

# Introduction to the EM Clerkship

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UNIVERSITY OF CENTRAL FLORIDA

College *of* Medicine

## Clerkship Objectives and Goals

Students are expected to develop basic diagnostic skills in emergency medicine. These basic skills include performing a detailed history and physical exam, the collection of appropriate cost-effective laboratory data and radiographs, the performance of appropriate procedures, and the formulation of relevant differential diagnosis and treatment plans.

Students will develop basic skills and understanding of wound repair, abscess drainage, and ultrasound usage as well as developing skills in central line insertion, lumbar puncture, joint aspiration, slit lamp exam, dental blocks, and airway interventions through either direct supervision by residents, fellow, or attendings or by assisting residents, fellows, and attendings in these procedures..

During the 4 week rotation, the students will achieve competence in six areas listed below (based on ACGME core competencies):

### **Patient care:**

Student must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Students are expected to:

1. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
2. Gather essential and accurate information about their patients.
3. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
4. Develop and carry out patient management plans.
5. Counsel and educate patients and their families.
6. Use information technology to support patient care decisions and patient education.
7. Understand and be able to explain all medical and invasive procedures considered essential for level of training including but not limited to laceration repair, abscess drainage, lumbar puncture, endotracheal intubation, and central line placement. Provide health care services aimed at preventing health problems.
8. Work with health care professionals, including those from other disciplines to provide patient-focused care.

### **Medical Knowledge:**

Students must demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care. Students are expected to:

1. Demonstrate an investigatory and analytic thinking approach to clinical structure.
2. Know and apply the basic and clinically-supportive sciences which are appropriate to emergency medicine.

3. Demonstrate basic skills necessary to evaluate common emergency department complaints including chest pain, abdominal pain, shortness of breath, fever, vaginal bleeding, blunt trauma.

**Practice-based learning and improvement:**

Students must be able to investigate and evaluate their patient care practices, appraise, and assimilate scientific evidence, and improve their patient care practices. Students are expected to:

1. Analyze practice experience and perform practice-based improvement activities using systematic methodology.
2. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
3. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
4. Use information technology to manage information, access on-line medical information, and support their own education.
5. Facilitate the learning of students and other health care professionals.

**Interpersonal and communication skills:**

Students must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates. Students are expected to:

1. Create and sustain a therapeutic and ethically sound relationship with patients.
2. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
3. Work effectively with others as a member or leader of a health care team.

**Professionalism:**

Students must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Students are expected to:

1. Demonstrate respect, compassion, and integrity.
2. Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, patient information confidentiality, and informed consent.
3. Demonstrate sensitivity to patients' cultures, gender, age, and disabilities.

**Systems-based practice:**

Students must demonstrate an awareness of and responsiveness to the larger context and system of health care and effectively call on system resources to provide care that is optimal. Students are expected to:

1. Practice cost-effective health care and resource allocation that does not compromise quality.
2. Advocate for quality patient care and assist in dealing with system complexities.

## Patient Types/Clinical Conditions

Students during the Emergency Medicine clerkship will experience the following patient encounters.

- Abdominal Pain
- Alcohol dependence/abuse
- Asthma/COPD/Dyspnea
- Back Pain/Injury
- Cerebrovascular Disease/Stroke
- Chest Pain
- Coronary Artery Disease/Myocardial Infarction/CHF
- Delirium/Dementia/Altered Mental Status
- Diabetes/DKA
- Electrolyte Imbalance/Renal Disease
- Fever/Sepsis/Shock
- Gastrointestinal Hemorrhage/Disease
- Headache/Injury
- Musculoskeletal Disorders/Trauma/Injury
- Eye/Nose/Ear/Throat Disease/Injury
- Pediatric Disease
- Poisonings/Overdose/Toxicology
- Resuscitation (Trauma and Medical)
- Skin Infections/Abscesses
- Seizures/Syncope/Neurologic Disease
- Thoracoabdominal Trauma
- Urinary Tract Disease/Infection/Obstruction
- Vaginal Bleeding/Pelvic Pain/Disease/Pregnancy
- INTERPRET RADIOGRAPHS
- INTERPRET ELECTROCARDIOGRAMS
- INTERPRET CT
- Airway Techniques/Endotracheal Intubation
- Central Line Placement
- Peripheral Line Placement
- Fracture/Dislocation Reduction
- Abscess Drainage
- Wound Repair
- Bedside Ultrasound
- Urinary Catheter Placement
- Slit Lamp/Wood's Lamp
- Chest Tube Insertion
- Nasogastric Tube Insertion
- Prescription Writing

## Longitudinal Clerkship Curriculum

Interdisciplinary conference, every six weeks

Topics include:

- Ethics & Humanities
- Gender-Based Medicine
- Medical Informatics
- Medical Nutrition
- Geriatrics and Principles of Palliative Care
- Culture, Health and Society
- Patient Safety
- Healthcare Policy

### Policies

<https://med.ucf.edu/student-affairs/gps-a-good-place-to-start/policies/>

#### Clinical Supervision of Medical Students Policy

Levels of supervision—adapted from the ACGME classification—are defined as follows:

Direct Supervision: the supervising health care professional is physically present with the student and patient.

Indirect Supervision with direct supervision immediately available – the supervising health care professional is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.

Medical students cannot do any medical or surgical procedure without the direct supervision of the attending or supervising resident physician.

#### COM Student Mistreatment Definition

UCF College of Medicine has defined mistreatment as any behavior that is harmful or offensive and unreasonably interferes with a student's learning. Such behavior may be verbal (swearing, humiliation, insults), emotional (neglect, a hostile environment), and physical (threats, physical harm). Students should be aware that medical student training is a rigorous process and feedback may occasionally be uncomfortable. For example, the Socratic method is frequently utilized in medical education, to not only assess knowledge, but also to promote synthesis and application of that knowledge. In and of itself, the Socratic method does not constitute mistreatment. (However, once it is clear that a student has reached the limit of his/her knowledge, it is not appropriate to continue berating students with questions or with denigrating comments about his/her knowledge base.) Students should take this into account when assessing potential cases of mistreatment.

**\*\*Report mistreatment to the Clerkship Director, Dr. Ladde.\*\***

### Attendance Policy

Clerkship students cannot be excused from clinical activities by their preceptors, all absences need to be approved by the Clerkship Director through the Clerkship Coordinator's office.

### Medical Care Policy

Residents cannot provide medical care to students they evaluate.

### **Positive Learning Environment Definition**

Having a respectful, inclusive, and robust learning environment plays a critical role in developing and sustaining a professional, capable, compassionate, and diverse healthcare workforce that will meet the healthcare needs of all. -AAMC Statement on the Learning Environment

## **Clerkship Contacts**

### **Dr. Ladde**

Clerkship Director and Orlando Health Site Director

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### **Ken Staack**

Emergency Medicine Clerkship Coordinator

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## **Expectations for Preceptors**

- Direct observation of basic skills
- Advise Learners on complex patient care scenarios
- Teaching and guidance
- Constructive feedback
- If requested, written assessment of student performance following the completion of the rotation. If you did not receive an evaluation form for a student that you would like to evaluate, please contact the Clerkship Coordinator for one.

## **Motivational Strategies for Learners**

Motivation determines the *direction*, *intensity* and *persistence* of effort.

### **Extrinsic vs. Intrinsic motivation**

Intrinsic motivation strategies in the clinical setting

- Facilitate experiences that are relevant to their future career goals or personal learning objectives
- Provide experiences that challenge the learner

- Identify opportunities for learners to work autonomously
- Communicate to the learner their role on the healthcare team

Orsini, C., Evans, P., & Jerez, O. (2015). How to Encourage Intrinsic Motivation in the Clinical Teaching Environment?: A systematic review from the self-determination theory. *Journal of Educational Evaluation for Health Professions*, 12, 8. <http://doi.org/10.3352/jeehp.2015.12.8>