

## EMERGENCY MEDICINE CLERKSHIP SYLLABUS

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### Welcome to the TTUHSC 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, readings and written and oral assignments. This course is based upon the 2010 national curriculum guidelines for EM clerkships. This syllabus contains all the basic information you will need to succeed during this rotation.

### TTUHSC Emergency Medicine Clerkship Objectives

#### 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
- Obtain an accurate problem-focused history and physical exam
- Patient management skills
  - Monitor the response to therapeutic intervention
  - Develop appropriate disposition and follow up plans
- Health promotion
  - Educate patients on safety and provide anticipatory guidance as necessary
  - Educate patients to ensure comprehension of discharge plan.

#### MEDICAL KNOWLEDGE

**GOAL: Students who are able to integrate basic and clinical science concepts to assess, differentiate and manage common clinical conditions presenting to the ED.**

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

- Recognize immediate life-threatening conditions
- Interpret basic diagnostic tests
- Describe basic ED management of common acute clinical conditions
- Formulate a differential diagnosis when evaluating an undifferentiated patient:

- List worst case scenarios
- Prioritize likelihood of diagnoses based on patient presentation and acuity
- Initiate basic resuscitation and stabilization
- Demonstrate proficiency in the following basic skills
  - Basic Airway Management
  - Peripheral Intravenous Access
  - ECG/cardiac rhythm analysis
  - Foley catheter placement
  - cardiopulmonary resuscitation
- Exposure to the following procedures/diagnostics
  - ED ultrasound
  - Orthopedic splinting techniques
  - central venous access
  - tube thoracostomy
  - endotracheal intubation
  - intraosseous access
  - suturing and management of wounds
- Develop a diagnostic and therapeutic patient management plan for the patient with both an undifferentiated complaint and a specific disease process
- Propose proper patient disposition and follow-up

## **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 and values may be different from the students
- Ethical behavior, including patient confidentiality
- Cultural sensitivity
- Reliability, by arriving on time and prepared for all required activities
- Honesty and integrity in patient care
- Professional appearance

## **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
- Improve listening skills
- Learn to establish a therapeutic relationship with patients and families

## **PRACTICE BASED LEARNING AND IMPROVEMENTS**

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

**OBJECTIVES:** Throughout the clerkship students will demonstrate the ability to:

- Evaluate own performance
- Apply feedback
- Evaluate the medical literature
- Use information technology to improve patient care
- Understand the limits of their knowledge, experience and capabilities

## **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
- Demonstrate understanding of limitations patients face due to lack of resources
- Understand when accessing social services is indicated
- Describe the role of the ED in the community, including access to care and its impact on patient care
- Describe when patients should be referred to the ED
- Demonstrate understanding of the indications, cost, risks and evidence behind commonly performed diagnostic studies

## **GENERAL REQUIREMENTS**

Show up for all shifts, on time, appropriately attired (scrubs or business attire, no dangling hair, no open toe shoes), ready to work, with a pen & a stethoscope. If an emergency arises preventing you from working your shift or you are ill, call Valerie Sanchez (545-7333) **and** the attending in the ED (521-7700). We will abide by the absence policies set forth by the Office of Student Affairs. They allow us to allow you two missed shifts and still pass the course if the missed shifts are for *excused* absences. **You will be required to make up any excused absence (if more than two) to pass the rotation. An unexcused absence will result in a grade of FAIL. You will be required to retake the course in its entirety to receive a PASS.**

You will be assigned to a single ED attending for each shift when you arrive in the ED. 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 and diagnostic and therapeutic management plan.** Students will be assigned 112 clinical hours in the emergency department in shifts varying in length but never more than 12 hours. You will be required to work nights and weekends. You may request up to 5 dates to be off the schedule during the rotation. Requests can be given to Valerie Sanchez.

All patients are to be presented to faculty before orders are written, before pelvic, rectal, and hernia exams, and before any procedures are done. **You are not to do any of these things without direct faculty observation.** You must notify your faculty member of each patient you plan to pick up and obtain their approval first. If a patient appears unstable (i.e. looks really sick, has respiratory distress, or has abnormal vital signs) then notify your attending immediately. You should aim to see 3-4 patients directly per shift.

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 for drinks & lunches.

**You are expected to attend all Thursday morning conferences and the monthly journal club. If you fail to attend journal club without an excused absence you will be required to complete an additional assignment critically reviewing medical literature.**

### **Required reading**

Before the end of the **first week** you are required to have completed chapter 2-19 of the Emergency Medicine Clerkship Primer. This introduction (written for students like you), is very easy reading, less than 70 pages, and will make the clerkship much easier for you. We will email you a pdf copy of the primer.

Please email Valerie Sanchez and let her know when you have finished the reading. **You will not be allowed to work any shifts after the first week if the reading has not been completed.**

We also provide Emergency Medicine Secrets to you as optional reading. This book is full of brief questions and answers and is easy to grab and learn something from even if you have only a few minutes. If you would like to borrow a copy during your clerkship see Valerie Sanchez. We have also attached a list of websites/online videos with relevant educational content. These are optional.

For required readings we provide An Introduction to Clinical Emergency Medicine by Mahadevan and Garmel. 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

Ch. 5- Shock

Ch. 6- Traumatic injuries

Ch. 9- Abdominal pain

Ch. 10-Abnormal behavior

Ch. 12-Altered mental status

Ch. 13-Chest pain

Ch. 16-Diabetes-related emergencies

Ch. 24-GI bleeding

Ch. 25-Headache

Ch. 29-Pelvic pain

Ch. 32-Seizures  
Ch. 33-Shortness of Breath in Adults  
Ch. 42-Environmental emergencies  
Appendix A-Common emergency procedures  
Appendix B-Wound preparation  
Appendix C- Laceration repair

### **Grading Policy**

HONORS: There are two routes to obtain HONORS. The same criteria as PASS plus the following:

Route one:

- Final exam: above the 70<sup>th</sup> percentile nationally
- Case presentation and ED documentation assignments above average
- Above average clinical evaluations

Route two:

- Final exam: above the 50<sup>th</sup> percentile nationally
- Case presentation and ED documentation excellent
- Above 90<sup>th</sup> percentile on clinical evaluations

PASS:

- Perform above the 5<sup>th</sup> percentile nationally on the final exam.
- Complete all assignments to the satisfaction of the course director.
- 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 that are beyond the maximum allowance set by TTUHSC.
- Unexcused absence will result in a grade of FAIL.
- Attend all mandatory educational activities.
- Clinical evaluations must meet a minimum standard of the following:
  - Professional behavior
  - Patient evaluation skills
  - Patient management skills
- Any remedial requirements must be completed to the satisfaction of the course director.

INCOMPLETE:

- This grade will be issued at the completion of the clerkship if the course requirements have not been met due to mitigating circumstances. Once the requirements have been met the grade will be changed to PASS.

PENDING REMEDIATION:

- This grade will be issued if you have not completed the course requirements to a satisfactory level or have not completed required remedial work by the final Friday of the course. This grade will be changed to PASS-SUCCESSFULLY REMEDIATED once

remediation is complete. If remedial work is not completed satisfactorily in the time allotted, the grade will be changed to FAIL.

**FAIL:**

- Unprofessional behavior
- Unexcused absence
- Failure to complete remedial work satisfactorily in the allotted time
- Failure to meet standards listed under PASS

**Documentation**

Documentation is an important part of clinical practice. We require you to turn in one completed chart for Dr. Parsa's review during the first 2 weeks of the clerkship. This should be your own documentation (not part of the permanent medical record). It should be submitted in a standard typewritten format and should be sent by email as an attached file (word document preferred) to Valerie and Dr. Parsa. It should include the following mandatory items:

- History and physical (not exhaustive, but complaint-directed; appropriate for ED)
- ED course-Testing results with interpretation (K- 2.9-low). Therapeutic interventions with indications and reassessment
  - 1730-Ondansetron given for nausea. 1800- no nausea, abdomen nontender, P90 BP 120/80
- Diagnosis
- Disposition (with treatment and follow up plan if discharged)

Do not include extra things here, such as detailed descriptions and extra summaries. 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. We will provide feedback 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. You will be allowed to use the same patient here as for the case presentation.

**Advanced procedures**

Many students do not have the opportunity to place a chest tube or central line, do a lumbar puncture or intubate an actual ED patient. If the opportunity is there, you will need to be READY. This means you must know exactly how to do the procedure. If you don't we will not let you do it. To prepare you for this we recommend the serious student review all of the above procedures in detail. Every student will be required to write out precise steps of **one** of the above procedures, starting with indications and contraindications, anatomical landmarks and preparation. Then include detailed step by step instructions of how to perform the procedure. Include post-procedure details to check for or limit the possibility of complications. This will be due by the third Friday of the rotation, but it is recommended that you do this as soon as you can. Appendix A in your text will be of help to you. If you wish to write up a different procedure other than those above, email Dr. Parsa for approval. Email the completed assignment to Dr. Parsa and Valerie Sanchez.

### **Procedure checklist**

By the end of the rotation turn in your checklist documenting that you have performed 5 IVs/blood draws and 2 urinary catheterizations and (optional) one nasogastric tube placement.

### **Case presentation**

Towards the end of your rotation each student will have to make a brief case presentation to the other students and at least one faculty. This round table style presentation should be based on a case of interest to you that you have seen during the month. This should be fairly brief, presenting only pertinent findings and should NOT use presentation adjuncts such as powerpoint. The presentation should include discussion of a differential diagnosis and diagnostic and therapeutic plan. Your presentation must be accompanied by one primary reference relevant to the care of the patient. NOT a review article. You should discuss the strengths and weaknesses of the study and its applicability to patient care.

For example, if you are interested in pediatrics and you saw a child with bronchiolitis, you could present the case and discuss further details about the disease incorporating an article relevant to the diagnosis of the illness (i.e. a study looking at the utility of CXR in diagnosis) or treatment (i.e. a study looking at outcomes comparing nebulized epinephrine to albuterol). These should be significant studies that are relevant to clinical practice; studies that current clinical practice is based upon. For any study that you will be discussing in detail please bring a copy for all in attendance, or email it to Valerie Sanchez at least 24 hours beforehand and she will email it to the other students. If you have questions and wish to discuss your ideas beforehand, contact Dr. Parsa. Please review the provided case presentation evaluation form for further details on what will be expected.

### **Mid-rotation assessment**

Progress will be assessed for each student at the midpoint of the rotation. Any student 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 proceeding well Dr. Parsa will email you and let you know.

### **Test questions**

Practice test questions are available for educational purposes online at [www.saemtests.org](http://www.saemtests.org). We require that you take at least 3 tests on your own for educational purposes. Once answered, each question has a detailed answer which provides a great way to study. The tests will not be graded but we will receive confirmation from the website when you have completed a test. The final exam will be taken from the same database, different questions, but the same format.

### **Clinical Evaluation**

Clinical evaluation will be based on the attached form which 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 have asked all faculty members to discuss their evaluation remarks with you personally at the end of each shift. You will then turn in the forms to Valerie Sanchez.

The first 3 forms are not on white paper. These forms will not be weighted as heavily in your grade. The purpose for this is for a more candid evaluation in the initial stages of the rotation. This should provide better feedback to you for areas of improvement. Monday-Wednesday of the second week, please turn in all your evaluations up to that point. These will be used for your mid-rotation assessment.

**Final exam**

A final exam will be taken on the last Friday of the rotation. It will have 50 multiple choice questions for which you will have 90 minutes to complete. It is not open book. This is similar to a shelf exam and is used as a final exam across the country. Everything on the final exam will be covered in the required readings and other educational activities included in the rotation. The final exam is based on current national curriculum guidelines. Further information about the location of the exam will be provided.