in May to receive a PASS.** It is your responsibility to know when you are scheduled to be in the ED.

You will usually be assigned to a single ED attending for each shift when you arrive in the ED. Your attending may request you work with a Senior Resident. Typically, you are expected to act as the primary provider for the patients you see on these shifts. **You will do a focused H&P, and then present the patient to the faculty with a differential diagnosis along with a diagnostic and therapeutic management plan.** Each MS-4 will be assigned 98 clinical hours in the emergency department in shifts varying in length, but not more than 12 hours. You will be required to work nights and weekends. You may request up to 3 dates to be off the schedule during the rotation. Requests can be given to the Clerkship Coordinator prior to the rotation starting. If you need to make additional shift changes, you may work these out with your classmates and inform the Clerkship Coordinator of any shift swaps. Shift scheduling is required to abide by the school's duty hour policy. It is also required that you are available on the first and last day of the clerkship, per school policy.

All patients are to be presented to faculty before orders are written, before pelvic and rectal exams, and before any procedures are done. **You are not to do any of these things without direct physician observation.** You must notify and obtain approval from your faculty member for each patient you plan to pick up. If a patient appears unstable (i.e. looks really sick, has respiratory distress, or has abnormal vital signs) notify your attending or resident immediately.

Do not leave the department without advising your faculty. Expect to eat your meals in the ED, although you will be allowed to leave the department to get food from the cafeteria. There is a refrigerator and microwave oven in the ED for physician/student use.



**You are required to attend 3 out of 4 Thursday morning resident conferences.** If you are considering EM as a career choice you will be required to give a 5-7 minute presentation on a topic of your choice that is relevant to emergency medicine. You should email your topic one week beforehand to chief resident **Gregory Whitcher (Gregory.whitcher@ttuhsc.edu)** and Dr. Parsa for approval. This should be a presentation with a very narrow scope and only 1 or 2 key take home point relevant to students and residents.

The Clerkship Coordinator will notify you should your attendance NOT be required at the Thursday Resident Conference instead you may be scheduled an extra shift at THOP-Transmountain Campus or a night shift the day before **in compliance with Duty Hours.**

- ~~If the MS works Wednesday night and Thursday night, they are excused (overnight shifts 12M to 8am)~~
- ~~If the MS works Thursday night (overnight shift 12M to 8am), but not Wednesday night, they are excused.~~
- ~~If the MS works Wednesday night (overnight shift 12 M to 8am) at least the first two hours of conference can be attended as not to exceed a total of 165 continuous on duty hours.~~

**Attendance will be verified through hourly rosters.**

### **ED Documentation**

For ED charting UMC and EPCH use Cerner. You will receive a personal login and receive training on how to use Cerner during orientation. Faculty varies as to their comfort level with students doing their own documenting. If you are documenting a patient note in Cerner, you must change the title of the note to "medical student note".

When you are working on your note and it is incomplete you may "save" the note, but when it is completed, you must click "sign". You must forward all your notes to your attending for their co-signature. The residents and faculty will be able to assist you with any of this if you have questions. If you do not do these things, you will be required to go to medical records at a later date to do so.

At THOP-Transmountain Campus, you will not have your own computer login.

### **Required Reading**

On the first day of your rotation, each student will be provided with an EM Fundamentals Book. *EM Fundamentals*, is a small pocket book that you can carry around with you and use as a quick reference during your shifts for major issues with guidance on treatment and disposition.

All students will be invited to Canvas. All documentation, requirements, and assignments will be available on-line. During Orientation, the group will be required to log-in to PLF approved on-line system and navigate through modules, documents, and requirements.

### **Recommended Reading**

A second book provided for student use. *An Introduction to Clinical Emergency Medicine* by Mahadevan and Garmel is written for MS-4's. You are encouraged to read any sections of the book you find interesting. Selected readings below reflect current national curriculum guidelines.

- Ch. 3- Cardiopulmonary and cerebral resuscitation (read before SIM cases activity)
- Ch. 6- Shock
- Ch. 7- Traumatic injuries

Ch. 10- Abdominal pain  
Ch. 11- Abnormal behavior  
Ch. 14- Altered mental status  
Ch. 17- Chest pain  
Ch. 21- Diabetes-related emergencies  
Ch. 30- Headache  
Ch. 34- Pelvic pain  
Ch. 37- Seizures  
Ch. 38- Shortness of Breath in Adults  
Ch. 47- Environmental emergencies  
Appendix B-Common emergency procedures (read before Task Trainers activity)  
Appendix C- Laceration repair

### **Grading Policy**

It is expected that over the course of the block, student performance will have improved in many or all categories, based on feedback and growing familiarity with the clinical discipline and patient care. The final assessment is not an average of the student's performance over the entire rotation, but represents their final level of achievement. A detailed outline can be found in your *Common Clerkship Policies* (Clinical Grading Policy pages 4-6).

#### **HONORS:**

For **AY2021-2022**, the NBME criteria for honors eligibility can be viewed in the current Common Clerkship Policies, Table 1: Clerkship-Designated Scores for Pass and Honors. To qualify for honors you will also need outstanding shift evaluations by ED faculty and compliance as outlined in the Common Clerkship Policies.

#### **In addition to the above, the following will be required for honors:**

- All course assignments submitted on time (as listed in Assignment Schedule and Due Dates)
- All 4s and 5s on your clinical question presentation grading sheet with at least a High Pass grade
- Complete a minimum of 60 Op-Log entries
- Give a high quality 5 minute presentation during resident conference
- A model of professional behavior
  - Never late, always ready to start on time
  - Actively involved in educational activities (no social media, texting, etc., during educational activities)

#### **PASS:**

- Final exam: For **AY2021-2022**, the NBME criteria for passing can be viewed in the current Common Clerkship Policies, Table 1: Clerkship-Designated Scores for Pass and Honors.
- Complete all assignments to the satisfaction of the course director.
- Complete a minimum of 30 Op-Log entries
- Any assignments that are not completed or are completed poorly must be completed to the satisfaction of the course director before a PASS can be issued.
- The student must make up excused absences beyond 16 hours.
- All absences that are not excused must be made up.
- Attend all mandatory educational activities for which you don't have an excused absence.
- Clinical evaluations must meet a minimum standard of the following:
  - Professional behavior
  - Patient evaluation skills
  - Patient management skills

- Any remedial requirements given during the course must be completed to the satisfaction of the course director.

**INCOMPLETE:**

This grade will be issued at the end of the clerkship if the course requirements have not been met due to mitigating circumstances or failing the final exam on the initial attempt. Once the requirements have been met and/or the exam has been passed on the second attempt, the grade will be changed to PASS.

**FAIL:**

- Unprofessional behavior
- Failure to complete required remedial work in the allotted time.
- Failure to complete course requirements to a satisfactory level.

**Documentation**

Documentation is an important part of clinical practice. We require you to turn in one completed chart for Dr. Parsa to review, due on Friday of the second week of the rotation. This should be your own documentation (not part of the permanent medical record). It should be submitted in a standard typewritten format and uploaded into PLF approved on-line system. It must include the following mandatory items:

- History and physical (not exhaustive, but focused; appropriate for ED)
- ED course-Testing results with interpretation (i.e. K- 2.9-low). Differential diagnosis. Therapeutic interventions with indications and reassessment, i.e.
  - 17:30- Ondansetron given for nausea. 18:00- no nausea, abdomen non-tender, P90 BP 120/80
- Final Diagnosis
- Disposition (with treatment and follow up plan if discharged)

Your note should include what a proper ED physician’s note would include, such as one that would be dictated into a real medical record. Feedback will be provided in PLF approved on-line system on this assignment noting your documentation strengths and weaknesses. If your documentation has significant weaknesses you will be required to repeat the assignment until adequate documentation is demonstrated.

**Detailed Social History Assignment**

A typical ED patient may face many life challenges; these may be related to poor decisions they have made or may be related to circumstances beyond their control. These challenges may include such difficulties as substance abuse, prior criminal activity and arrests, being a victim of crime, poverty, unemployment, gender identity, lack of healthcare coverage, disability, legal problems, immigration status issues, transportation difficulties, complex close relationship issues (abuse, estrangement, etc.), or family of origin/upbringing issues (i.e. parent was an addict).

Your assignment is to identify an ED patient with a chief complaint or medical condition that suggests challenges in accessing healthcare or maintaining a healthy lifestyle and to complete a detailed social history on that patient, recounting the specific challenges they face in regard to any of the above issues. Discuss the issues relevant to them and their situation. Please attempt to find out details and specific examples of how these challenges may have affected their health and how many of these challenges are linked together. As you interview your patient, ask yourself:

1. What are the key barriers to health for this patient?

## 2. How are these barriers affecting this patient's health?

For example, a gentleman with EtOH dependence may have most of the above problems, all stemming from his EtOH use. He may have tried to quit many times (ask about what he has tried, how effective it was, why it did or didn't work). Ask about some of the other issues above, and how EtOH has affected those issues. Ask where he gets money and how he spends it, ask how he accesses healthcare (when was his last clinic visit, how beneficial was it, how did he get there, could he afford the prescriptions and ancillary testing); ask about living arrangements and family support.

Don't ask questions as if going through a checklist, but try to do your best to put yourself in their shoes and truly understand the patient's perspective on their struggles. Take what you have learned and write a one-page narrative including any personal reflections related to the encounter. Sample write-ups can be accessed in PLF approved on-line system. Dr. Parsa will review your write-up and provide written feedback in PLF approved on-line system. The assignment will need to be repeated if it is not comprehensive and completed with proper effort.

### **Simulation Activities**

To assist in the preparation for clinical practice, each MS-4 will practice their skills in a safe, controlled educational environment in the Training and Educational Center for Healthcare Simulation (TECHS), a state-of-the art venue for teaching and testing clinical skills such as:

#### Ultrasound Training:

- Discuss indications for point of care ED ultrasound
- Obtain and interpret basic point of care ED ultrasound images

#### Task Trainers:

- Basic Airway Management
- Bag Valve Mask
- Basic Endotracheal Intubation
- Intra-Osseous Line Placement
- Lumbar Puncture
- Tube Thoracostomy
- Central Venous Catheterization

#### Medical Simulation Cases:

Three cases will be addressed: (1) Adult Syncope; (2) Chest Pain; and (3) Pediatric Trauma.

All MS-4's will be scheduled to attend both sessions. A minimum of one session must be attended. Should both sessions be missed, one session must be completed at a later date without interruption of the MS's academic schedule or one of the following Make-Up Assignments should be completed:

- Task Trainers - Read Appendix B from Maradevan Garmel – *Common Emergency Procedures* and write detailed steps of one emergency procedure of your choice.

#### SIM EM Resident Shadow:

Each MS-4 will be required to attend one Thursday Resident SIM Case as assigned during their Emergency Medicine rotation. This shadowing experience allows the MS-4 to evaluate the day-to-day care in a structured, educational setting broadening their clinical exposure in both

common and rare scenarios.

### **Pre-Hospital Experience**

Each MS-4 will spend 2 hours at the 911 Dispatch Center where dispatchers receive calls. You do not need to bring anything. You will be able to see firsthand what happens behind the scenes.

You will also spend one 9-hour shift with an EMS ambulance crew. A Fire Station within the city will be identified. The address will be provided on your pass on the day of orientation and in Scheduler.

### **West Texas Regional Poison Center Experience**

Each MS-4 will spend 2 hours observing operations at the West Texas Regional Poison Control. This time will be spent listening in on calls and observing how calls are managed.

### **Re-Assignment**

MS-4's with previous experience in the pre-hospital arena or Poison Control may request to substitute their hours with additional ED shift(s) totaling the same hours. The request should be made prior to the rotation starting to allow timely changes to be documented appropriately.

### **Procedure Checklist**

By the end of the rotation, each MS-4 is required to turn in your Procedure Log checklist and enter your procedures in OpLog documenting that you have performed a minimum of 5 procedures. Possible procedures are listed on the Procedure Log and include: IV start, blood draw, urine cath, I&D and laceration. Any number of each procedure is acceptable, as long as five have been completed. Additional procedures not listed can be written in.

### **Journal Club**

EM Resident Journal Club is held monthly, you will be notified of the date and time. Journal Club is optional but encouraged for those interested in EM. If you wish to attend, ask the Clerkship Coordinator to arrange the schedule accordingly.

### **Clinical Question Presentation (CQP)**

Towards the end of your rotation, each MS-4 is required to attend the assigned CQP date and briefly present to the other students and at least one faculty. This round table style presentation should be based on a clinical question of interest to you that has arisen during the clerkship. Once you have decided on something to investigate, find a primary research article that investigates this problem. You will probably need to review several studies before finding the one you wish to present. Do NOT choose a review article to present. You should discuss the methods and results pointing out strengths and weaknesses of the study and its applicability to patient care. Please identify how you located the article, (PubMed, Google, etc.) why you chose it and why the question the article addresses is important to answer. Print and complete the top portion of your CQP assessment (found in PLF approved on-line system) and present to your faculty for their completion.

For example, if you are curious about the management of children with bronchiolitis, you could discuss an article relevant to the diagnosis of the illness (e.g. a study looking at the utility of CXR in diagnosis) or treatment (e.g. a study looking at outcomes comparing nebulized epinephrine to albuterol). These should be significant studies that are relevant to the clinical practice of emergency medicine. For the study that you will be discussing please upload into PLF approved on-line system at least **24 hours** beforehand. PLF approved on-line system access will be provided to the student in your round table for review and discussion. If you have questions or wish to discuss your ideas beforehand, contact Dr. Parsa. Please review the provided presentation evaluation form for further details on what will be expected. Scores of 4-5 in each category and a final grade of High Pass will be

required to be eligible for honors in the course. Each MS-4 will be allotted 15-20 minutes and question/discussion time will be encouraged after each presentation. A brief PowerPoint is required to highlight key article discussion points.

### **Mid-Rotation Assessment**

Progress will be assessed for each MS-4 at the midpoint of the rotation. Dr. Parsa will review your clinical evaluations, Op-Log entries and early assignments from the first two weeks as outlined in the Assignment Schedule and Due Dates.

Any MS-4 who is not making satisfactory progress will meet with Dr. Parsa to discuss their perception of any problem, the student's strengths and weaknesses and current life stressors. Steps will be taken to determine the precise problem and to work out an appropriate course of action. If you are progressing well, you will receive a personalized online TTAS mid-clerkship evaluation from Dr. Parsa and you will not be required to meet with him; but a meeting can be arranged if you request one.

### **Op-Log Entries**

You will be required to complete Op-Log entries on **all** patients with whom you have direct, clinical contact; e.g., performing a patient's history and physical examination, or performing or assisting in a procedure. Each student is required to document in the Op-Log the following mandatory conditions: (1) Abdominal Pain, (2) Fever, (3) Chest Pain, (4) Nausea/Vomiting, (5) Trauma, and (6) Cough/SOB. Involvement with a more advanced or critical patient in which significant faculty/resident teaching is involved should also be included.

You will be expected to record your encounters in Op-Log regularly and on at least a weekly basis using the observe-assist-manage format. Each student will need to have at least one patient encounter at the assist or manage level for each mandatory condition. Each MS-4 must have their Op-Log recordings up-to-date by Friday of the second week for mid-rotation assessment and again by 5 p.m. on the last Friday of the rotation. A minimum of 30 entries is required to pass and 60 entries are required for honors.

If you are unable to complete all required diagnoses, please notify the Clerkship Coordinator and an alternate assignment can be assigned such as the following chapters can be read from *An Introduction to Clinical Emergency Medicine* as an alternate assignment

<b>Required Diagnoses</b>	<b>Alternate Reading</b>
Abdominal Pain	Abdominal Pain - Section 2, Chapter 10
Fever	Fever in adults – Section 2, Chapter 27 and/or Fever in children – Section 2, Chapter 28
Chest Pain	Chest Pain – Section 2, Chapter 17
Nausea/Vomiting	Vomiting – Section 2, Chapter 44
Trauma	Traumatic injuries – Section 1, Chapter 7
Cough/SOB	SOB in adults – Section 2, Chapter 38 and/or SOB in children – Section 2, Chapter 39

### **Clinical Evaluations**

Clinical evaluations will be based on the form that you will provide to each faculty 30-60 minutes before the end of your shift. The faculty will fill it out and give it back to you to turn in. We require that you turn in all forms. This is our best way of documenting you were present in the ED for your shift. If you are missing a form we will consider that an absence that will require an explanation. If your presence at a shift cannot be confirmed this will be considered a **'no-show'** for the shift. We have asked all faculty

members to discuss their evaluation remarks with you personally at the end of each shift. Please bring completed forms each Thursday morning, when you come to morning didactics, and give to the Clerkship Coordinator.

### **Final Exam**

A final exam will be taken on the last day of the rotation. It is an NBME shelf examination with 100 multiple choice items recently retired from USMLE Step 2 Clinical Knowledge and items developed by the emergency medicine NBME task force. Most item types are 'single-best-answer.' The exam also contains several items in a new format; - i.e., item sets that unfold and challenge you to use your clinical knowledge in problem-solving and managing patients over time. Total time for the exam is 2 hours and 45 minutes; 15 minutes for the tutorial and 2 hours 30 minutes for the exam.

If a MS-4 is unable to take the exam on the last day of the rotation as scheduled, the exam may be rescheduled per the *Common Clerkship Policies* guidelines. If a MS-4 fails the final exam, he/she will receive an incomplete, but will have a chance to repeat the exam. If the MS-4 passes the exam on the second attempt, he/she will receive a passing grade. If the MS-4 fails on the second attempt, remediation will be offered.

### **Check-Out Procedures**

The EM Fundamentals and *An Introduction to Clinical Emergency Medicine* will be returned to **the Clerkship Coordinator's Office** immediately before or after the final exam. Grades will not be submitted if items are not returned.

A rotation Evaluation and at least one Faculty Evaluation will be sent to you by the Office of Curriculum, Evaluation, and Assessment, and must be completed immediately following the final exam. Below are the links which you will receive:

Rotation evaluation: <https://hscsurveys.ttuhscc.edu/inq/cgi-bin/qwebcorporate.dll?idx=86UK6F>

Faculty Evaluation: <https://hscsurveys.ttuhscc.edu/inq/cgi-bin/qwebcorporate.dll?idx=K7JCKR>

## SCHEDULED DUTY HOURS

The clerkship along with the MS-4 is responsible to ensure:

- A minimum total of ninety-eight (98) clinical hours has been assigned;
- Does not exceed sixteen (16) consecutive hours per shift;
- Does not exceed a maximum of eighty (80) total hours per week;
- No assignment(s) exceeds sixteen (16) continuous hours on duty;
- Mandatory 10 hour break between assigned duties; and
- At least one day off scheduled each week.

Assignments	Scheduled time	Minimum attendance
Orientation	0.5	0.5
Lecture: Disaster Preparedness for Emergency Medicine <ul style="list-style-type: none"> <li>• Summarize the basic requirement for hospital disaster planning and exercises. (SBP-6.4, PC-1.4)</li> <li>• List general components of necessary tasks such as communication, evacuation, sheltering, etc. required during a disaster. (SBP-6.1, SBP-6.4, ICS-4.2)</li> <li>• Validate the requirement for basic PPE and other required precautions for the safety of faculty, staff, and patients during a disaster. (SBP-6.4)</li> <li>• Express the importance of Hazard Vulnerability Analysis and Assessment Tools. (SBP-6.3, S B P - 6.4)</li> </ul>	0.5	0.5
Lecture: Toxicology <ul style="list-style-type: none"> <li>• List the basic approach to the poisoned patient. (PC-1.3, PC-1.2, KP-2.3)</li> <li>• Examine the importance of knowing the patient's history for proper evaluation and management. (PC-1.1, PC-1.3)</li> <li>• Identify key antidotes by toxic agent and their potential side-effects. (PC-1.2, PC-1.6, KP-2.3, K P - 2.4)</li> </ul>	1.0	1.0
Lecture: Orthopedic Emergencies <ul style="list-style-type: none"> <li>• Recognize when to consult Orthopedics from the ED. (SBP-6.4, PPD-8.1)</li> <li>• Demonstrate identification of clinical manifestations and ED management of basic orthopedic emergencies. (PC-1.3, PC-1.5, PC-1.6, PC-1.2, KP-2.3)</li> </ul>	1.0	1.0
Lecture: Role of the ED in the Healthcare System <ul style="list-style-type: none"> <li>• Review statistics and demographics of ED use in the USA. (SBP-6.1, ICS-2.4)</li> <li>• Evaluate the Affordable Care Act (ACA) and its effect on healthcare. (SBP-6.1, SBP-6.2)</li> <li>• Assess ACA's Accountable Care impact based on patient outcomes. (SBP-6.3, PBL-3.5)</li> </ul>	1.0	1.0
Resident Conference (3 of 4) - (PC-1.1, PC-1.3, KP-2.3) <ul style="list-style-type: none"> <li>• Acquire knowledge regarding patient care including communication, psychosocial and system factors, pathophysiology, clinical manifestations, diagnosis, treatment and prognosis, relevant to Emergency Medicine practice.</li> </ul>	18.0	13.5
Ultrasound Training (PC-1.1, PC-1.8) <ul style="list-style-type: none"> <li>• Discuss indications for point of care ED ultrasound</li> <li>• Obtain and interpret basic point of care ED ultrasound images</li> </ul>	1.0	1.0
Task Trainers (PC-1.4, PC-1.8) <ul style="list-style-type: none"> <li>• Define the principles of ventilation and oxygenation, utilizing appropriate techniques.</li> <li>• State the indications, contraindications, and complications for EM procedures, demonstrating the basic approach to the procedure.</li> </ul>	2.0	2.0



SIM Activities (PC-1.1, PC-1.6, PC-1.5, ICS-4.2, IPC-7.3, PC-1.8) <ul style="list-style-type: none"> <li>Demonstrate and develop patient assessment and management skills, including recognizing a patient requiring urgent or emergent care, initiating evaluation and management. Utilize communication skills and professionalism in a team setting.</li> </ul>		
Cases + Lecture: Syncope and Clinical Schemes	3.0	3.0
SIM Shadow (2 to 3 held/rotation – 4 hours each)	4.0	4.0
<ul style="list-style-type: none"> <li>Evaluate day-to-day care by observing a resident in a structured, educational setting to broaden the student’s clinical exposure in both common and rare scenarios.(PC-1.3, PC-1.5, PC-1.6, PC-1.2)</li> </ul>		
<b>Pre-Hospital Experience (SBP-6.1, ICP-7.1, ICP-7.2).</b> <ul style="list-style-type: none"> <li>Understand the role of pre-hospital care in the healthcare system.</li> <li>Differentiate between 911 dispatchers, EMT-B, EMT-I, EMT-P providers and summarize the inter-professional role and capabilities between each in the clinical setting.</li> <li>Discuss pre-hospital management for life-threatening conditions such as STEMI, Stroke, and Trauma.</li> </ul>		
911 Dispatch * EMS Ride-Out *	2.0 9.0	2.0 9.0
Poison Control * (SBP-6.1, IPC-7.1, IPC-7.2). <ul style="list-style-type: none"> <li>Describe the role of personnel, capabilities, and resources available through a regional Poison Control Center.</li> </ul>	2.0	2.0
Clinical Question Presentation (CQP) - (PBL-3.1, PBL-3.4). <ul style="list-style-type: none"> <li>Formulate a clinical question of interest, in relation to EM, answering the question through critical evaluation of primary research literature.</li> </ul>	1.5	1.5
ED Shift Duty Hours (PC-1.1, PC-1.6, KP-2.3, KP-2.5, PBL-3.3, ICS-4.1, PRO-5.1, SBP-6.1, IPC-7.2, PC-1.8) <ul style="list-style-type: none"> <li>Demonstrate effective patient assessment techniques, formulating a differential and patient management plan for optimal patient care.</li> <li>Demonstrate accurate documentation of ED patient encounters. Communicate effectively with patients and families as well as colleagues, while demonstrating professionalism in all interactions.</li> <li>Develop an understanding of the effects of the healthcare system on patient care,</li> </ul>	98	82
Total Rotation Hours	<b>144.5</b>	<b>124</b>
Total Allowable Excused Duty Shift Hours (illness, family emergency)	-16.0	(Intentionally left blank.)
Adjusted Rotation Hours	<b>128.5</b>	

\* MS-4's with previous experience upon request, can request to replace the EMS Ride-Out, 911 Dispatch Center observation, and/or Poison Control hour for hour with additional ED shifts.

<b>Documentation of Absence:</b>
More than 2 consecutive days due to illness: a doctor's note on the healthcare provider's letterhead or prescription paper is required.
When presenting at a national conference: a copy of the invitation to present and travel itinerary is required.
When interviewing for residency: a copy of the invitation to interview and travel itinerary is required.
Excused Hours > 16: Additional hours are required to be made up.

## REFERENCE FORMS

Attachment	Form	Return to:
#1	Shift Assessments	Ida Rascon
#2	CQP Assessment	Ida Rascon
#3	Procedure Log plus OpLog procedure entries	Ida Rascon