

# 2019-2020 Catalog

## Req. Emergency Medicine-Career Track-Jacksonville

EMD R 2J | 4th Year Required | Emergency Medicine | Clinical Science

### Prerequisites

4th year medical student pursuing residency training in Emergency Medicine  
Students would need to successfully complete the 3rd year core clerkships (including IM, Surgery, OB/Gyn, Pediatrics). It is not necessary to complete a basic EM rotation prior to "career-track emergency medicine".

### Course Description

#### Goals and Objectives

This rotation is designed for the student interested in emergency medicine as a career. As emergency medicine has grown into its role as a medical specialty it has become clear that there are certain attributes and skills needed to assure success and satisfaction in this field. While all physicians need training in the handling of basic medical emergencies, this is generally covered in the standard 4th year emergency medicine rotation.

Students interested in making a career of emergency medicine need exposure to other aspects of life as an emergency physician. These include the rigors of shift work, the communication skills necessary for transference of care, the skill set needed to make rapid patient dispositions, the importance of concise ED case presentations, the ability to manage patients simultaneously and the appropriate use of consultation services. This rotation also provides opportunities to gain advice on how to plan for residency; evaluation of programs, the application process, interviewing, internship survival, etc. This rotation affords students the opportunity to:

- 1) practice recognition of "sick" vs "not-sick" patients
- 2) refine skills in stabilization of acute life threatening emergencies
- 3) enhance skills at developing "complaint-based" differential diagnoses
- 4) experience the continuum of initial evaluation, stabilization, treatment and disposition of the acutely ill or injured patient
- 5) foster understanding of the complimentary interactions between the Emergency Department (ED) and the rest of the health care system
- 6) refine ED case presentation skills
- 7) develop a mini-mentorship relationship with an academic emergency physician.

#### Curriculum:

Shift schedules - Schedules will be modeled after the EM intern and resident schedules. Students will perform 8 hour shifts (mix of days, nights and weekends). The schedules will allow students to spend shifts with varied ED educational faculty. Shifts will be a mix of Resus/Trauma, Emergency Critical Care, Intermediate/Flex care and Pediatric ED. Students will complete one shift with an assigned Jacksonville Fire Rescue station,

scheduled by the student .

**Presentations** - Expedited and efficient (but complete) case presentations are a core skill of competent emergency physicians. Students will be expected to prepare a formal case presentation by the end of the rotation. This case will be accompanied by a formal written ED-chart. The students will be required to present the case at a conference during the third week of the rotation in front of educational staff, residents and attendings. They will then field questions on the case, as if they were signing the case out to a colleague. Efficiency, conciseness and completeness of the presentation, charting and handling of the question session will be graded.

**Journal Club/Didactic Lectures** – Didactic lectures and SIM sessions will focus on common topics in EM (approach to CP, SOB, AMS, trauma, etc), or topics often not covered elsewhere in the COM curriculum (environmental emergencies, toxicology, etc). Our monthly journal club is open for attendance for the students. Articles are chosen to help learners develop skills in critically appraising the literature, and for timely relevance to EM. Articles are presented by residents, but one paper may be evaluated by, and presented by, the sub-I students. Faculty mentors will aid the sub-I students in evaluating the paper prior to presentation at the formal journal club. This will further provide interaction time between residents and EM-bound students.

**Examinations** - SAEMTESTS.org- The Society for Academic Emergency Medicine has developed a web-based set of EM-subject tests. Sub-I students during the rotation will perform these tests.

UF Students will take the NBME EM ACE (shelf exam) the last day of the rotation.

**Instructional Labs** - Students will participate in procedure labs to learn and refine skills in suturing/wound management, airway management, splinting, central venous access, ultrasound, etc. These labs will involve the use of hi-fidelity simulation mannequins.

**Simulated Patient Encounters** - Students will get the opportunity to develop diagnostic and treatment plan skills in simulated patient encounters. Some of these will take place in small group sessions with oral board type cases. Some will take place using hi-fidelity patient simulators. The cases will cover commonly encountered high-risk patient complaints such as chest pain, short of breath, altered level of consciousness, multiple trauma, etc

### **Course Faculty and Staff**

- [Thomas K Morrissey MD, PhD](#) (Director)
- [Alexandra Mannix MD](#) (Co-Director)
- [Debra Eurom](#) (Course Staff)
- [Dani Brown](#) (Course Staff)

### **Meeting Place and Time**

Orientation: first Monday of the rotation. Jacksonville, in the Educational conference room of the Emergency Medicine Residency offices; 1st floor; Shell Building. Students will receive an orientation email with rotation details and orientation start time

## Course Materials

- 1) <http://cdemcurriculum.com/>. Interactive web-based EM curriculum
- 2) <http://www.ufjaxem.com/clerkship/> Includes suggested blogs and clerkship calendar
- 3) Didactics/discussions:
  - a) history of emergency medicine as a specialty
  - b) proper ED case presentation technique
  - c) preparing for residency/choosing a residency/interviewing
  - d) opportunities in EM (fellowships, etc)

## Additional Information

This is the rotation to take if you want to be evaluated as a potential candidate for Emergency Medicine residency training. Students requesting a standardized letter of recommendation (SLOR) for EM-residency applications should enroll in this rotation. This rotation fulfills all the requirements of, and substitutes for, the standard "required 4th year emergency medicine rotation". Student will be tasked with patient care responsibilities and be expected to function at the Sub-I level. This rotation does not fulfill the "sub-internship" requirement of the 4th year. You must still complete a "sub-internship" in Family Medicine, Internal Medicine or Pediatrics.

## Classes Offered

Period	Length	Credits	(Avail / Max) Slots
Period 1	4 Weeks (May 13 - Jun 8)	4	(8 / 8)
Period 2	4 Weeks (Jun 9 - Jul 6)	4	(7 / 7)
Period 3	4 Weeks (Jul 7 - Aug 3)	4	(6 / 6)
Period 5	4 Weeks (Sep 1 - Sep 28)	4	(3 / 3)

## Evaluated Competencies

### #1 Professionalism

**Educational Objectives:** Direct observation of the student during the clinical encounters and daily interactions in the clinical arena will allow assessment of professionalism. Taking personal responsibility for the care of one's own patients is

undoubtedly one of the hallmarks of professionalism in EM. Others include work ethic, timeliness, respect, ethical behavior, etc.

**Method of Evaluation:** Students will receive daily written evaluations of their performance by attendings or senior residents. This will provide daily (formative) feedback and allow the identification (and remediation) of weakness. Final summative evaluations will be based on daily evaluation sheets, performance in small group conferences, simulated patient encounters and the final examination. Completion of SAEMTESTS and final examination will contribute to the final grade.

## #2 Patient Care

**Educational Objectives:** Direct patient encounters provide the bulk of patient care assessment. Students will hone history and physical exam skills as well as gain practice developing/implementing diagnostic and therapeutic plans. Students will manage multiple patients simultaneously and learn the importance of prioritization and multi-tasking. Shifts in the trauma/medical resuscitation area will expose students to the initial evaluation and stabilization of the undifferentiated (yet critical) patient. Procedure labs and skills labs will help the student become adept at common emergency procedures.

**Method of Evaluation:** Students will receive daily written evaluations of their performance by attendings or senior residents. This will provide daily (formative) feedback and allow the identification (and remediation) of weakness. Final summative evaluations will be based on daily evaluation sheets, performance in small group conferences, simulated patient encounters and the final examination. Completion of SAEMTESTS and final examination will contribute to the final grade.

## #3 Medical Knowledge

**Educational Objectives:** This will be assessed in all areas of the rotation. Patient encounters afford opportunities to assess (and teach) recognition of acutely ill patients, initial stabilization strategies and development of differential diagnoses and treatment strategies. Small group discussions and simulated patient encounters give the opportunity to work on problem solving skills in a controlled environment. Written tests give insight into the student's fund of medical knowledge.

**Method of Evaluation:** Students will receive daily written evaluations of their performance by attendings or senior residents. This will provide daily (formative) feedback and allow the identification (and remediation) of weakness. Final summative evaluations will be based on daily evaluation sheets, performance in small group conferences, simulated patient encounters and the final examination. Completion of SAEMTESTS and final examination will contribute to the final grade.

## #4 Practice-Based Learning

**Educational Objectives:** Journal club sessions give the student the opportunity to learn to critically evaluate the literature and employ the techniques of evidence-based

medicine to patient care. Daily care of patients involves using IT resources (EPIC EMR, EKG Tracemaster, PACS radiology software, etc.) to access both new and old patient information, and thus tailor diagnostic and treatment plans.

**Method of Evaluation:** Students will receive daily written evaluations of their performance by attendings or senior residents. This will provide daily (formative) feedback and allow the identification (and remediation) of weakness. Final summative evaluations will be based on daily evaluation sheets, performance in small group conferences, simulated patient encounters and the final examination. Completion of final examination will contribute to the final grade.

#### #5 Interpersonal and Communication Skills

**Educational Objectives:** These are extremely important to the effective practice of emergency medicine. Communication skills with patients will be assessed through direct observation of patient encounters. Communication skills with colleagues will be learned and assessed through direct observation and daily case presentations. Students will be given continuous formative feedback during the rotation. The students will participate in a case presentation workshop designed to enhance hand-off communication skills, which ultimately will lead to improved patient safety. Journal club presentations will allow practice and assessment of these skills in a less formal venue.

**Method of Evaluation:** Students will receive daily written evaluations of their performance by attendings or senior residents. This will provide daily (formative) feedback and allow the identification (and remediation) of weakness. Final summative evaluations will be based on daily evaluation sheets, performance in small group conferences, simulated patient encounters and the final examination. Completion of SAEMTESTS and final examination will contribute to the final grade.

#### #6 Systems-Based Practice

**Educational Objectives:** Facilitate patient care in the clinical setting. Learn to access needed support services needed for clinical care. Integrate into the health-care team. Identify appropriate indications for admission or discharge. Assure appropriate follow-up for discharged ED patients.

**Method of Evaluation:** based on direct clinical observation, students will receive daily written evaluations of their performance by attendings or senior residents. This will provide daily (formative) feedback and allow the identification (and remediation) of weakness. Final summative evaluations will be based on daily evaluation sheets, performance in small group conferences, simulated patient encounters and the final examination. Completion of SAEMTESTS and final examination will contribute to the final grade.