Clerkship Handbook: An Introductory Framework to Running a Successful Clerkship

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Speaker Information:

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Brief Course Description:

The session will provide a framework to begin or advance an emergency medicine student clerkship. This talk will provide an overview of key considerations when starting or taking over a clerkship.

Goals and Objectives:

- 1. Provide an overview of topics pertinent to running a successful student clerkship
- 2. Understand the credentialing requirements of clerkship administration
- 3. Review examples of successful implementation of strategies for clerkship administration

Schedule of Clerkship:

There are many considerations when you develop a schedule for your clerkship. Some of these will be predicated on if you are a 3rd or 4th year rotation? Do you have a traditional 4 weeks or something different? When will you put didactics during the course? How many shifts will the students have to work? Will you have a dedicated test day, will you even have a test? You can plan ahead to trouble shoot some of the potential conflicts if you develop strategies with your schedule.

- -Consider front loading your didactics. This will allow you as the director at least 1 week completely off from in person clerkship commitments, which will allow flexibility when scheduling a vacation/clinical shifts. This will also allow flexibility in the student schedule, not having to avoid evening shifts before didactics. It makes it much easier if you have multiple sites and multiple schedulers across those sites.
- -We currently use 3 didactic days, 1 test day and 14 clinical shifts during our 28 day rotation.
- -Consider requiring students to obtain an end of shift evaluation after each shift and turn it in at the end of the course. This is a great way to monitor attendance as well.
- -We allow students to request 3 days off during the clerkship (other than didactics and test day) with no questions asked. If they ask for more than that the must rank their priorities.

- -Consider scheduling EM interested students with academic faculty involved in medical student/resident education.
- -Consider leaving the final weekend after the test open for make up shifts. Let the students know this is why it is open, they are not to schedule a trip until the clerkship dates are finished. -If you are a 4th year rotation, consider ending before the final block of the academic year. This will prevent a situation of having to remediate a student when they are supposed to be

graduating.

Course Curriculum:

Curriculum: knowledge and skills students are expected to learn during their EM rotation Decide if you will use a national curriculum or create your own. A good curriculum to consider is the EM M4 National Curriculum. Make sure to structure your goals and objectives to reflect what your curriculum teaches, what your didactics teach and what you assess.

Didactics:

Consider who will run the didactics and what you plan to teach with the didactics. If you have minimal resources you can consider adding the students to the resident didactics. If you or other staff in your department have protected time to teach, you can gear your didactics specific to the student level. Do you want your didactics to mirror the curriculum you are using or supplement it? If you use the EM M4 Curriculum, or another written based curriculum, you can use your didactics to expand in areas you feel are pertinent to your student population.

Didactic options: SIM, case based, procedural, lecture, flipped classroom model, gamification. Basic and advanced procedures: suturing, splinting, ultrasound, IV placement, defibrillator, airway management, central line, IO placement, chest tube placement.

Assessment:

See applicable LCME Standards below.

Formative assessment and feedback: The national standard in emergency medicine is end of shift evaluations. You can consider a mid-point meeting if you have 1 site or fewer attendings that the students work with. Use faculty development to improve overall feedback.

Evaluative assessment: you can use the end of shift evaluations to obtain evaluative data, or can obtain a summative assessment at the end of the rotation. Consider using an electronic form to improve feedback. You can use the end of shift evaluations to target those who the student worked with during the rotation. Consider adding the students photo to improve the rate of return of evaluations.

Exam: There are many national exams you can use. SAEM Tests has practice questions and a final written exam (2 versions) that can be used for free. The tests also use the EM M4 Curriculum if you choose to use that. You can also write your own "home grown" test if you develop your own curriculum or have specific areas you emphasize during your course and want to test that specific knowledge.

Visiting Students:

VSAS/VSLO- Visiting Student Learning Opportunities- is a national application service for clerkships. Not all programs use this service, you will likely base your decision of whether to use it or not based on your institutional preferences.

SLOE- If you invite visiting students to rotate at your site be familiar with the SLOE. It is imperative that you are cognizant of the application timeline of the 4th year students and complete and submit the SLOE in a timely manner.

LCME: Liaison Committee on Medical Education

The LCME is the accrediting committee for MD degree medical schools in the US and Canada. They determine if programs meet established standards for function, structure and performance. The Commission on Osteopathic College Accreditation is the osteopathic equivalent.

LCME Standards pertinent to clerkships

- 5.11- Study space/lounge/storage space/call rooms
- 6.1- Program and Learning Objectives
- 8.5- Medical Student Feedback
- 8.7- Comparability of Education/Assessment
- 9.1- Preparation of Resident and Non-Faculty Instructors
- 9.5- Narrative Assessment
- 9.7- Formative Assessment and Feedback
- 9.8- Fair and Timely Summative Assessment
- 10.8- Visiting Students
- 12.8- Student Exposure Policies/Procedures

Extra Credit:

If you are a clerkship director you will be looked upon as a leader in medical education for your department. Consider getting involved in other student activities that are pertinent to your position. These include: EM Interest Group, Wildness Medicine Interest Group, EMS Interest Group, Ultrasound Interest Group...

References:

www.lcme.org www.aamc.org www.saem.org