

Kimberly Leeson, MD  
[kleeson@gmail.com](mailto:kleeson@gmail.com)

Sundip Patel, MD  
[Patel-Sundip@CooperHealth.edu](mailto:Patel-Sundip@CooperHealth.edu)

David A. Wald, DO  
[waldda@tuhs.temple.edu](mailto:waldda@tuhs.temple.edu)

Topics deemed most important by Clerkship Directors in running an EM clerkship.

1. Evaluation and grading guidelines
2. Recommendation letters (SLOE)
3. Student advising
4. Shift evaluation cards
5. Protected time / faculty support
6. Curriculum resources

Orientation Guidelines

1. Clearly define goals and objectives for the rotation
  - a. Map to medical school competencies
2. Review pertinent policies and procedures
  - a. Attendance policy, etc.
3. Set expectations
4. Review rotation competencies
5. Address evaluation and grading guidelines
6. Post the orientation material to an educational repository (ie. Blackboard Academic suite, institution intranet, etc.)

Rotation / Curriculum Objectives

1. Develop objectives based on national standards
  - a. Manthey et al. 4<sup>th</sup> year Curriculum. *Ann Emerg Med.* 2006;47:E1-E7.
  - b. Manthey et al. Revised Curriculum. *Acad Emerg Med.* 2010;17:638-43.
  - c. Tews MC et al. 3<sup>rd</sup> year Curriculum. *Acad Emerg Med.* 2011;18:s36-40.
2. Define outcome measures
  - a. Example: "By the end of the rotation, each student will demonstrate a level of proficiency regarding the knowledge outlined in the National EM curriculum as demonstrated by achieving a passing grade on the NBME EM ACE"
3. Map your rotation objectives to those of your medical school

Evaluation and Grading Guidelines

1. Develop transparent guidelines
2. The process used for your clerkship should be fair and applied consistently across all rotation blocks and clinical affiliates
  - a. 30% of all CD's oversee students rotating at geographically separate clinical sites
3. CD's must design and implement a system of fair and timely formative and summative assessment of student achievement
4. The methods of evaluation across all instructional sites within a given discipline must be equivalent

5. The instruments and criteria used for medical student assessment, as well as the policies for the determination of grades, should be the same at all instructional sites
6. Each medical student in a medical education program should be assessed and provided with formal feedback early enough during each required course or clerkship to allow sufficient time for remediation
7. Develop a grading philosophy. (normative v criterion based)
8. Define the scope and responsibility
9. Define expectations for different levels of performance (Honors, High Pass, Pass, etc.)
10. Develop shift evaluation cards to meet the evaluation goals
  - a. Consider the end of rotation summative evaluation form used by your institution
11. Define grading parameters and % contribution of criteria: clinical performance, end of rotation examination, etc.
  - a. What parameters should make up a rotation grade?
  - b. What % contribution should be applied to these parameters?
12. Describe process for translating above grading parameters into an end of clerkship grade
13. Describe method of providing student feedback
14. Describe method of student remediation

#### Data from the literature

Wald et al. State of the Clerkship. *Acad Emerg Med.* 2007;14:629-634.

1. 77% clerkship directors use shift evaluation cards to evaluate clinical performance.
2. 21% of programs report that physicians meet at the end of the rotation to discuss student performance.
3. 20% report that evaluation forms are distributed to faculty at the end of the rotation to document student performance.
4. 59% of programs incorporate the ACGME six core competencies into their evaluation process.
5. Parameters used to determine the final rotation grade for students: (% of programs)
  - a. Clinical performance – 100%
  - b. Conference attendance – 63%
  - c. End of rotation examination – 59%
  - d. Conference participation – 42%
  - e. Clinical case / topic presentation – 41%
  - f. Oral case presentation – 12%
  - g. OSCE – 4%
6. Percent contribution to the final rotation grade: (Median values – interquartile range)
  - a. Clinical performance 70 (IQR: 60–80)
  - b. Conference attendance 10 (5–14)
  - c. End-of-rotation written examination 20 (5–25)
  - d. Conference participation 10 (5–14)
  - e. Clinical case/topic presentation 10 (5–11)
  - f. Oral case presentation 15 (10–20)
  - g. Objective Structured Clinical Examination 12.5 (10–15)

Khandelwal et al. State of Undergraduate Education in Emergency Medicine Acad Emerg Med. 2014;21:92-95.

1. Mean clinical assessment accounts for 66.8% of a student's rotation grade
2. 80.4% use an end of shift assessment form
3. 57% of programs use an end of rotation examination
  - a. Mean contribution to rotation grade - 24.5%
4. 53% incorporate direct observation
5. Other types of assessment modalities that are used by clerkship directors: (% programs)
  - a. Case presentations (38.3%)
  - b. Conference attendance (35.5%)

Identify available resources and documents that are necessary to run an effective clerkship

- CDEM Medical Student Educator's Guide – Serves as a roadmap for the clerkship director or anyone educating medical students. Written by the CDEM membership and edited by Rob Rogers, MD and Siamak Moayed, MD
  - [http://www.cdemcurriculum.org/assets/other/mse\\_handbook.pdf](http://www.cdemcurriculum.org/assets/other/mse_handbook.pdf)
- ACE (Alliance for Clinical Education) Guidebook for Clerkship Directors, by Bruce Morgenstern, MD - Reference book for clinical clerkship directors.
  - <http://www.allianceforclinicaleducation.org/publications/publications.htm>
- Clerkship Coordinator's Handbook – A free, downloadable ebook containing tips and hints to make the clerkship coordinator's job easier while making the rotation more valuable and educational for the students. Highlights the main issues and concerns that a coordinator will face in running the Emergency Medicine clerkship. By Sundip N. Patel, MD and Richard Byrne, MD
  - [http://www.cdemcurriculum.org/assets/other/coordinator\\_handbook.pdf](http://www.cdemcurriculum.org/assets/other/coordinator_handbook.pdf)
- Emergency Medicine Clerkship Primer - Written by many of the members of CDEM as a free handbook for students to navigate and succeed in their Emergency Medicine rotation. Editor, David A. Wald, DO
  - [http://www.cdemcurriculum.org/assets/other/ms\\_primer.pdf](http://www.cdemcurriculum.org/assets/other/ms_primer.pdf)
- CDEM Curriculum – Contains many resources for clerkship directors and students.
  - Self Study Modules
  - DIEM – Digital Instruction in Emergency Medicine – self assessment timed cases
  - Links to rotation guidebooks
  - <http://www.cdemcurriculum.org>
- ACEP Teaching Fellowship - 11 day program, Goals: Develop the skills needed to become successful in an academic environment, become an excellent academic instructor, enhance your management and leadership skills
- Procedure Resources
  - Proceduresconsult.com (requires subscription)
  - NEJM procedure videos
  - Youtube videos
  - Life in the Fast Lane clinical video list
  - (<http://lifeinthefastlane.com/clinical-videos-online/>)
- SAEM Tests – Contains 13 curriculum topic tests, EM rotation practice tests and 2 National EM M4 Exams
  - <http://www.saemtests.org/>

- NBME Exams – Provides subject examinations in the basic and clinical sciences for the purpose of assessing the educational achievement of individuals in specific subject areas. These examinations are provided to medical schools and other institutions with a legitimate interest in the education of physicians or other health professionals
- Rotation Manual
- Evaluation and Grading Tools
- Shift Evaluations/Cards – Electronic and Paper

Describe changes that make a big impact on the student experience in your clerkship

- Setting expectations
  - Orientation goals
- Feedback, feedback, feedback
  - On shift
  - Interim and end of rotation
  - Verbal and Written
- Resident/Attending buy in to mentor students
  - Teach the teacher (selected readings, small group discussion, formal lectures)
- Alternative teaching methods
  - Flipped classroom (<https://flippedemclassroom.wordpress.com/>) - Videos of CDEM curriculum content- assign ahead of class time, reinforce with interactive exercises/group discussion
  - Asynchronous Learning
  - Podcasts and Blogs (EM Basic – [www.embasic.org](http://www.embasic.org))
  - Bedside Clinical Teaching
  - Small Group Learning
    - Simulation (ACLS, Trauma)
    - Procedure Labs
      - Intubation
      - Suture Skills
      - Ultrasound
      - Misc. (Lumbar Puncture)
- Rotation Wrap Up
  - Exit interviews
  - Anonymous rotation evaluations by students

Summary

- “Today’s medical student is tomorrow’s resident”
- EM is becoming more desirable, more competitive
- A solid EM rotation experience will attract exceptional students to our specialty and arm students heading into other fields with valuable patient care skills
- Using these resources and implementing some of these changes can improve the quality of your EM rotation

Advising Medical Students

- Resources
  - EMRA
    - <http://www.emra.org/students/advising-resources/>
      - Medical Student Survival guide, 2<sup>nd</sup> Edition (2007)
        - Talks about career paths, scheduling of the 4th year, interviews

- Con – was made in 2007 so some things may have changed
  - Pearls for first, second, third, and fourth year students
- SAEM
  - <http://www.saem.org/membership/medical-students/student-resource-collection>
    - Has many helpful pdfs on topics for students going into EM including
      - 3 year vs 4 year programs
      - Emergency Medicine Clerkship Primer
        - A guide to assist med students on their EM clerkship
    - Clerkship Directory
      - Provides information about visiting Emergency Medicine rotations around the country (who to contact, etc.)
- NRMP data
  - <http://www.nrmp.org/wp-content/uploads/2014/09/Charting-Outcomes-2014-Final.pdf>
    - Has a lot of helpful data for advising students on their competitiveness
    - “Charting Outcome 2014” provides a vast variety of information about the match from last year
- At your school / hospital
  - Medical Student Mentoring / Advising
    - Want to start as early as possible
      - Grab the best and brightest for Emergency Medicine!
      - Get students early exposure to EM to figure out if EM is right for them
    - Who should be a Mentor / Advisor?
      - Clerkship Director
        - Can serve as the point person for students interested in EM
        - They are up to date on what programs are looking for with regards to USMLE Step scores, SLOEs, etc.
        - They are more likely to know about new EM programs or any new trends in what programs are looking for
        - However, it can be a lot of work for one person
      - Program Director
        - They are aware of all the latest trends in EM and generally know what other programs are looking for in a competitive candidate
        - Con - they are also very busy with running the residency program so may not be readily available for students
      - Emergency Medicine Faculty
        - They can help divide up the work so that the clerkship director is not advising everyone
        - A younger faculty member can provide some current insight
        - They may not be up to date on average Step scores, SLOE, etc.

- EM Interest Group
  - Your opportunity to reach the 1<sup>st</sup> / 2<sup>nd</sup> year students and introduce them to EM
  - Schedule a few meetings on topics such as:
    - The day in the life of an EM physician
    - Vast career opportunities in EM such as academics, fellowships, administration, research, community practice
- 3<sup>rd</sup> year med students
  - Late January or Early February, hold a general meeting with students going into EM on how to plan their 4<sup>th</sup> year. Make sure to talk about...
    - Competitiveness of Emergency Medicine
      - Show the NRMP data
      - Show the match results from students that rotated at your site
    - How to schedule their 4<sup>th</sup> year
    - Visiting rotations
    - Letters of recommendation (SLOE)
  - In addition, set aside time to meet individually with worried students
- 4<sup>th</sup> year med students
  - Late September, early October, hold a meeting about the interview process in Emergency Medicine. Make sure to talk about....
    - Attire in an interview
    - What questions they should expect to be asked by interviewers
    - What questions they should ask
- Problem areas
  - Advising a student who is a clinical, but not an academic, star (Low grades / step scores)
    - Recommend 1-2 visiting EM rotations so that they can shine at those locations and increase their chances of matching by getting incredible SLOEs
    - Have the student explain in their personal statement the disconnect between their grades and their clinical performance
    - Encourage the students to have a backup plan
  - Advising a student who is not the right fit for EM
    - Figure out why the student is not a right fit (Can't tell sick from not sick, takes too long with patients, doesn't like to take care of sick patients)....
    - Be honest and upfront as soon as possible
    - If the student still wants to apply to EM, let them know that your SLOE may not be stellar for them
  - Advising Visiting Students
    - How to advise without stepping on their home programs' toes?
      - If the student approaches you, feel free to advise
      - Schedule a meeting with the student for the SLOE and generally some advising will happen then as the student has questions

- Clerkship Director (CD) and Resident Selection Committee
  - Conflict of interest?
    - You are advising students on the match process
    - You also help select students for your residency program
  - The CD can provide invaluable knowledge on how well a student can fit with the residency program and culture
  - However, the CD needs to recognize personal biases so that you don't inflate or hammer a candidate inappropriately for your program's match list

### SLOE

- Will not go in-depth here as there are two lectures on SLOEs at CORD
  - Complexities of the SLOE (Wed April 15<sup>th</sup> 8am)
  - Introduction to the SLOE and Tips on How to Write a Great One (Thurs April 16<sup>th</sup> 830am)
- Who should write the SLOE?

Love JN, et al. Council of Emergency Medicine Residency Directors' standardized letter of recommendation: the program director's perspective. Acad Emerg Med 2014;21: 680-687.

  - Program Directors (PDs)
    - 84.7% PDs prefer Group SLOR from another PD
      - 60% of PDs participated in a Group SLOE
    - 14% PDs prefer single author SLOE
    - 1.3% PDs prefer narrative letter (not in the SLOE format)
  - Clerkship Director alone writes the SLOE
    - Pros
      - They have a good feel on the students and are able to stratify students into excellent, good, and average categories
    - Cons
      - Individual bias could creep into the letter if for some reason the clerkship director does not like the student or likes them a lot
  - Group writes the SLOE
    - Pros
      - Love et al showed that PDs prefer a Group SLOE
      - You can get many different opinions on a student and provide a more robust evaluation
    - Cons
      - You can get many different opinions on a student which are varied and can lead to a confusing letter
- Suggestions to write SLOEs
  - Have templates of an amazing student, average student, and weak student
    - Gives you a framework to use and then add detailed, individualized information
    - How you word things matter
      - You want to be honest about the student

- Have someone else read over the letter for accuracy

#### Revamping your clerkship

- Know yourself
  - If you are tired of giving Powerpoint lectures, make them interactive
  - Go with topics you are interested in, rather than taking the topic no one wants to do
- Know your resources
  - Faculty areas of expertise – get the toxicologist to give a tox lecture
  - Sim space – Students love sim so see if you can maximize the experience
- Know today's learner
  - Survey the students with regards to what format they want to learn

#### Working with the program director (PD)

- A close working relationship between the PD and CD will help the residency and student rotations run well
- How can a PD help a CD?
  - SLOE - Writing a SLOE is a great opportunity for you to work close with your PD to make sure that the SLOE is accurate and representative of the student
  - Advising Students – PDs can be a big source of information, especially with problem students
- How can a CD help a PD?
  - Interviewing / Rank list – CDs can help the PD with their insight on students
  - Resident as Teacher programs – CDs can help develop resident to be better educators