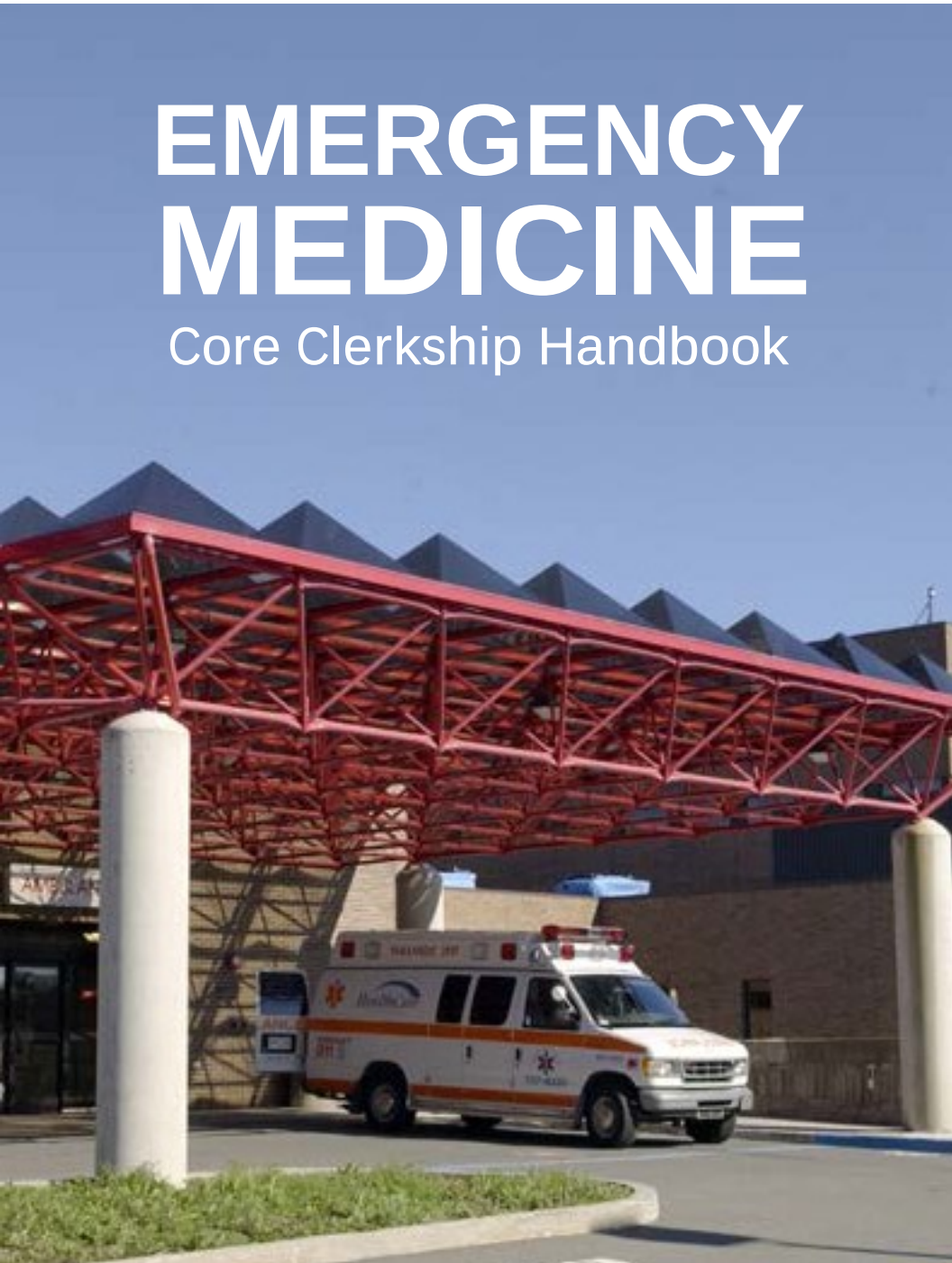
EMERGENCY MEDICINE

Core Clerkship Handbook



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WELCOME AND OVERVIEW

Welcome to Emergency Medicine (EM)!

The EM Core Clerkship rotation is an integrated rotation during which you will complete nine EM shifts over a two week rotation/block during the course of the Core Clerkship year. These shifts will be completed in Emergency Departments (ED) in St. John's (NL), New Brunswick, and Prince Edward Island, depending on where you are assigned to complete your traditional core rotation block(s). You will have the opportunity to work with a variety of allied medical professionals, and encounter unique patient populations.

During your EM shifts you will work in a one-on-one mentored arrangement with experienced staff physicians. Through clinical exposures and targeted feedback you will have an opportunity to develop and refine your clinical approach to a variety of common emergency presentations and conditions, and gain confidence in the identification and management of the critically ill patient.

This manual will serve as your guide to all information pertaining to your EM Core Clerkship rotation.

CONTACT INFORMATION

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HSC Rm: 1847

OBJECTIVES

During the course of the rotation, through a combination of clinical experiences, focused reading, and attendance at academic rounds the student is expected to develop the knowledge and skills that will enable competent assessment and management of the patient presenting to the ED.

The objectives for the rotation are categorized into two broad categories:

1) General Competencies

General Competencies represent a core set of attitudes, behaviors, knowledge, and skills that are considered representative of achieving general competency in Emergency Medicine.

There are seven main areas of General Competency with each area containing a unique subset of Specific Objectives.

2) Knowledge Content

The student is expected to demonstrate acquisition of knowledge in subject matters considered important in EM. This body of knowledge is divided into two broad categories:

1. Emergent Patient Presentations
2. Specific Disease Entities

General Competencies

There are 7 main areas of general competency. Each area of general competency is outlined below along with a list of corresponding specific objectives belonging to that area of competency (Also refer to the 13 EPAs that are a guide to core clerkship competencies).

1) Patient Care

Specific Objectives:

1. Recognize immediate life-threatening and/or deteriorating conditions and consider underlying etiologies.
2. Obtain an accurate problem-focused history and physical examination.
3. Patient management skills:
    a. Develop an evaluation and treatment plan;
    b. Monitor the response to therapeutic interventions;
    c. Develop appropriate disposition, including consultant engagement and/or outpatient follow-up plan;
    d. When critically ill or decompensating patient encountered:
        i. Seek immediate help from staff physician;
        ii. Engage team members required for immediate response and continued decision making;
        iii. Start initial care plan for the decompensating patient.
4. Health Promotion:
    a. Educate patients on safety and provide anticipatory guidance as necessary related to the patient's chief complaint;
    b. Educate patients to ensure comprehension of discharge plan.

2) Medical Knowledge

Specific Objectives:

1. Develop a differential diagnosis (ddx) when evaluating an undifferentiated patient:
    a. Prioritize likelihood of diagnoses (dx) based on patient presentation and acuity;
    b. List "can't miss" diagnoses.
2. Create a diagnostic plan based on ddx;
3. Develop a management plan for the patient with both an undifferentiated complaint and a specific disease

3) Practice-based Learning and Improvement

Specific Objectives:

1. Effectively use available information technology, including medical record retrieval systems and other educational resources, to optimize patient care and improve their knowledge base.

4) Interpersonal and Communication Skills

Specific Objectives:

1. Humanistic qualities:
   a. Effectively communicate with patients, family members & friends, and other members of the health care team;
   b. Demonstrate a compassionate and nonjudgmental approach with patients.
2. Presentation skills:
   a. Present cases in a complete, concise, and organized fashion;
   b. Effectively communicate with consultants and admitting services.

5) Documentation

Specific Objectives:

1. Provide accurate and organized legible documentation in the medical record.

6) Professionalism

Specific Objective:

1. Work ethic:
   a. Be conscientious, on time, and responsible;
   b. Exhibit honesty and integrity in patient care.
2. Practice ethical decision-making;
3. Professional behavior:
   a. Exercise accountability;
   b. Maintain professional appearance;
   c. Be sensitive to cultural issues (age, gender, sex, race, culture, disability)
   d. Work in a collegial manner with other members of the health care team.

7) Systems-based Practice

Specific Objectives:

1. Recognize when patients should be appropriately referred to the ED;
2. Recognize the importance of arranging appropriate follow-up plans for patients being discharged from the ED;
3. Recognize the role of Emergency Medicine in the community, including access to care and its impact on patient care
4. Understand the indications, cost, risks, and evidence behind commonly performed ED diagnostic studies.

Knowledge Content

Each category is further detailed below, including general and specific knowledge expectations.

Emergent Patient Presentations:

The student is expected to demonstrate knowledge surrounding the following 15 core Emergent Patient Presentations:

1. Abdominal Pain,
2. Altered Level of Consciousness,
3. Cardiac Arrest,
4. Chest Pain,
5. Gastrointestinal & other Bleeding,
6. GenitoUrinary emergencies,
7. Headache,
8. Mental Health (MH) crisis (including aggression/agitation),
9. Metabolic Derangements,
10. Ocular emergencies,
11. Poisoning (overdose),
12. Respiratory Distress,
13. Shock (all types) &
14. Trauma.
15. Vascular emergencies (including ACS, CVA, PVD, AAA, Dissections, etc.)

Specifically to these presentations, the student is expected to demonstrate the ability to:

a. Develop a risk-stratified ddx of common and emergent conditions;

b. Describe typical or "classic" presentation of emergent conditions and consider atypical or less common presentations;

c. Describe initial evaluation and management.

Furthermore, each individual Emergent Patient Presentation has a unique set of learning objectives. Specific learning objectives pertaining to each Emergent Patient Presentation are outlined in a table on the

Emergent Patient Presentation	Objectives
Abdominal Pain	1. Know emergent ddx & demonstrate the ability to identify a surgical abdomen 2. Discuss / explain the role of analgesia in patient management
Altered Mental Status	1. Recognize the breadth of the ddx for altered mental status 2. List emergent causes for altered mental status
Cardiac Arrest	1. Identify asystole, ventricular tachycardia and ventricular fibrillation on ECG / monitor 2. Describe the initial treatment of asystole, pulseless ventricular tachycardia / ventricular fibrillation, pulseless electrical activity 3. List the most common causes of pulseless electrical activity and their treatments (H's & T's) 4. Discuss the role of adequate chest compressions and early defibrillation in the management of pulseless patients
Chest Pain	1. Be able to interpret classic acute coronary syndrome (ACS) findings on ECG 2. List important initial management options (ASA, nitroglycerin, O2, analgesia) 3. Understand options for emergent re-vascularization (fibrinolytics and percutaneous interventions)
Gastrointestinal & other Bleeding	1. Recognize hemodynamic instability 2. Identify probably source of bleeding and recognize how this influences initial management (gastroenterology versus surgery) 3. Recognize & manage other sources of bleeding (epistaxis, PV, etc.)
GU emergencies	1. Recognize ectopic pregnancy & other emergent pregnancy complications 2. Recognize Testicular & Ovarian torsion
Headache	1. Recognize emergent causes and identify diagnostic modalities and management
MH Crisis & Agitation/Aggression	1. Assess suicidality & risk stratify, 2. Recognize psychosis, 3. Recognize substance misuse/abuse. 4. Appreciate Safety in the management of the agitated/violent patient.

Eye	1. Recognize Red eye & understand the ddx 2. Recognize AACG 3. Recognize acute change in Visual Acuity (RD, VH, PVD, etc.) 4. Recognize FB, Corneal abrasion & ulcer
Poisoning (OD)	1. Describe common toxidromes 2. List commonly available antidotes or treatments (for acetaminophen, aspirin, tricyclic antidepressants, carbon monoxide, toxic alcohols, opioids, sympathomimetics, anticholinergics)
Respiratory distress	1. Describe clinical manifestations of respiratory distress 2. List life threatening causes of respiratory distress 3. Describe role of arterial blood gas in assessing respiratory distress 4. Demonstrate basic airway management skills
Shock	1. Describe the clinical manifestations that indicate shock 2. List potential causes (classifications) of shock 3. Recognize importance of fluid resuscitation in maintaining perfusion
Trauma	1. Describe the initial evaluation of a trauma patient (primary and secondary survey, AMPLE Hx & EFAST exam) 2. Promote injury control and prevention 3. Describe screening for intimate partner violence
Vascular emergencies	1. Recognize ACS: as above 2. Recognize acute stroke (CVA) signs & symptoms (ssx) with an understanding of timely management 3. Recognize risk factors & presentations of AAA 4. Recognize presenting ssx of Aortic Dissections 5. Recognize ischemic limb ssx

Specific Disease Entities:

While it is not possible to anticipate or ensure that every student will be exposed to a specific list of core diagnoses or patient presentations during the course of the rotation, the student is expected to gain knowledge surrounding a list of core disease conditions that are considered to be true critical emergencies. This knowledge will be developed through a combination of self-directed teaching modules and clinical exposure.

b. Describe the diagnostic approach of the disease state or condition;
c. Describe the emergency management of the disease state or condition.

Organ System	Specific Disease Entities	
Cardiovascular	1. Abdominal aortic aneurysm 2. Acute coronary syndrome 3. Acute heart failure 4. Cardiac Tamponade	5. Aortic dissection 6. DVT / Pulmonary Embolism 7. Arrhythmias
Endocrine / Electrolyte	1. Hyperglycemia 2. Hyperkalemia	3. Hypoglycemia 4. Thyroid storm
Environmental	1. Burns / smoke inhalation 2. Heat illness	3. Hypothermia 4. Near drowning
Gastrointestinal	1. Appendicitis 2. Biliary disease 3. Bowel obstruction	4. Massive gastrointestinal bleeding 5. Mesenteric ischemia 6. Perforated viscous
Genito-urinary	1. Ectopic pregnancy 2. Pelvic inflammatory disease	3. Ovarian torsion 4. Testicular torsion
Neurologic	1. Acute stroke 2. Intracranial hemorrhage	3. Meningitis 4. Status epilepticus
Pulmonary	1. Asthma 2. Chronic Obstructive Pulmonary Disease	3. Pneumonia 4. Pneumothorax
Psychiatric	1. Agitated/aggressive patient	2. Suicidal ideation or suicide attempt
Sepsis	1. Sepsis & Septic shock	

Cultural Safety: In addition to the above emergency conditions, students are expected to identify potential prejudices & biases when dealing with patients of different cultures & lifestyles (indigenous, immigrants, LGBTQ2 & other/marginalized populations) while developing an understanding of culturally sensitive issues (such as those stated in the 94 Calls-to Action from the Truth & Reconciliation Commission). They are expected to understand

MENTORED EMERGENCY MEDICINE SHIFTS

Overview

Each student will complete 9 mentored EM clinical shifts in their 2 week block. During clinical shifts students are expected to work as part of an interdisciplinary EM team and complete a focused history, physical exam and propose an appropriate ddx, investigative plan and management plan on patients being treated in the ED. During these shifts students will receive one-on-one teaching from their attending staff directed towards cases encountered and common clinical presentations to the ED. While on shift students will have an opportunity to perform basic procedures (see necessary procedures) and observe the triage process.

Site Orientation(s)

Within this document is a general overview of clinical expectations that will be common to all EM shifts, regardless of geographic location or department layout.

When you complete your first shift at any given ED please notify your preceptor it is your first shift at this site so that your preceptor can provide you with the necessary orientation to the layout of the department and processes followed in that ED. The preceptor is available to assist you with any needs that may arise pertaining to your lack of familiarity with the department. Your assessment for the shift is based entirely on your clinical competency and knowledge base.

Clinical Expectations

You are expected to arrive at your assigned ED at least 5 minutes prior to the start time of the shift. Tardiness will be noted on your shift evaluation, without exception. Upon arrival you are required to identify yourself to the staff present in the Emergency Department and ask to be directed to the attending physician on duty. You should introduce yourself to the attending physician and notify him or her that you are Memorial University Core Clinical Clerk and that you are there to complete one of your EM shifts for your rotation. Your attending physician may then advise you of specific expectations or requests that he or she has related to care of patients and then subsequently direct you to begin seeing patients. Do not begin seeing patients until you have made contact with your attending physician for the day, unless otherwise directed by a physician present at the site.

In EM we tend to deal with very specific complaints in very medically complex patients. You should endeavor to perform a focused history and physical exam relevant to the presenting complaint. You are not expected to do a complete comprehensive history and physical exam of all body systems in most cases.
You are however expected to perform a detailed review of the history of the presenting complaint and review of relevant body systems, as well as the patient's past medical history and to seek out results of relevant investigations or referrals that may offer clarity to the patient's current health status related to the complaint. You should attempt to complete your focused history and physical exam within 20 minutes. On occasions this can be quite difficult, so if you find yourself having difficulty focusing the history or physical exam, excuse yourself from the patient's bedside and request the assistance of your attending physician.

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.

Upon completion of the focused history and physical exam you are required to complete an oral presentation to your attending physician. This should be completed in an organized manner with appropriate use of medical terminology and in the utmost professional language. Casual commentary or observations regarding patient demeanor or personality are not acceptable under any circumstance. At the conclusion of your oral presentation you should propose a ddx, including common and "can't miss" diagnoses that must be considered, an investigation plan, and/or treatment plan for each

You should not pick up a new chart until you have reviewed the previous case with your attending physician and agreed on a treatment and investigation plan, unless you are directed to do so by your staff. This will avoid a pile-up of cases to be reviewed with your attending physician that can contribute to departmental inefficiencies.

Please do not pick up a new chart during the last hour of your shift unless you are directed to do so by your attending physician, as we do our best to have completed investigations and treatment, and determined a disposition plan for each patient that will be handed over. Starting a new case in the last hour of the shift makes this goal difficult to achieve.

You will quickly learn that each physician has his or her unique preferences and practices. While there are fundamental consistencies related to investigation or treatment of some specific complaints, every physician will approach each patient differently. You will note significant practice variation in investigation and treatment. This is the nature and reality of primary care and I encourage you to avoid absolute concrete adherence to practice algorithms or patterns that you might observe in the ED or elsewhere. Be open to learning how each problem can be approached differently and be respectful of each individual physician's practice preference and the teaching offered by each of your attending physicians. There are many ways to approach the same problem. Absorb the various approaches you are presented with and as you move forward in your clinical practice you may incorporate the approach that works best for you.

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 that will inevitably take place with each patient case review by asking questions. You are expected to perform technical procedures, including IV insertion, Foley catheter insertion, ABGs, etc., during your clerkship. Please indicate your interest and need to your attending physician and we can identify opportunities for you to do so under appropriate supervision.

Finally, take ownership of your cases and follow them to completion. If blood work or investigations are pending, you should periodically check to see if the results are available. Similarly, if you have ordered a treatment, check in with the patient and see how they are doing. Periodically update your attending physician as to how the patient is

Professional Expectations

While the ED is less structured than seeing a patient in clinic, you are expected to adhere to the same professional standards expected of learners in any other area of clinical practice.

Addressing Attending Physician Staff:

You are required to address your attending physician by his or her professional name, i.e. “Dr. X”, rather than by their first name. This is expected even if your attending physician introduces him or herself to you by his or her first and last name at the start of the shift. You will frequently hear nurses address the attending physician(s) by first name. This is due to the fact that there is a well-established long-term working relationship between these professionals and you will note that the nurses will always address the attending physician by his or her professional name to consultants and patients. In the rare event that your attending physician insists that you to use his or her first name you are required to address them by their professional name when referring to them with nurses, consultants, or patients.

Attire:

Casual attire in the ED is not permitted. Appearance will be professional and you are expected to dress in “business casual” clothing or hospital issued scrubs.

As learners, we want you to be well received by our staff, patients and their families. Attending physicians can rely on their experience and expertise for patient respect and confidence, however as learners, you are still developing these qualities and should dress as outlined below.

- No jeans (of any kind) or shorts,
- No shirts with large logos, statements or images,
- Midriffs must be covered,
- Neckline must be modest,
- Skirts should be at or below the knee,
- No bare feet or open toed shoes or sandals. No sneakers. No stiletto heels,
- Minimal jewelry may be worn, &
- Nails must be clean and short.

If you are not dressed appropriately for the shift you may be asked to

Inter-Professional Respect:
In the Emergency Department you will be exposed to a multi-professional collaborative team inclusive of physicians, nurses, paramedics, respiratory therapists, consultants, etc. You are expected to interact with each of these professionals in a respectful manner. Avoid the trap of gossiping or making inappropriate commentary regarding the actions of someone else on the health care team. If you have a clinical concern that may impact the patient bring it to the attention of your attending physician in a professional manner.

Professional Communication:
Casual commentary or criticisms related to patient personality, demeanor, or circumstance are never acceptable and should be avoided regardless of whether you observe this behavior from others on the health care team.

Cellular and Smart Phones:
In accordance with current Regional Health Authority policy, use of smart phone or cell phones in the ED is prohibited. On occasion you may observe attending physician staff using such devices in a restricted manner for either designated leadership or clinical responsibilities (ex. "on-call" services to air and ground ambulance, or physician leadership responsibilities) or medical reference while exercising appropriate discretion.

Scheduling

You will be scheduled to complete approximately 9 EM shift per 2 week core rotation block. The majority of shifts will take place from Monday to Friday during either daytime or evening hours with one overnight shift. If you are scheduled for an overnight shift we will make arrangements for you to have a weekday off in lieu of this overnight shift. We will do everything in our capacity to avoid scheduling an ED shift on mandatory teaching days that are part of your concurrent core rotation block.

The APA for your concurrent core rotation block will be notified of the date of your EM shift so that your clinical team and Clerkship Discipline Coordinator (CDC) can be notified of your anticipated absence. It would be prudent of you to remind your clinical team of your anticipated absence leading up to the date of the shift.

Changes to the shift schedule are not permitted and any matters pertaining to scheduling are to be addressed with the APA for EM directly.

Record of Shift Assessment Card Submission

Assessment

At the conclusion of each EM clinical shift the student will receive verbal feedback from their preceptor. You are responsible for presenting the T-Res application (third year clerks), or opening the website on the ED computer, to your attending physician at the conclusion of your shift so it can be completed and reviewed with you. You are further responsible for ensuring the details regarding the shift are completed including hospital name, location, date, shift time, student name and attending physician name. Please remind your clinical preceptors they are required to assess ALL of the EPAs for EM. If you are completing your EM core rotation block toward the end of your core clerkship year and are in need of completing EPAs that you have not yet attained entrustability, you are encouraged to communicate this to you preceptor to look for opportunities to meet this requirement. Allow sufficient time toward the end of your shift to

EM Shift Assessment Cards are available in the following locations:

- NB– Medical Education office
- St. John's, NL – UGME, or the APA for EM's office (Rm 1847 HSC)
- D2L

ABSENCE DUE TO ILLNESS

If you will be absent for a particular shift due to illness you are required to complete the following 3 steps for each instance of absence:

1. Notify the Attending Physician by Telephone:

   You are required to call the attending physician scheduled to work on the shift you will be missing to notify them that you were scheduled for the shift but will be absent due to illness.

   You must speak directly with the attending physician scheduled to work with you. It is not acceptable to simply leave a message with another employee who answers the phone even if they offer to take a message. If the attending physician is not available at the moment you call, you must request to remain on hold or call back a short time later to speak directly with them.

   With respect to EM shifts, it is recommended that you call the Unit you were assigned to work approximately 5 minutes after the shift start time, as you are most likely to easily reach your staff at this time.
   A telephone directory has been created for this purpose. You will find the Emergency Department Telephone Directory in the Appendix section of this manual.

2. Notify the, APA for Emergency Medicine, by email at emergclerk@med.mun.ca of your absence due to illness.

3. Complete and submit a Leave Request Form to UGME:

   In the rare event that you are incapacitated by serious illness or trauma and 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 the APA for EM (emergclerk@med.mun.ca) 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 are absent due to illness and have not reported the absence as per the requirements outlined in this document, this occurrence will be reported to UGME and the Clerkship Coordinator as a breach of your Professional Responsibilities of Clerkship. Furthermore, such an occurrence will be reflected in your final evaluation for the rotation and may result in an unsatisfactory completion of the rotation.

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

EM4 SELF-DIRECTED EMERGENCY MEDICINE TEACHING MODULES

Through a series of Self-Directed EM Teaching Modules, the students will receive teaching focused in the two major areas of Knowledge Content that are outlined in the Objectives:

1. Emergent Patient Presentations
2. Specific Disease Entities

The teaching materials are created by the Clerkship Directors in Emergency Medicine (CDEM), an Academy of the Society of Academic Emergency Medicine, and are available through the Curriculum tab on the CDEM website.

The CDEM Curriculum features three major sections:

1. M4 Curriculum (Mandatory)

   Comprised of individual Self-Directed EM Teaching Modules focused on the two major areas of Knowledge Content and the most common conditions that a senior medical student would encounter and be expected to be knowledgeable of while rotating in the adult Emergency Department

> IMPORTANT: The Approach to Cardiac Arrest Module, available on the CDEM M4 Curriculum website is not current and should not be utilized. A revised Approach to Cardiac Arrest Module is provided for you in D2L.

1. M3 Curriculum (Recommended)

   Material intended to supplement the M4 curriculum and provides a basic understanding of core concepts in Emergency Medicine

2. Pediatrics (Recommended)

   Comprised of key topics in Pediatric Emergency Medicine that is valuable for students rotating through pediatric emergency departments. The content is currently under development and new material is being uploaded on a regular basis.

The M4 Self-Directed EM Teaching Modules can be accessed via D2L or directly via CDEM M4 Curriculum website linked at: https://cdemcurriculum.com.

An index of Self-Directed EM Teaching Modules is provided on the following page. The modules can be completed in any sequence, as preferred by the student.

INDEX OF M4 SELF-DIRECTED EM TEACHING MODULES

1. Emergent Patient Presentations

- Approach to Abdominal Pain
- Approach to Altered Mental Status
- Approach to Cardiac Arrest
- Approach to Chest Pain
- Approach to Gastrointestinal Bleeding
- Approach to Headache
- Approach to Poisonings
- Approach to Shortness of Breath
- Approach to Shock
- Approach to Trauma
- Approach to Sepsis

2. Specific Disease Entities

1) Cardiovascular

- Abdominal Aortic Aneurysm
- Acute Coronary Syndromes
- Thoracic Aortic Dissection
- Congestive Heart Failure
- Pulmonary Embolism

2) Endocrine / Electrolytes

- Hyperglycemia
- Hyperkalemia
- Hypoglycemia
- Thyroid Storm

3) Environmental

- Hyperthermia
- Hypothermia
- Envenomation
- Snake Bites
- Scorpion Stings

4) Gastrointestinal

- Appendicitis
- Biliary Disease
- Small Bowel Obstruction
- Mesenteric Ischemia
- Perforated Viscus

5) Genito-Urinary

- Ectopic Pregnancy
- Pelvic Inflammatory Disease & Tubo-Ovarian Abscess
- Ovarian Torsion
- Testicular Torsion

6) Neurological

- Intracranial Hemorrhage
- Ischemic Stroke
- Meningitis & Encephalitis
- Seizure & Status Epilepticus

7) Psychiatry

- The Suicidal Patient
- The Agitated Patient

8) Respiratory

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Pneumonia
- Pneumothorax

9) Trauma

- Chest Trauma
- Neck Trauma
- Abdominal Trauma

ASSESSMENT

You will receive both formative and summative assessments during this rotation. Components of each form of assessment are outlined below.

Formative Assessment

Formative assessment will be comprised of the following:

1. Emergency Medicine (EM) T-Res assessment App
2. Mid-phase formative ITAR

Emergency Medicine T-Res Application:
At the conclusion of each EM clinical shift the student will receive verbal feedback in the form of an EM T-Res application. You are responsible for presenting the App to your attending physician at the conclusion of your shift so it can be completed and reviewed with you. You are further responsible for ensuring the details regarding the shift are completed including hospital name, location, date, shift time, student name, and attending physician name.

Please note that the EM Shift Assessment T-Res App are further used to confirm shift attendance.

You are responsible for ensuring that each EM Shift Assessment T-Res App is completed by your attending physician on the day of your shift and that each is submitted to the APA for EM, no later one week following each shift. It is necessary that these are submitted in a timely fashion so that they can be compiled for your Final Summative ITAR, respectively.

Summative Assessment:

Summative assessment will be comprised of the following:

1. Emergency Medicine T-Res App
2. Mini-Clinical Evaluation Exercise (Mini-CEX)
3. Final Summative In-Training Assessment Report (ITAR)

Mini-Clinical Evaluation Exercise (Mini-CEX):
During the second half of the rotation students will be required to participate in a Mini-Clinical Evaluation Exercise (Mini-CEX) where their patient interaction will be observed and evaluated by their staff physician on shift.

The student will receive verbal and written feedback on his or her performance. The completed assessment form must be submitted to the APA for EM, as soon as possible, for inclusion in the student final summative assessment.

Final Summative In-Training Assessment Report (ITAR):
A final summative ITAR will be completed BY the discipline CDC based on the results from the compiled Emergency Medicine Shift Assessment T-Res App.

FREQUENTLY ASKED QUESTIONS

1) I have an EM shift from 3pm to 11 pm and I have mandatory teaching as part of my Internal Medicine (IM) rotation from 8:00 am to 11:00 AM on the same day. Am I required to attend this teaching?

Yes. There will be days where you will be scheduled for an EM shift and also be required to attend a mandatory teaching sessions for your concurrent IM core rotation that takes place on that same day, but not overlapping with the EM shift time.

As per the expectations outlined in the Student Handbook in the section on Protected Time and Duty Hours:

> *The total hours of required responsibilities (clinical or academic) shall not exceed 10 hours per day when averaged over the entire rotation (excluding call days).*

While this day would amount to 11 hours of required responsibilities, this would be an exception to the student's usual work hours and over the course of the rotation, the 10-hour per day average limit would not be exceeded. Having said this, whenever possible we will schedule around days where there are lengthy mandatory teaching on your concurrent IM core rotation.

2) What do I wear for my shifts in the Emergency Department?

As learners, we want you to be well received by our staff, patients and their families. Casual attire in the ED is not permitted. Appearance will be professional and you are expected to dress in "business casual" clothing or hospital issued scrubs. Specific dress restrictions are outlined below:

- No jeans (of any kind) or shorts
- No shirts with large logos, statements or images
- Midriffs must be covered
- Neckline must be modest
- Skirts should be at or below the knee
- No bare feet or open toed shoes or sandals. No sneakers. No stiletto heels.
- Minimal jewelry may be worn
- Nails must be clean and short

If you are not dressed appropriately for the shift you may be asked to change into hospital scrubs or sent home from the shift.

Full dress requirements for your EM shifts are outlined in the Mentored Emergency Medicine Shifts section of this manual (within Clinical Experiences). Please review this section prior to your first EM shift.

3) How do I submit my EM Shift T-Res form?

You are required to submit completed assessment forms to the APA for EM no later than one week following each shift. You may submit the T-Res app form to emergclerk@med.mun.ca. It is necessary that the form(s) are submitted in a timely fashion so that they can be compiled in order to complete your Final Summative ITAR.

Please be reminded that you are responsible for ensuring that the section including the student name and signature, attending staff name , date, time etc. is completed when submitting clinic cards,

4) Is there any lecture material to supplement the M4 EM Self-Directed Teaching Modules?

Yes. If you wish to supplement the web-based EM Self-Directed teaching materials with another teaching modality please refer to on-line recorded presentations, produced by the University of Ottawa available through the Flipped EM Classroom website at **www.flippedemclassroom.wordpress.com**. These sessions are modeled around the Clerkship Directors in Emergency Medicine curriculum and supplement the material nicely. In addition, material from the M3 and Pediatric EM curriculum (www.cdemcurriculum.com/curricula/) from the Clerkship Directors in Emergency Medicine is recommended.

5) I have a question about my Emergency Medicine rotation that is not addressed in this list of FAQs – Who should I contact?

For any and all questions pertaining to the Emergency Medicine rotation please refer to the detailed material contained in the Emergency Medicine Clerkship Handbook. Most questions are already addressed in these materials.

A Frequently Asked Questions Folder will be regularly updated on the D2L page as new issues arise.

For any and all outstanding questions that are not addressed in the EM Clerkship Handbook or "FAQ" folder in D2L please contact the APA for EM, Academic Program Assistant for Emergency Medicine, at emergclerk@med.mun.ca or by telephone at (709) 864-4973.

APPENDIX

Telephone Directory

Emergency Department Telephone Directory

1. HSC: (709) 777-6336
2. SCMH: (709) 777-5330
3. SJRH: (506) 648-6000
4. CRH: (506) 452-5400
5. QEH: (902) 894-2200

Recommended References

Advanced Emergency Medicine Text Books

1. Rosen's Emergency Medicine – Concepts and Clinical Practice
   Authors: Marx J. A., Hockberger R. S., and Walls R. M.
   (On-Line Access through Memorial University)

2. Tintinalli's Emergency Medicine: A Comprehensive Study Guide
   Editor: Tintinalli J. E.
   (On-Line Access through Memorial University)

Clerkship Emergency Medicine Review Book(s)/Guide(s)

1. First Exposure to Emergency Medicine Clerkship
   Authors: Hoffman L. H., Walker L. A., Wadman M. C., Coudill C. C., and Bott K.

Important Websites

1) CDEM Curriculum – Clerkship Directors in Emergency Medicine
http://cdemcurriculum.org/curricula/

M4 CDEM Curriculum (M4 Self-Directed EM Teaching Modules)
http://cdemcurriculum.org/m4/

2) University of Ottawa: Flipped EM Classroom
www.flippedemclassroom.wordpress.com