
AY 2025-2026 Emergency Medicine Clerkship

Clerkship Description

The Emergency Medicine rotation during the Medicine and the Mind Block is a unique learning opportunity designed to provide early exposure to the specialty and to the urgent and emergent care of adults. Students will assess undifferentiated patients and develop their own diagnostic and therapeutic management plans, integrating and applying knowledge from the other disciplines in the block. Clinical experiences will be augmented by didactics and written assignments.

Clerkship Objectives

Patient Care

Goal: Students who are able to provide patient-centered care that is appropriate and compassionate.

Objectives: By the end of the clerkship, students should be able to:

- Demonstrate proper interviewing techniques *(PC-1.1)*
- Obtain an accurate problem-focused history and physical exam *(PC-1.1)*
- Develop a diagnostic and therapeutic patient management plan for the patient with both an undifferentiated complaint and a known disease process *(PC-1.3, PC-1.2)*
- Formulate a differential dx when evaluating an undifferentiated patient: *(PC-1.3)*
 - List worst case scenarios
 - Prioritize likelihood of diagnoses based on clinical findings
- Patient management skills *(PC-1.2, PC-1.7)*
 - Monitor the response to therapeutic intervention
 - Develop appropriate disposition and follow up plans
- Patient communication *(PC-1.6, PC-1.7)*
 - Educate patients on safety and provide anticipatory guidance as necessary
 - Educate patients to ensure comprehension of discharge plan
- Recognize immediate life-threatening conditions such as, but not limited to, STEMI, Stroke, high-acuity Trauma, etc. *(PC-1.4, PC-1.5)*
- Interpret basic diagnostic tests such as, but not limited to labs and imaging *(PC-1.3)*

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- Initiate basic resuscitation and stabilization (*PC-1.5*)

Knowledge for Practice

Goal: Students who are able to apply their broad knowledge base to patient care in the ED clinical setting.

Objectives: During the clerkship, the student will have opportunity to:

- Apply diagnostic principles from years 1-3 to the ED clinical setting (*KP-2.2*)
- Apply evidence-based principles to patient care in the ED clinical setting (*KP-2.3*)

Practice Based Learning and Improvements

Goal: Students who are able to apply scientific evidence to patient care, accept, and apply feedback for improvement of patient care practices.

Objectives: Students will demonstrate the ability to:

- Act on corrective feedback (*PBL-3.3*)
- Use information technology to improve patient care (*PBL-3.4*)

Interpersonal and Communication Skills

Goal: Students who are able to effectively communicate with patients, families, faculty, staff, residents and other students.

Objectives: Students will have opportunity to:

- Develop and demonstrate professional interactions and effective communication with ED faculty, staff and consultants (*ICS-4.2*)
- Demonstrate active listening skills (*ICS-4.3*)
- Establish a therapeutic relationship with patients and families (*ICS-4.1, ICS-4.3*)

Professionalism

Goal: Students who demonstrate a commitment to carrying out professional responsibilities, adhering to ethical principles, displaying sensitivity to a diverse patient population.

Objectives: Throughout the clerkship, students will demonstrate:

- Respect towards patients and families whose lifestyles, culture and values may be different from their own (*PRO-5.1*)
- Ethical behavior, including patient confidentiality, privacy and consent (*PRO-5.2*)
- Reliability, by arriving on time and prepared for all required activities (*PRO-5.3, PRO-5.7*)

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- Honesty and integrity in patient care (*PRO-5.6*)
- Professional appearance (*PRO-5.7*)

Systems-Based Practice

Goal: Students who demonstrate an awareness of the larger context of health care and understand how to effectively utilize system resources to provide optimal care.

Objectives: By the end of the clerkship, students should be able to:

- Demonstrate understanding of limitations patients' face due to lack of resources (*SBP-6.2, SBP-6.3*)
- Know when accessing social services is indicated (*SBP-6.2, SBP-6.4*)

Inter-Professional Collaboration

Goal: Students who demonstrate the ability to effectively engage as part of an inter-professional team.

Objectives: Throughout the clerkship, student should have the opportunity to:

- Develop teamwork and inter-professional communication skills during simulation activities and in the ED (*IPC-7.3*)

Personal and Professional Development

Goal: Students who demonstrate the principles required for lifelong professional growth.

Objectives: During the clerkship, students will have opportunity to:

- Develop proper judgment regarding when to take responsibility and when to seek assistance with patient care, based on their current level of training (*PPD-8.1*)

Integration Threads

<u>X</u> Geriatrics	<u>X</u> Patient Safety	<u>X</u> Communication Skills	<u>X</u> Professionalism	X Palliative Care
_ Basic Science	<u>X</u> Pain Management	<u>X</u> Diagnostic Imaging	<u>X</u> EBM	_ Clinical & Translation Research
<u>X</u> Ethics	<u>X</u> Chronic Illness Care	<u>X</u> Clinical Pathology	<u>X</u> Quality Improvement	

General Requirements

Course expectations include showing up for all shifts, on time, appropriately attired (scrubs or business attire, no dangling hair, no open toe shoes), ready to work, with a stethoscope and your ID badge. When evaluating real or simulated patients, always use appropriate Personal Protective Equipment (PPE) and be respectful.

ED Shifts will be distributed between the following facilities:

- UMC of El Paso, 4815 Alameda, 915-521-7700
- THOP-Transmountain Campus, 2000 Transmountain Road, 915-877-8136 (with completed credentialing on file)
- Additional sites are being pursued.

If an emergency arises preventing you from working your shift or you are ill, e-mail the Clerkship Coordinator and PLFELPClerkshipAbsence@ttuhsc.edu. Should a student request changes to the schedule after being published, it is the student's responsibility to assist in assuring all duty hour requirements/restrictions have been met. Any shift changes should be requested a minimum of 48 hours in advance, excluding weekend hours, to ensure timely change to the schedules.

You are expected to act as the primary provider for the patients you see on these shifts. You will do a focused H&P, and then present the patient to the faculty with a differential diagnosis along with a diagnostic and therapeutic management plan. Each student will be assigned approximately 40 clinical hours in the emergency department in shifts varying in length, but not more than 12 hours. Additional shifts beyond hours may be available upon request, but cannot replace other required activities. You are required to work all hours assigned to you, even if it is more than 40 hours. You will be required to work nights and weekends.

All patients are to be presented to faculty before pelvic and rectal exams, and before any procedures are done. You are not to do any of these things without direct physician observation. You must notify and obtain approval from the senior resident or faculty member for each patient you plan to pick up. If a patient appears unstable (i.e., looks really sick, has respiratory distress, or has abnormal vital signs) notify your attending or resident immediately.

Do not leave the department without advising your faculty. Expect to eat your meals in the ED, although you will be allowed to leave the department to get food from the cafeteria. There is a refrigerator and microwave oven in the UMC ED for physician/student use.

Grading Policy

Grading will be based on attendance, participation, written assignments and your clinical shift assessment forms. Due to the brief duration of the course, grades will be pass/fail only.

PASS:

- Complete all assignments to the satisfaction of the course director.
- Complete a minimum of 13 Op-Log entries
- Any assignments that are not completed or are completed poorly must be completed to the satisfaction of the course director before a PASS can be issued.
- Clinical evaluations must meet a minimum standard of the following:
 - Professional behavior
 - Patient evaluation skills
 - Patient management skills

IN PROGRESS:

This grade will be issued at the end of the clerkship if the course requirements have not been met due to mitigating circumstances. Once the requirements have been met, the grade will be changed to PASS.

FAIL:

- Unprofessional behavior
- Failure to complete required remedial work in the allotted time.
- Failure to complete course requirements to a satisfactory level.

Documentation

Documentation is an important part of clinical practice. We require you to turn in one completed chart for Dr. Parsa to review, due 7 days after your final ED shift of the block. This should be your own documentation (not part of the permanent medical record). It should be submitted in a standard typewritten format (word or apple pages document) and uploaded into PLF approved on-line system. It must include the following mandatory items:

- History and physical (not exhaustive, but focused; appropriate for ED)
- ED course-Testing results with interpretation (i.e. K- 2.9-low). Differential diagnosis. Therapeutic interventions with indications and reassessment, i.e.
 - 17:30- Ondansetron given for nausea. 18:00- no nausea, abdomen non-tender, P90 BP 120/80
- Final Diagnosis
- Disposition (with treatment and follow up plan if discharged)

Your note should include what a proper ED physician's note would include, such as one that would be dictated into a real medical record. Feedback will be provided noting your documentation strengths and weaknesses. If your documentation has significant weaknesses, you will be required to repeat the assignment until adequate documentation is demonstrated. Examples are available in Elentra.

Detailed Social History Assignment

A typical ED patient may face many life challenges; these may be related to poor decisions they have made or may be related to circumstances beyond their control. These challenges may include such difficulties as substance abuse, prior criminal activity and arrests, being a victim of crime, poverty, unemployment, lack of healthcare coverage, disability, legal problems, immigration status issues, transportation difficulties, complex close relationship issues (abuse, estrangement, etc.), or family of origin/upbringing issues (i.e. parent was an addict).

Assignment Objectives:

- Identify the key barriers to health for a patient presenting to the ED
- Reflect on these barriers and how they are affecting this patient's health
 - Consider whether the patient is facing more than one barrier/challenge and, if so, how the issues are interrelated
 - Consider the impact of potential healthcare access issues, such as financial, housing, and/or food insecurity
 - Identify prior attempts at treatment and why interventions were successful/unsuccessful
- Understand the patient's perspective on their struggles
- Reflect on what you have learned to improve the treatment you provide to future patients

Your assignment is to identify an ED patient with a chief complaint or medical condition that suggests challenges in accessing healthcare or maintaining a healthy lifestyle and to complete a detailed social history on that patient, recounting the specific challenges they face in regard to any of the above issues. Discuss the issues relevant to them and their situation. Please attempt to find out details and specific examples of how these challenges may have affected their health and how many of these challenges are linked together. As you interview your patient, ask yourself:

1. What are the key barriers to health for this patient?
2. How are these barriers affecting this patient's health?

For example, a gentleman with EtOH dependence may have most of the above problems, all stemming from his EtOH use. He may have tried to quit many times (ask about what he has tried, how effective it was, why it did or didn't work). Ask about some of the other issues above, and how EtOH has affected those issues. Ask where he gets money and how he spends it, ask how he accesses

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healthcare (when was his last clinic visit, how beneficial was it, how did he get there, could he afford the prescriptions and ancillary testing); ask about living arrangements and family support.

Don't ask questions as if going through a checklist, but try to do your best to put yourself in their shoes and truly understand the patient's perspective on their struggles. Take what you have learned and write a one-page narrative including any personal reflections related to the encounter. Sample write-ups can be accessed in Elentra. Dr. Parsa will review your write-up and provide written feedback. The assignment will need to be repeated if it is not comprehensive and completed with proper effort.

Patient care follow-up assignment

Please select one ED patient of yours that was admitted and follow them through their hospitalization. Please visit them at least once in the hospital to see how they are doing and complete the form in Appendix B. Please identify one primary research article that is relevant to the care of your patient and discuss the article and how it applies in the last section. This assignment is best initiated during your first or second ED shift, so you will have time to follow-up with your patient. An assignment example is available in Elentra.

Point-of-care Ultrasound (POCUS)

You will be required to complete the eFAST ultrasound module online available through Core Ultrasound.

Mid-Rotation Assessment

Progress will be assessed for each student at the midpoint of the rotation. Clerkship faculty will review your clinical evaluations, completed assignments and Op-Log entries.

Any student who is not making satisfactory progress will meet with clerkship faculty to discuss their perception of any problem, the student's strengths and weaknesses and current circumstances. Steps will be taken to determine the precise problem and to work out an appropriate course of action. If you are progressing well, you will receive a personalized online TTAS mid-clerkship evaluation from clerkship faculty and you will not be required to meet; but a meeting can be arranged if you request one.

Op-Log Entries

You will be required to complete Op-Log entries on all patients with whom you have direct, clinical contact; e.g., performing a patient's history and physical examination, or performing or assisting in a procedure. Each student is required to document in the Op-Log the following mandatory conditions: (1) Abdominal Pain, (2) Chest Pain. Involvement with a more advanced or critical patient in which significant

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faculty/resident teaching is involved should also be included.

If you are unable to complete all required diagnoses, please notify the Clerkship Coordinator and an alternate assignment can be assigned such as the following chapters from *An Introduction to Clinical Emergency Medicine*:

Required Diagnoses	Alternate Reading
Abdominal Pain	Abdominal Pain - Section 2, Chapter 10
Chest Pain	Chest Pain – Section 2, Chapter 17

Clinical Evaluations

You are encouraged to seek out feedback from faculty and residents. Clinical shift evaluation forms can be completed in two ways. You may send the form via email to your faculty at the end of your shift through the Elentra system or you may hand them a paper copy to complete and hand back to you. For handwritten forms, take a paper copy with you and hand it to the faculty to complete at least 30 minutes prior to the end of the shift. If the faculty requests that you have the senior resident complete the form, then you may provide the form (or Elentra email) to the resident. Submit any handwritten forms you receive to the clerkship coordinator. Either option is acceptable, but doing them with paper leads to a higher response rate. We have asked all faculty members and senior residents to discuss their evaluation remarks with you personally at the end of each shift.