

2022 YEAR 4 Clerkship Guide

Student:

Dates/Block:

If found, please contact Shane Jenks

ROTATION OUTLINE

1. Orientation: (1) Three hour session
 - a. Discuss rotation expectations, tour of the ED, and help students with any remaining requirements (parking, badges, etc)
2. Clinical Shifts: (14) Ten hour shifts over four weeks
 - a. Shifts tied with specific physicians shift, goal is to work one on one with a faculty on that shift. Work with a mix of clinical and academic faculty. Mix of nights and weekends to experience breadth of patient acuity.
3. Nursing Shift: (1) Six - eight hour shift assigned to a RN to learn specific tasks (triage, EKG, IV, Meds, etc)
 - a. Student will spend time embedded with the RN staff learning their role in the management of ED patients, as well as some skills vital to the initial evaluation of the ED patient.
4. Didactics: (4) Two four hour days to cover high yield cases in EM
 - a. Students will engage in resident provided lectures and oral case presentations centered around several high acuity cases where they will get to engage in a higher level of patient management and autonomy in a friendly learning environment.

WEEK 1

- Ultrasound
- Board Review
- Foundations of Emergency Medicine
- Combined EM/IM Case Conference (bi-monthly)

WEEK 2

- Town Hall
- Airway
- Board Review
- Foundations of Emergency Medicine
- Grand Rounds

WEEK 3

- Resident Lecture
- EKG
- Imaging
- Peds
- Foundations of Emergency Medicine
- Toxicology

WEEK 4

- Journal Club
- Simulation Lab

WEEK 5

- Special Labs

5. Journal Club: (1) 2 hour virtual session
 - a. Virtual event discussing up to date EM literature, learning to critically review research to improve patient care.
6. Case Presentation / Book Club: (1) two hour session for students to present cases
 - a. At the end of the rotation the students will all present 1 case to the group in a case conference style format to highlight unique learning opportunities they have had during their rotation. Case presentations should be in PowerPoint format and 10 minutes in length.
7. Social Event: (1) two hour social event (dinner) with faculty and students
 - a. During the rotation a social event will be scheduled to allow the students to interact with the faculty in a social environment. This will help students and faculty better know each other.
8. Interview: (1) one hour in person session
 - a. Last week of the rotation, students will interview with faculty for residency.

GOALS

- Develop a basic foundation of medical knowledge as it relates to caring for the acutely ill or injured patient.
- Observe and begin participation in the evaluation and management of patients in the ED with emphasis on thorough and complete individual patient evaluations.
- Observe and assist in common EM procedural skills common to EM physicians.
- Learn about and begin to develop critical communication skills necessary to be a part of the Emergency Department team.
- Develop a better understanding of the role of Emergency Physicians in the healthcare system.
- Develop and maintain professional relationships and exhibit professional behavior.

OBJECTIVES

- Work an adequate number of clinical hours to gain optimal exposure to a representative variety of patients.
- Attempt equity regarding days, nights, and weekend shifts.
- Attend any requisite didactic experiences and complete requisite asynchronous learning.
- Receive bedside teaching and on-shift feedback from attending physicians and incorporate it into learning and patient care.

HCA Healthcare mission and values

- Above all else, we are committed to the care and improvement of human life.
- In pursuit of our mission, we stand by the following value statements:
 - We recognize and affirm the unique and intrinsic worth of each individual.
 - We treat all we serve with compassion and kindness.
 - We trust our colleagues as valuable members of our healthcare team and pledge to treat one another with loyalty, respect and dignity.
 - We act with absolute honesty, integrity and fairness in the way we conduct our business and the way we live our lives.

HOW TO GET THE MOST OUT OF YOUR ROTATION

1. IF YOU THINK THE PATIENT IS SICK, IMMEDIATELY NOTIFY YOUR RESIDENT/ATTENDING

- a. Identifying that a patient is “sick” is a skill, and being able to identify these patients shows mastery of this skill for your level of training. It is ok to be “too cautious” at this stage, we would rather be involved early on a patient that is not sick than late on a patient who is!
- b. Patient safety is everyone’s top priority, however there is no reason you can’t learn along the way.

2. See patients!

- a. By nature we see a wide variety of patient types and complaints, and the knowledge and skills from every specialty in medicine is used in the ED. The best way to take full advantage of that is to see patients, and to see as many as possible!
- b. The Emergency Department is a fast paced environment, aim to complete your History and Physical **within 15 minutes**. This may not be possible every time, and in some instances we might come into the room before you are finished. Don’t worry, we understand that you are still learning and H+P’s might take you a little longer. Sometimes we need to get patient’s evaluations started earlier for the patient and to keep the emergency department moving, just present what you know so far and we will work together to complete the encounter.

3. After seeing a patient, present the patient to us.

- a. Every specialty in medicine prefers presentations in a different format, and Emergency Medicine is no exception. Attending’s will prefer to hear the patient’s chief complaint followed by a focused history and physical with pertinent positives and negatives related to the chief complaint. This format can be a little hard to get used to for medical students, but like anything else in medicine it is a skill that gets better with practice. If you are working with a resident feel free to do a practice run with them prior to presenting to the attending, they can even help you work on your assessment and plan!
(<https://embasic.org/how-to-give-a-good-ed-patient-presentation/>)
- b. As part of your presentation let us know what your plan for the patient is in terms of work up, treatment, and disposition. As an upper level medical student this is a skill that you should take every opportunity to work on, as you will be expected to do this as a resident.

4. Once you have seen and presented a patient, continue to follow them

- a. If you see a patient in the ED, **they are your patient!** Keep following them as long as they are a patient in the ED. Check on them periodically to see how they are responding to treatments, and update them on the status/results of their work up after discussing this with your attending.
- b. Follow up on their labs, imaging studies, and other tests. Report these back to your attending, as well as your interpretation and what you think the next step or disposition should be. As a medical student the only wrong answer is not having an answer at all. Additionally the physicians you work with will appreciate the time you spend keeping them updated on your patient. Doing these things makes you a valuable member of the team, and frees us up to spend more time teaching you!
- c. While many medical students feel compelled to see the next patient, make sure you know what is going on with your other patients, and there is nothing that needs to be done with them before you go see the next patient. As a medical student you should aim on seeing **X** patients a shift initially, and increasing your numbers as you become more comfortable working in the ED. Seeing fewer patients completely from arrival to disposition is more educationally beneficial than seeing more patients but only partially being involved in their ED course.

FREE OPEN ACCESS MEDICAL EDUCATION RESOURCES

1. CDEM Curriculum (<https://cdemcurriculum.com/>)
 - a. Great reading links based on year of training (MS3 vs MS4)
 - b. Very concise and focused readings on approach to common ED Chief Complaints



2. Life In the Fast Lane (<http://lifeinthefastlane.com/>)
 - a. Good search bar for common and rare ED diagnoses
 - b. Great EKG resource



3. Radiopaedia (<https://radiopaedia.org/>)
 - a. Images on common radiological diagnoses and findings
 - b. Lots of example images



4. EMBasic (<http://embasic.org/>)
 - a. Online blog that focuses on the basics of EM
 - b. Articles come with 2 page “summaries” that can be easily printed out and given to read up on, focus on the history, physical, differential, work up and disposition



5. EMFundamentals (<http://emfundamentals.com/>)
 - a. Another online resource that breaks down evaluations based on chief complaint, as well as critical diagnoses, and essential skills
 - b. Provides links to good online resources for further education on each of those topics



6. WikEM (www.WikEm.org)
 - a. Great for to the point bedside look up



7. EM Clerkship (www.emclerkship.com/)
 - a. Good bite sized podcast that is focused towards medical students on their EM rotation

8. Core EM (<https://coreem.net/>)
 - a. Another good reference on Core EM topics



HOW TO REQUEST EM SHIFT EVALUATIONS

Workflow:

To be completed EVERY SHIFT prior to leaving the ED. This will count as attendance for the shift, and failure to follow ALL THE STEPS below could result in the shift not counting.

1) Student and Preceptor at the end of shift huddle for verbal feedback.

Student sends a short summary email using the template below to the faculty for their shift **and** CC Dr. Jenks (Shane.Jenks@hcahealthcare.com)

2) Email must be sent the same day as the shift.

Email Template:

The format below is the expectation. Students may change some of the verbiage to fit their personal preference and taste but all components must be included and should adhere to the same structure

Email Subject: Student Name/Attending Name, Shift Date/Start Time - End of Shift Evaluation

Dr. XYZ,

Thank you for a great shift on Jan 1 2022 @ HCA Kingwood!

Some of the interesting cases we saw: Acute Appendicitis and an epidural hematoma after a fall

Things you said I did well today:

- 1) Good history taking, especially with the patient with acute appendicitis, getting the history of the migratory pain
- 2) Good work ups for common differentials like abdominal pain

Areas we discussed for improvement:

- 1) Expanding my differentials, like in the patient with the syncope and fall to consider trauma
- 2) More frequent re-evaluations on my patients, like on the patient with the fall, to recheck mental status.

The link for the evaluation is here:

Thank you for a great shift!

Student Doctor ABC

CLINICAL EXPERIENCE EXPECTATIONS

Mandatory Encounter	Total=14 Minimum Number	Student Responsibility	Preceptor Initial	
Chest/Cardiovascular	2	Workup		
Abdominal Pain	2	Workup		
Altered Mental/Neurological	2	Workup		
Dyspnea/Shortness of Breath	2	Workup		

Resuscitation	2	Observe		
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EKG Interpretation	4	Perform		
Chest X-Ray Interpretation	4	Perform		

NURSING SHIFT

The goal of the nursing shift is to gain an appreciation for the vital roles our nurses play in patient care in the ED. You will spend a shift working with nursing staff around the ED assisting in patient care. Use the following instructions below as a guide. During your shift, try to be as involved as you can in all aspects of patient care that your assigned nurse is performing (placing them on the monitor, performing nursing assessments, establishing an IV, medication administration, etc). If you have any issues or concerns during this shift please raise them immediately with an attending in the ED.

Present to the Charge Nurse at your assigned shift, and they will direct you to where morning huddle will be taking place. Sit in on morning huddle and introduce yourself to the team. You will then be assigned to the Flow Coordinator. Introduce yourself to the flow coordinator and ask if you can spend some time with them to learn about the role of the flow coordinator, and the general flow of the ED.

Once a patient has been screened to come from EMS to the main side of the ED by the flow coordinator, follow that patient back to the main ED. Introduce yourself to the nurse who will be taking over for this patient, and ask them if you can follow them and assist them in the care of this patient. While you are doing this, follow this nurse to help them in the care of their other patients. If you are able to, try to follow this patient to radiology as well to better understand this process.

Once the patient has been dispositioned (admitted or discharge) ask your assigned nurse to show you to triage. From there introduce yourself to the triage nurse, and ask to help them in the triage of patients arriving to the ED.

After you have spent some time in triage and feel that you have had a good experience, ask to follow a patient back to vertical flow. Introduce yourself to the vertical flow nurse and ask them if you can assist in the care of the patient, you followed back from triage and the other patients that nurse is assigned.

Once your patient has been dispositioned (admitted or discharged) you are excused from your shift.

Below are a few tasks to try to perform in conjunction with the nurses during your shift. Shaded squares are recommended goals for the nursing shift. **Ensure that after each procedure the nurse initials in the appropriate box.** If the nursing staff has any additional feedback they can add it in the comment box below!

Procedures					
Peripheral IV Insertion					
Lab Draw					
Cardiac Monitor					
Oxygen					
ECG					
Assist with Medication Administration					
Listen to an EMS radio report					
Foley Catheter or Straight Catherization					

Comments:

RN Signature:

Date:

MID - CLERKSHIP FEEDBACK FORM

Evaluator: _____ Date: _____

1. **Prior to your mid rotation feedback session** (Following Didactics on the second Wednesday of the rotation), reflect on your learning/experiences so far.
2. What do you think you need to improve upon? Document a plan of action you are working on.

Student Self-Assessment	Faculty Assessment
What am I doing well? 1. 2. 3.	What is the student doing well? 1. 2. 3.
Where can I improve? 1. 2. 3.	Where can the student improve? 1. 2. 3.

Faculty Assessment of Competencies:	Something to Focus On	Doing Well	A Particular Strength	Cannot Assess
Medical Knowledge				
Patient Care				
Interpersonal & Communication Skills				
Practice Based Learning and Improvement				
Systems-based Practice				
Professionalism				

Student Action Plan in Response to preceptor and mid-clerkship feedback:

- 1.
- 2.
- 3.

Faculty Signature: _____ Date: _____

Student Signature: _____ Date: _____

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