

Nuts & Bolts Handout

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Talk Date: Thurs April 27th 1:30p-2:30p

1. Clerkship orientation

- a. Cover the objectives of your particular rotation – For example, if you emphasize ECG interpretations then clearly state that
- b. Grading
 - i. Go over exactly how grades are calculated
 - ii. Explain what it will take to earn an Honors, High Pass, Pass, and Fail grade
- c. Excused Absences Rules
 - i. State what reasons are appropriate for an absence - Step II, Interviews, Illness
 - ii. Outline how missed time must be made up
 - iii. Make sure your absence rules jive with the med school's rules
- d. Expectations of students
 - i. Dress – scrubs? White Coat? Does it change if working at Urgent Care?
 - ii. Shift work – On time every time for shifts and lectures
 - iii. Attitude / work ethic – Expect students to work hard and be upbeat
- e. EMR training
 - i. Home Students
 1. Show them the EM specific screen and how to access the triage, sheet, nursing notes, labs, Radiology images, past visits
 - ii. Visiting Students
 1. Show the same as what you are showing your home students
 2. May need to train them how to use your particular EMR
 3. Should make sure they have a working username / password
 4. If have a choice between visiting students doing generic hospital training and a faculty member giving EM specific training, choose the latter if possible
 - iii. Note writing – show both home and visiting students how to write a note
- f. Visiting students
 - i. Badges and Parking
 1. Send paperwork for both well in advance of orientation so students can fill out
 2. Know your Badge Office and Parking Office hours so that visiting students can get both on the day of orientation or during other times
 3. Show them the essentials - where are the lockers, cafeteria, etc.
- g. Schedule
 - i. Go over Shift scheduling rules – Example: No more than 6 shifts in a row
 - ii. Go over rules for switching shifts after schedule is made
 - iii. One suggestion – have students follow intern duty hour rules
- h. Lectures / Simulation
 - i. Outline what lectures are required and what are not
 - ii. Clarify how to make up missed lecture / sim time
- i. Close any loopholes experienced from prior rotations
 - i. Example – rescheduling quiz or test during clinical time is not allowed
 - ii. Example – found students were asking faculty to leave shifts early, put in syllabus that must be cleared by the clerkship director not faculty
- j. Put the orientation slides online so that students can access them later
 - i. Cuts down on questions to you as all the information you presented is there
 - ii. Prevents students from using the argument that information wasn't presented at orientation

2. Ways to streamline day-to-day clerkship operations for more efficiency and less stress

- a. Coordinator
 - i. Must have a coordinator, especially if you are a required rotation
 - ii. If you have a required rotation, try to get money from the medical school
 - iii. If not required, you will need to see how the department can provide your coordinator protected time to help handle clerkship duties
 - iv. Coordinator can save you a lot of time and effort by
 - 1. Troubleshooting issues with Home / Visiting students
 - 2. Helping to fill out required evaluations, med school paperwork
 - 3. Serving as a liaison between you and the medical school
 - v. Clerkship Director (CD) and coordinator must be in constant communication to handle emergencies
 - 1. Coordinator should know how to contact CD when not working in ED
 - 2. Go over what a coordinator can and cannot handle when the CD is working in the ED
- b. Student Schedule Changes
 - i. Strongly consider an on-line schedule that coordinator, CD, and students can access
 - 1. Word document uploaded to Google Drive (It's free!)
 - 2. Scheduling software is good, but can be expensive
 - ii. Coordinator and clerkship directors must have access to real time schedule to change / review for duty hour violations
 - iii. On-line schedule ensures students have access to latest schedule at all times
 - iv. This also ensures 16 paper schedules aren't floating around causing confusion
- c. Student illness/absences
 - i. Make sure rules are covered in orientation AND syllabus
 - ii. Make sure students contact both the CD and coordinator so that they are on the same page and students are not playing "mom off on dad"
- d. Lectures
 - i. Send reminder emails to lecturers
 - ii. Book rooms months in advance
 - iii. Make sure students have schedule on orientation day
 - 1. Get their emails/phone numbers in case of changes (lecture cancelled due to snow, lecturer unavailable, etc)
 - iv. Ensure essential resources are there
 - 1. Suture Lab – pigs feet, suture kits, sutures, chuck, how to dispose everything, etc

3. Interactive Clerkship Curriculum that doesn't tax resources/time

- a. Simulation
 - i. Create core cases that can be reused every month. Takes time upfront but then easy afterwards
 - ii. Make sure to have all of your equipment ready for each sim session
- b. Didactic: lectures
 - i. Limit number of in person lectures (difficult from faculty recruitment perspective)
 - ii. Consider taped lectures, interactive options like Articulate, online modules
- c. Procedure practice sessions
 - i. Suturing, defib/cardioversion, IO, Airway, central line
 - ii. Consider ultrasound (especially ultrasound guided IVs which is applicable to students going into many different fields)
 - iii. Perfect teaching opportunity for senior residents interested in education
- d. Maximize use of flipped classroom
 - i. Students prep ahead of time prep to maximize face to face time

- e. Involve residents, pinpoint people ahead of time who can be committed each month
- f. Integrate into resident lecture series/conference day (free didactics already planned!)
- g. Consider pooling resources (if multiple EM programs in an area: Tox at one, EMS at another)

4. Directly observe students on ED shifts

- a. Decide on what you will observe
 - i. Entire H&P vs just history vs just physical
 - ii. Interpersonal skills
 - iii. Procedure – suturing
- b. Make sure student is aware of what will be observed
 - i. It's the right thing to do
 - ii. It's easier for the student to accept your feedback when they know what is being observed
- c. Don't assign any grading to this observation
 - i. Students will be very nervous and could affect your eval of them
 - ii. Students won't be their true selves
- d. Have student sign sheet stating H&P observed
 - i. Proof to student (and med school) you are doing this
 - ii. Can use medicine mini-CEX form or a home grown form
- e. When should you do this?
 - i. Beginning of your and student's shift
 - 1. You are not burdened with pts yet, may not have gotten signout yet
 - 2. Have a bit more time to spend with student, give feedback
 - ii. Teaching shift
 - 1. Probably most optimal solution
 - 2. Teaching attending already there to hear cases
 - 3. Point of shift is giving feedback, personalized education and observing H&P easy way to do it
 - 4. Teaching shifts are expensive
 - iii. Sim with standardized patient
 - 1. Low tension scenario that puts the student at ease
 - 2. No clinical time constraints to see a patient quickly and move on to next patient
 - 3. Standardized patient can give feedback on student H&P skills in addition to faculty
 - a. Cons – cost, time, not exactly observing a true EM H&P
 - iv. Faculty member comes by to observe H&P (not during shift)
 - 1. Meets requirements of observed H&P
 - 2. Likely not practical as what faculty member will use non-clinical time to do this?
- f. Why do this?
 - i. It's an LCME requirement
 - ii. Students filling out med school eval forms and they must attest to if H&P was observed (having signed form comes in handy here since if students are clicking no, you have proof to the school that you are doing it)
 - iii. Generation of students seeing pts with little to no guidance on how to do H&Ps

5. Identify resources to help

- a. Curriculum
 - i. Manthey et al. Revised curriculum. Acad Emerg Med. 2010;17:638-43
 - 1. General competencies students should know on an EM rotation
 - 2. Core educational topics to cover in EM

- ii. Tew MC et al. Implementing a third year Emergency Medicine medical student curriculum. J Emerg Med. 2015; 48(6); 732-743.
 - 1. Curriculum for institutions that have a 3rd year EM rotation
- b. Resources for students on their Emergency Medicine rotation
 - i. CDEM curriculum – www.cdemcurriculum.org
 - 1. Provides students with approach to most common ED complaints
 - 2. Information on specific disease processes with
 - ii. Flipped EM classroom – flippedemclassroom.wordpress.com
 - 1. Videos on approaches to common complaints and common disease processes
 - 2. Based on CDEM website
 - iii. Life in the Fast Lane – www.lifeinthefastlane.com
 - 1. ECG, Tox, and Ultrasound libraries for students to review if they are weak in those areas
 - 2. May be a bit more resident oriented than student oriented
 - iv. Procedure Videos
 - 1. EMRA - <https://www.emra.org/students/education/skill-demonstration-videos---topics-pertaining-to-em/>
 - a. Links to New England Journal of Medicine videos on procedures (may need to access through med school library)
 - 2. Academic Life in Emergency Medicine - <https://www.aliem.com/videos/>
 - a. Videos on wound closure, eye exam
- c. Resources for Clerkship Directors
 - i. SAEM exams – www.saemtests.org
 - 1. Can assign students quizzes base on particular topics (GI bleeding, Pulmonary emergencies, etc)
 - 2. Can also have students do National EM M4 exam if looking for a clerkship exam and do not want to create your own
 - 3. You will need to get a username and password (not hard to get)
 - ii. Sim Cases
 - 1. (MEDed PORTAL cases) – www.mededportal.com
 - a. Search for sim cases and can adapt to your clerkship
 - 2. <https://emsimcases.com/>
 - a. Has detailed sim cases that are EM specific
 - 3. CORD oral board and sim cases - <http://www.cordem.org/i4a/pages/index.cfm?pageid=3403>
 - a. Great cases that can be used as oral board style cases or sim