



## Faculty of Medicine

Discipline of Emergency Medicine  
 The Health Sciences Centre  
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Dear Medical Learner:

On behalf of the faculty and staff of the Adult Emergency Departments of St. John's and Memorial University, welcome to your rotation in Adult Emergency Medicine! We're excited to have you as learners and we appreciate the contribution you will be making to the provision of patient care in the department.

This letter contains important information pertaining to scheduling, clinical expectations, and learning opportunities for the EM rotation. Information related to the components of your evaluation is also included. If there are any further questions, don't hesitate to contact us.

Your orientation session will be prior to the first shift of the rotation. The details of this session will be outlined to you through email.

### Scheduling

Emergency Medicine is unlike any other specialty in medicine in that you will be scheduled for a variety of shifts that rotate around the 24-hour clock. You will have 9 shifts in the two-week rotation, during which you will be scheduled for one weekend and at least one overnight shift. These shifts will be distributed between two academic sites - the Health Sciences Centre (the trauma center) and St. Clare's Mercy Hospital (the downtown/community hospital). Shifts are 8 hours in duration and the specific start and end times are noted below. You remain with the same staff in the assigned unit for each shift. That said, valuable learning opportunities may present themselves in other parts of the department. The main units will see the higher acuity patients.

HEALTH SCIENCES CENTER					ST. CLARE'S MERCY HOSPITAL				
Unit 1	Unit 2	Unit 1	Unit 2	Unit 1	Unit 1	Unit 2	Unit 1	Unit 2	Unit 1
0700 - 1500		1500 - 2300		2300 - 0700	0700 - 1500	0800 - 1400	1500 - 2300	1600 - 2400	2300 - 0700

You will receive your schedule at least one week prior to the start of the rotation. Please submit requests for schedule modifications related to non-flexible academic commitments (ex. Conference presentations, examinations) or booked medical appointments no later than two weeks prior to the start of the rotation. Mutual exchanges of shifts between clinical clerks and changes between sites are not permitted.

Please notify the Discipline of Emergency Medicine at [emergclerk@med.mun.ca](mailto:emergclerk@med.mun.ca) of any Personal Leave requests, where possible, prior to the start of the rotation to ensure optimal flexibility within the schedule for other learners in the department. Please ensure the request is completed in accordance with the appropriate procedure outlined by UGME. The request will be forwarded to me for approval.

Although it is not possible to schedule you with a specific physician we will make every effort to ensure you have exposure to a variety of attending physicians.

### **Illness**

Where required, efforts will be made to modify your schedule to ensure you meet the minimum requirements for completion of the rotation.

If you will be absent for a particular shift due to illness you are required to do the following:

#### **1) Notify the Attending Physician by Telephone**

Please speak with the attending Staff Physician at the scheduled start time of the shift and notify them that you will be absent due to illness. It is best if you call your assigned Unit approximately 5 minutes after the shift start time, as you are most likely to easily reach your staff at this time. The ER can be contacted by calling the switchboard 777-6300 and asking to be forwarded to the ER.

#### **2) Notify the EM CDC of your absence due to illness by email:**

[brianmetcalfe@gmail.com](mailto:brianmetcalfe@gmail.com) and copy the APA using [emergclerk@med.mun.ca](mailto:emergclerk@med.mun.ca)

#### **3) Complete and submit a Leave Request Form to UGME**

In the rare event that you are unable to comply with the reporting requirements outlined above, you are required to notify UGME by telephone (864-UGME or toll-free 1-855-884-8463) or myself by email ([brianmetcalfe@gmail.com](mailto:brianmetcalfe@gmail.com)) **AND** submit a Leave Request Form to UGME, as soon as possible, but no later than the first day of return to duty.

**Please be advised that if you have an unreported absence, the occurrence will be reported to UGME and the Clerkship Coordinator as a breach of your Professional Responsibilities of Clerkship. This will be reflected in your final evaluation and may result in an unsatisfactory completion of the rotation.**

## Clinical Expectations

While on duty, learners are expected to function as an integral part of the ED team, appropriate to their level of training.

- **The team** - You will always work with a staff ER physician. You will often also have a resident, usually an EM PGY3, working alongside you with your staff. You will also be working very closely with the ED nurses. Each nurse will care for multiple patients in specific rooms; the triage whiteboard will indicate which nurse is assigned to which room.
- **How to address your staff** - This is often a source of stress for junior learners, but you don't need to stress out or overthink this. The cardinal rule is that in front of patients and other physicians, you should refer to your staff as "Dr. [last name]." When you introduce yourself to your staff, they may let you know to call them by their first name when the two of you are talking, in which case you should feel comfortable doing so. Otherwise, just default to calling them "Dr. [last name]" when talking to them or anyone else.
- **What to wear** - All learners *must* ensure that they *wear their ID tags* at all times while on shift. There are a high number of learners rotating through the department and nurses need to be able to quickly identify who they can take orders from. Scrubs are recommended, closed toed are required (sneakers are fine). You are welcome to swap scrub pants for your own khakis, but keep in mind the ED can get messy. Jeans are not permitted and lab coats are not necessary.
- **When you arrive for a shift** - Determine from the schedule and shift time, what unit you'll be working in that day. Introduce yourself to one of the nurses, tell them who you are and what shift you're working; they will direct you to the staff physician on with you that shift.

It is imperative you show up **on time**. This is a professionalism expectation and it will also set the tone for the rest of your shift. Aim to be at least 5 minutes early. If you anticipate that you will be late, you'll need to call the nursing station of the unit you'll be working in (call that hospital's main switchboard and ask the operator for the unit nursing station) and let your staff know.

Once patients have been triaged and placed into a room, their chart will be placed in an area/slot designated for new patient charts. There is also a slot for charts that have new orders on them, and chart slots for each room once those orders are processed. On your first shift, at each new unit, ask a nurse or your staff where to find these different chart slots. If you arrive before your staff, feel free to thumb through the new chart(s) but wait until your staff arrives before seeing your first patient. Your staff may wish to discuss expectations and preferences regarding picking up charts, reviewing patients, orders, etc. before you see a patient.

- **Duties on shift** - You will be seeing patients of broad spectrums of age, presentation, and acuity. Throughout the day, you will pick up/be assigned new patients for whom you will be expected to obtain a concise and relevant history and physical, document your findings, and devise a plan for investigations/treatment/disposition. Always pay attention to the triage note and vitals. You will review all of these with your attending physician (or resident) and will then be expected to follow-up with your patients throughout your shift, keeping an

eye on the results of their investigations and reassessing their clinical response to treatments in a timely fashion. You will generally see and review one patient at a time. Each physician will have their own approach to diagnosis and management. Try and learn as much as you can from different approaches.

**Charting** - work on charting a clear record of the pertinent positives and negatives of the case that lead toward a reasonable plan for investigation and disposition. Be sure to formulate a plan. Always leave some room for your staff to record their assessment on the chart as well.

You will also have the opportunity to observe/assist/perform a number of **procedural skills** such as laceration repair, casting, lumbar puncture and participating in codes, to name a few. These procedures can often be an enjoyable change of pace in the department. If you are interested in helping out in procedures it is important to let your staff know, as they are more likely to involve you if they know you want to be involved. Also remember the core procedures you are expected to complete.

When invasive or personal physical exams are indicated, such as male or female genital exams, rectal exams, or female breast exams, please identify the need for the exam in your verbal report to your attending physician but do not perform these exams independently or without discussion with your attending physician. In most cases we will perform this exam with you in order to avoid the need to duplicate the exam.

At some point during your shift, your staff will likely send you for a **meal break**, depending on how busy the department is. Aim to return in 20-30 minutes. Before you go on break, let your staff know about any upcoming time-sensitive items for your patient (i.e. "this patient is waiting on a troponin"). Beverages are permitted in the ED in travel mugs/bottles or cups with lids. Belongings can be kept in the nursing lounge.

- **Expectations of flow** - As a clerk rotating through the ED, patient flow is chiefly your staff's responsibility, not yours. Your job is to gather a solid history and physical, generate a thoughtful DDX, and try to come up with a concrete plan for investigation and treatment. Focus on making each clinical interaction you have in the department an excellent one, as opposed to just trying to see as many patients as possible. That being said, you should avoid the temptation to treat each patient encounter as a formal consult; there simply isn't enough time to justify spending an hour for the initial patient encounter and there are diminishing returns to be gained by extensively reviewing the patient's Meditech chart before seeing them. A good goal to aim for is to complete the history/physical/documentation and be ready to present to your staff within 20 minutes of getting the chart.
- **Picking up charts** - In the last 90 minutes of your shift, you should take extra care to check with your staff before picking up a new chart. The last 45-60 minutes of your shift are generally reserved for "clean up," allowing you and your staff to make sure all your remaining patients are appropriately documented with a plan for disposition (consult, further workup or discharge) so that you can leave on time without burdening the incoming team with too many loose ends to tie up after handover. For this reason, your staff will want to be informed about new patients toward the end of the shift.
- **Smart phones** - Many staff and patients will assume that by pulling out a smart phone you are indicating that you are no longer interested in being an active

participant in the provision of patient care. Conversely, other staff and patients see smart phones as a powerful tool for accessing clinically relevant information such as drug doses and prognostic score calculators. The best advice we have is to have good judgment and common sense as to when it is appropriate to use your smartphone and to let your staff know the purpose for which you are using it. Avoid any use at the bedside.

## **Academic Expectations**

The amount of formal teaching you receive **on shift** will vary depending on the clinical demands of the department. You should make an effort to optimize informal teaching, which will inevitably take place with each patient case review, by asking questions. If you are interested in performing technical procedures including, IV insertion, Foley catheter insertion, ABGs, etc. please indicate your interest to your attending physician and we can identify opportunities for you to do so under appropriate supervision.

### **1) Emergency Medicine Academic Half Day**

During your rotation, you are invited to attend the weekly EM Academic Half Days, which are held on **Wednesdays from 1330 - 1630 via WebEx**. Effective October 2020, your attendance at academic half day is no longer mandatory, however we encourage you to participate in this teaching and learning opportunity, if your schedule allows.

### **2) Emergency Medicine Journal Club**

Journal Club is held monthly and you will be advised if Journal Club is taking place during the course of your rotation. This is typically held at the home of one of the attending staff, on the last Thursday evening of the month, and presents an opportunity for you to learn about critical appraisal in a less formal environment. While this event is not mandatory, if you are interested in attending we will endeavor to accommodate as many clinical clerks as possible.

### **3) Other learning opportunities**

Trauma Rounds are held biweekly, on Fridays from 1230 - 1330.

Resus rounds occur on the first day of the PGY changeover, just after PGY orientation.

## **EM Clinic Cards (Electronic App) and Evaluation**

Your summative assessment will encompass the following components:

- Emergency Medicine Clinic Cards
- Mini CEX
- Final Summative In-Training Assessment Report (ITAR)

You are required to electronically submit a completed EM Clinic Card for each shift you work in the Emergency Department. You will have a total of nine clinic cards by the conclusion of your rotation, one per shift. You must present the completed electronic card to your Attending Staff Physician at the conclusion of your shift for review. The attending physician will sign off on your card electronically.

**You are responsible for ensuring that your EM Clinic Card is reviewed by your Attending Staff Physician, on the day of your shift, and that all your cards are submitted at the conclusion of your rotation.** Please note that the daily clinic cards form the basis of your rotation assessment. It would be wise to document as much detail as possible regarding your EPA achievement and activities. During an emergency medicine rotation, you may have the opportunity to gain observations in all 13 EPAs.

These clinic cards are also used to confirm shift attendance.

One Mini-Clinical Evaluation Exercise (**Mini CEX**) must also be submitted as it is a part of your final assessment. This evaluation card **cannot** be completed electronically. You can access and print a Mini CEX card from One45, and it will be emailed to you along with this orientation document. The completed evaluation card must be submitted to the Emergency Medicine APA, as soon as possible. You can scan it, or take a picture of it, and email it to [emergclerk@med.mun.ca](mailto:emergclerk@med.mun.ca) Please make sure it is signed by you and the attending, and that the scan or picture is entirely legible. Please retain the original. You may be asked to produce it at a later date.

In a self-directed fashion, you are **required** to complete a series of Self-Directed Emergency Medicine Teaching Modules. The teaching materials are created by the Clerkship Directors in Emergency Medicine (CDEM), an Academy of the Society of Academic Emergency Medicine, and may be accessed through Brightspace. You are to complete this M4 Curriculum. **Completion of these Emergency Medicine Teaching modules is mandatory.**

If you have any questions feel free to email me. I will respond to your inquiries as soon as possible during business hours.

Once again, welcome to Emergency Medicine!

Sincerely,



**BRIAN METCALFE** BSc, MD, CCFP (EM)  
**ASSISTANT PROFESSOR | CLINICAL DISCIPLINE COORDINATOR**

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