Emergency Care Clerkship

Curriculum & Course OVERVIEW

The following information provides an overview of the 2016-2017 Academic year for the Emergency Care Clerkship Curriculum. All course information will be found on the Emergency Care Clerkship CANVAS site. The CANVAS site includes the learning materials and requirements.

Welcome

Welcome to the Emergency Care Clerkship! We look forward to working with you during the next two weeks and hope that your experience is an educational and valuable one. This manual will describe what you should expect from your rotation, and what will be expected of you. Please read this orientation in its entirety, review all your orientation packet materials and schedules thoroughly. Canvas will contain a number of specifics with regards to the educational sessions and you will receive announcements via Canvas primarily (and sometimes via email) from clerkship staff about location and details of your educational sessions and shifts and assignments.

Rationale and Expectations

The Emergency Care (EC) Clerkship is a two-week curriculum during the third year at the University of Colorado School of Medicine (CU-SOM). Our vision is to exposure you to the pre-hospital and emergency medicine environment to allow you to better understand the challenges for patients and providers to provide outstanding clinical care to patients who are in need of acute medical care. Our mission is to provide a dynamic, integrated curriculum of clinical care experiences, educational sessions, and self-study modules to enable you to successfully complete the requirements for this clerkship and to assess if a career in emergency medicine is right for you.

Emergency Care Clerkship Faculty & Staff Contact Information

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IDPT 7031

School of Medicine

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Office Hours: 7am-4pm Mon-Fri

If you have questions about administrative or scheduling aspects of the course, contact the Clerkship Coordinator, Ms. Marybeth Hutchins at 720-848-6768 or email: Marybeth.Hutchins@ucdenver.edu.

For clinical issues at University Hospital, contact Dr. Todd Guth (Co-Director) at Todd.Guth@ucdenver.edu or call or text for urgent issue at 303-815-8835.

For clinical issues at Children’s Hospital, contact Dr. Kelley Roswell (Co-Director) at Kelley.Roswell@childrenscolorado.org or call or text for urgent issues at 720-270-1362.

For clinical issues at St. Mary’s Hospital, contact Dr. Bill Hilty at bhilty@bresnan.net or call or text for urgent issues at 970-640-2360.

For issues that need heading in person, the EM3 Clerkship office is located on the 7th floor, North wing, of the Leprino Building at the Anschutz Medical Campus. Marybeth Hutchins’ cubicle is at this location.

Disclaimer:

This handbook/syllabus does not constitute a contract, either expressed or implied, with the University of Colorado School of Medicine and the University reserves the right at any time to change, delete or add to any of the provisions at its sole discretion. Furthermore, the provisions of this document are designed by the University to serve as guidelines rather than absolute rules, and exceptions may be made on the basis of particular circumstances. The sole purpose of this document is to provide an OVERVIEW of the Emergency Care Clerkship. Specific course and curriculum requirements are housed on the Emergency Care Clerkship CANVAS pages, which supersede any and all information included in this document.
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Core Clinical Conditions

You will have to log 5 required core clinical conditions (AMS, Fever, Major Trauma, Sepsis, Shock), 1 physical examination (Vitals Signs), and 1 procedure (Splinting). The required clinical conditions for the emergency medicine clerkship appear similar to the graphic below within the CU-SOM Logger. Splinting is also a required procedure that all students will complete during the emergency medicine clerkship that is not listed below as it is technically a procedure and does not show up under the required clinical conditions. You should however log splinting as a required clinical condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMS - ED</td>
<td>EC Logger</td>
</tr>
<tr>
<td>Fever - ED</td>
<td>EC Logger</td>
</tr>
<tr>
<td>Major Trauma - ED</td>
<td>EC Logger</td>
</tr>
<tr>
<td>Sepsis - ED</td>
<td>EC Logger</td>
</tr>
<tr>
<td>Shock - ED</td>
<td>EC Logger</td>
</tr>
<tr>
<td>Vital Signs</td>
<td>EC Logger</td>
</tr>
</tbody>
</table>

For each of the required clinical conditions, students must log five aspects of the condition (History, Physical Exam, Differential Diagnosis, Tests-General, and Treatment/Care Plan). You need to log each of these five aspects of the required clinical conditions (AMS, Fever, Major Trauma, Sepsis, and Shock)

<table>
<thead>
<tr>
<th>Shock - ED</th>
<th>History</th>
<th>Participate</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shock - ED</td>
<td>Physical Exam</td>
<td>Perform</td>
<td>Yes</td>
</tr>
<tr>
<td>Shock - ED</td>
<td>Differential Diagnosis</td>
<td>Develop</td>
<td>Yes</td>
</tr>
<tr>
<td>Shock - ED</td>
<td>Tests - General</td>
<td>Interpret</td>
<td>Yes</td>
</tr>
<tr>
<td>Shock - ED</td>
<td>Treatment/Care Plan</td>
<td>Recommend</td>
<td>Yes</td>
</tr>
<tr>
<td>Splinting - ED</td>
<td>Procedure</td>
<td>Perform Splinting</td>
<td>Yes</td>
</tr>
<tr>
<td>Vital Signs</td>
<td>Physical Exam</td>
<td>Perform</td>
<td>Yes</td>
</tr>
</tbody>
</table>

For the physical exam requirement (vital signs) and procedure requirement (splinting) there is only one aspect to log.
Course Learning Objectives and Competencies

1. Students will reliably recognize abnormal vital signs and recognize emergency patient care situations and seek help in a timely fashion. If able, students will initiate or recommend appropriate stabilization when confronted with emergency patient care situations.

2. Students will define shock and discuss the basic science principles associated with this condition. Students will recognize the clinical presentation, discuss the etiologic grouping (e.g., hypovolemic vs. distributive vs. cardiogenic vs. neurogenic vs. obstructive), and relate shock to hypotension. Students will discuss initial management of resuscitation and outline the physiologic basis behind ongoing treatment.

3. Students will list an age appropriate differential diagnosis for patients presenting with fever, discuss the indications for a sepsis evaluation and explain the reasoning behind emergent treatment and on-going management of a patient with serious bacterial illness (e.g., sepsis), with or without septic shock.

4. Students will differentiate the mechanisms and the different pathological processes resulting from blunt vs. penetrating trauma. Students will explain the priorities in the evaluation and management of a trauma patient including the primary survey.

5. Students will demonstrate the ability to obtain vital signs from a patient and recognize abnormalities based on age appropriate values. Students should recognize the critically ill patient requiring immediate care and intervention and immediately seek assistance.

6. Students will discuss the approach to the patient with altered mental status and the differential diagnosis, including the management of toxicologic emergencies.

7. Students will learn the rationale for and complications associated with splinting, and demonstrate to ability to make and apply a splint.

8. Students will demonstrate effective verbal and non-verbal communication skills with patients and their families or other individuals involved in their care.

9. Students will develop knowledge and skills to gather a history and perform a physical exam on a patient presenting with an emergent complaint and effectively the communicate history and physical examination findings in verbal form through oral presentations and in written form through writing comprehensive H&P notes in the electronic health record.
10. Students will develop interpreting knowledge and clinical reasoning skills to provide a prioritized or “worst-first” differential diagnosis after gathering history and performing a physical examination on patients presenting with an emergent complaint and to recommend appropriate diagnostic tests and treatment plans for this presenting patient complaint.

11. Students will demonstrate how to communicate effectively and demonstrate mutual respect as team members of an inter-professional health care team. Students will also use targeted Team STEPPS skills such as huddles, call out – check back’s, and handoffs (when transitioning care responsibility to another healthcare provider or when consulting other healthcare specialties) during an inter-professional patient care simulation experience.

12. Students will develop an understanding regarding the limits and range of pre-hospital emergency medical services in both normal and disaster operations including the concept of triage during disaster operations and intake procedures during normal operations.

13. Students will understand the importance of a primary and secondary survey as a physical exam approach to emergency patient care situations and be able to demonstrate the completion of a primary survey during simulated exercises.

**Course format: clinical responsibilities and educational sessions**

**Clinical Responsibilities:**

**Emergency Department Shifts:** Each student is assigned to clinical shifts on a rotating schedule. Many of the shifts that you will be working are considered “block attending shifts” in the department where there is a specific faculty attending (and sometimes a resident) will be assigned to you as a learner to see patients in the emergency department. These block attending shifts are present at all clinical sites (University, Children’s, and Saint Mary’s) and are created specifically for you as a learner to create a safe, learner-center learning environment that moves primarily at your pace. You will also likely have “regular clinical shifts” that are part of the regular staffing for the departments so that you may experience some of the additional clinical service and patient care demands of a busy emergency department.

The clinical shifts, regardless of whether or not they are a regular clinical shift or a block attending shift, are the core focus of the emergency medicine clerkship!! All shifts should provide you with an educational experience taking care of patients with a personal focus on you as a learner. *You should expect to interview and examine your patient, to write a note to document the comprehensive H&P note, and to describe your assessment and plan for the patient.* You will be the primary care giver for your patient
so you should expect to follow-up test results, share with your patient the plan of care, and do any procedures that your patient may need. If you would like to call a consult or admit the patient, your supervisors can help you with the process. The more ownership that you take for your patient the more responsibility that you will be given!!

The emergency department delivers patient care as an inter-professional team and you will interact with other health professionals (emergency medicine technicians, nurses, pharmacists, social workers, paramedics, and other medical professionals) and you will be able to communicate and coordinate care for your patient with these other health care professionals. You may be able to call consults and participate in sign out rounds if you would like to practice or demonstrate communication skills (i.e. handoffs) with these other health care professionals. Bring your enthusiasm and your best communication and clinical skills, wear your white coat and ID badge, and be ready to care for patients and learn! For details on your particular clinical site, see the site orientation attachment.

**Ambulance Shift:** You will be scheduled for one ambulance shift during the clerkship. You will ride with Aurora Fire or Denver Health Medical Center paramedics at the front range clinical sites. If you are in Grand Junction at St. Mary’s Medical Center, you will ride with Grand Junction EMS. Please see the attached information sheet (at the back of your orientation packet) for details about where and when to report for an ambulance shift. You are able to participate in the care of patients during the ambulance shift as directed by pre-hospital personnel, but do only those things that you feel comfortable doing and that the paramedics feel comfortable supervising. The ambulance shift has the potential to be a dangerous part of the clerkship so please, please be on your toes and do not put yourself at risk of getting hurt. Your safety is more important than any of the educational aspects of clerkship or any patient care issues.

**Triage or Intake Shift:** During your triage or intake shift, you will be assigned to work directly with the triage nurse or intake technician in the Emergency Department. You will do this for one to two hours during your two-week rotation. If your triage or intake shift occurs during one of your scheduled clinical shifts (which may happen), you should ask the ED attending or whomever you are working with to be excused to begin your triage or intake shift. Please, introduce yourself or have your attending introduce you to the staff working in triage/intake before starting that portion of your clerkship experience.

During this time, students will:
1. Assist the triage/intake provider by obtaining vital signs on patients
2. Discuss the appropriate triage category for each patient
3. What clinical details prompt a patient to bypass intake (because they are really sick) or be alerted as a high-risk patient from triage/intake.
The goals of the students’ experience in triage are to practice rapid assessment of patients and learn to assign an appropriate triage category.

1. Describe the emergency triage/intake process:
   a. What criteria are used to determine a patient’s triage category?
   b. How is this triage category used to manage patient flow in the ED?

2. Practice obtaining vital signs:
   a. Manual and automated blood pressure
   b. Manual and automated pulse and respiratory rates
   c. Oral or tympanic temperature
   d. Pulse oximeter readings

3. Assist in obtaining IV access on patients when able as determined by the triage/intake personnel.

Other Educational Opportunities

Simulation sessions:
At CHCO during ED resident education days, there may be lectures, workshops, and mock codes/simulation for residents. If you are on shift that day, the teaching attending may have you attend.

Optional educational conferences:
UCH: Morbidity and mortality conference in Emergency Medicine is held every Wednesday from 7:30 am-9:00 am, followed by three hours of lecture on various core concepts in EM. These lectures may vary from Grand Rounds to resident lectures to case presentations. They are held at the Rita Bass Education Center at DHMC, 6th and Bannock, on the 1st, 3rd, and 5th Wednesday of the month. On the 2nd and 4th Wednesday they are held in the Auditorium at the Ben Nighthorse Campbell Building on the Anschutz Medical Campus.

CHCO: Morning report is held at 0730 every weekday morning in Aspen Room located at the 1st floor of the Administrative Pavilion. There is also a resident noon conference on Monday – Thursday, from 1200 – 1300 in the same room. On Fridays except for the 4th Friday of the month, Pediatric Grand Rounds are held from 1230 – 1330 in Mt. Oxford conference room located on the second floor, Children’s Conference Center. Twice monthly, there is an ED resident education session, often beginning with Morning Report and continuing on until about 1000 in the Emergency Department. This possibly includes a mock resuscitation scenario, skills workshop, and/or mini lectures from the senior pediatric residents. The ED education days are built into your schedule.

St. Mary’s: Ask your attending physician for a schedule of upcoming conferences.

Attendance Policy
We have designed the clerkship with the goal of making every experience an integral
part of your learning, as this is only a two-week clerkship. Therefore, missing a shift or an educational session will mean that you miss an important part of your education. If you miss one of your required clinical shifts or an educational session, you must make it up in order to pass the course. Because of the brevity of the course, it is very difficult to arrange makeup sessions. Missing more than two activities usually requires the student to repeat the entire course.

Any excused absences must be approved by the Office of Student Life. Excused absences still need to be made up in order to pass the clerkship. Any missed shifts or absences MUST be discussed with the site director and clerkship director(s) as make-up time is limited and usually reserved for emergencies or illness and pre-approved excused absences. All excused absences must be made up within four weeks of the end of the clerkship or a grade of I-Incomplete will be assigned. Any unexcused absence will result in a grade of I-Incomplete. Contact Ms. Hutchins and the clerkship directors immediately if you miss a clinical shift or any educational activities.

Foundation of Doctoring activities: Remember that during two week rotations you are not excused from clerkship requirements in order to participate in preceptor visits and any other Foundations of Doctoring course activities. If you would like to participate in any Foundations of Doctoring Preceptorship visits you must do so outside of EC Clerkship activities and you cannot violate duty hour requirements.

**Accommodations**

To ensure disability-related concerns are properly addressed, students with disabilities who require assistance to participate in this class should contact the Office of Disability Resources and Services, Building 500, room Q20-EG305, 13001 E 17th Place, Aurora, CO 80045, 303-724-5640 to request accommodation. Requests for accommodations during the final exam must be made at the start of clerkship in order for testing arrangements to be made ahead of time.

Any students with disabilities or other special needs, who need special accommodations in this course, are invited to share these concerns or requests with the clerkship directors and contact the [Disability Services Office](http://www.ucdenver.edu/student-services/resources/disability-resources-services/Pages/disability-resources-services.aspx) as soon as possible.

**First Day Reporting Section**

All students regardless of clinical rotation site will be expected to come in person to the Anschutz Medical Campus for the first day of the clerkship for a course overview and orientation. Students will then receive site-specific orientations at UCH and CHCO or travel to Grand Junction.
**Emergency Medicine Orientation - 4.0 hours - ALL STUDENTS**
Typically the first day of the rotation 9:00am – 1:00pm
Orientation to the Clerkship and Intro to Emergency Medicine (2 hours) 9-11am
Disaster Medicine Tabletop Exercise (1.5 hours) 11-12:30pm
Lunch (30 minutes) 12:30-1:00pm

**Clinical Orientation-Intake Familiarization - 4.0 hours – UCH Students Only**
Site specific orientation (1 hour) 1:00-2:00pm
Intake and Triage Participation (1-2 hours) 2:00-3:30pm
Working with ED techs (IV starting) (1-2 hours) 3:30-5:00pm

**Clinical Orientation- 1.0 hours – CHCO Students Only**
Site specific orientation (1 hour) 1:30-2:30pm

**Travel to Grand Junction – Saint Mary’s Students Only**
Please promise to drive very, very safe!

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**Security, Student Safety, and Disaster Preparedness**
Institutional emergency and disaster preparedness policies and plan are outlined in the “Emergency-Preparedness Quick-Reference Guide” for the Anschutz Medical Campus. The link is published in the Clinical Block Syllabus, posted on Canvas [http://ucdenver.canvas.com](http://ucdenver.canvas.com), and located next to emergency phones (e.g., ED1 and 2) as well as many of the student lounge areas, small group rooms, and lecture halls. Colorado Springs Branch students located have similar policies and procedures provided by the branch.

Medical Student Policies and Procedures Manual “White Book” ([http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/studentresources/Documents/StudentHandbook.pdf](http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/studentresources/Documents/StudentHandbook.pdf)) publishes emergency information (section 4.1), “In an emergency, both the Office of Student Life (303-724-6407) and the Registrar’s Office (303-724-8053) will make reasonable efforts to contact a student or a student’s designated emergency contact.”

Emergency information is also found on the Student Life web site: [http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/emergencies/Pages/Emergencies.aspx](http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/emergencies/Pages/Emergencies.aspx)

Security, student safety, and disaster preparedness as well as relevant contact information for all core clinical sites will be provided to students at individual clerkship orientations and on the Canvas Phase III course location.
Recommended Resources

There are no required resources to purchase for the EC clerkship course; we will provide you with all educational materials. The required readings will be made available to you primarily on the Canvas platform (there is a pdf of a recommended textbook) and the cdemcurriculum.com website for required readings.

Reading Requirements

The recommended text for this clerkship is An Introduction to Clinical Emergency Medicine, Second Edition by Mahadevan and Garmel. There is an e-Version of the textbook on Canvas that you are free to download and use during the clerkship. We are however moving to an online platform for your required readings hosted by the Clerkship Directors in Emergency Medicine (CDEM) curriculum website.

The following chapters of the Mahadevan and Garmel textbook are required reading. You can also read your assigned readings on the CDEMcurriculum.com website as an alternative to your required readings from the Introduction to Clinical Emergency Medicine textbook.

Ch 1 Approach to the emergency patient
Ch 6 Shock (very high yield for the written exam)
Ch 7 Traumatic injuries (very high yield for the written exam)
Ch 8 Emergency medical services
Ch 14 Altered mental status
Ch 27 Fever in adults
Ch 28 Fever in children
Ch 41 Toxicologic emergencies

The following Chapters are recommended, but not required:
Ch 2 Airway management (the exam has a few questions about airway mgt)
Ch 3 Cardiopulmonary and cerebral resuscitation
Appendix B:  Common emergency procedures
Appendix E:  FAST

As an alternative to the recommended text for this, you can read the required readings in an online format on the CDEMcurriculum.com website. The website is a new launch in 2016 from the Clerkship Directors in Emergency Medicine working group. We will be using the M3 Curriculum that is written for third year medical students. Links are listed.

In the M3 Curriculum:
Approach to the Undifferentiated and Differentiated Patient

Approach to Shock *(very high yield for the written exam)*
https://cdemcurriculum.com/shock/

Approach to Trauma *(very high yield for the written exam)*
https://cdemcurriculum.com/trauma/

Approach to Altered Mental Status
https://cdemcurriculum.com/altered-mental-status/

Approach to Sepsis
https://cdemcurriculum.com/sepsis/

Approach to Poisoning and Toxicologic Emergencies
https://cdemcurriculum.com/poisonings/

The following are recommended, but not required:

Airway management *(the exam has a few questions about airway management)*
https://cdemcurriculum.com/airway/

Cardiopulmonary and cerebral resuscitation
https://cdemcurriculum.com/cardiac-arrest/

The final exam that you will be taking for the EC course is not a shelf exam nor a NBME sponsored exam. You will not need specific study guides or textbooks to perform well on the exam. The exam is based on assigned readings on the cdemcurriculum.com website and the required educational sessions.

Assignments

**Teams, Teamwork, and Interprofessional Collaborative Care Reflection**

This reflection should be an original work for the EC Clerkship that is double-spaced and 1-3 pages typed in length. The paper should be a thoughtful reflection of personal experiences with Teams, Teamwork, and Interprofessional Collaborative Care that you have experienced during the EC clerkship. Students should feel free to provide references (perhaps to relate to past experience in the medical literature) but not obligated to provide references for their reflection.

The reflective write-up is due on the final day of the clerkship prior to the start of the scheduled Teams, Teamwork, and Inter-professional Collaborative Care Discussion that is typically on the final day of the clerkship after your simulation exercise. Please post an electronic version to Canvas under assignments.

The objective of the Teams, Teamwork and Inter-professional Collaborative Care Reflection and Discussion is for students to demonstrate the ability to function as an effective member of an inter-professional health care team in the emergency
Students are asked to reflect upon a real patient care experiences in the emergency department in which they were personally involved interacting with another health professions care provider. (You can also reflect on a clinical care experience that you felt could have been helped through an inter-professional health care team member when it was not!) This can be an interaction with a nurse, pharmacist, paramedic, health technician, psychologist, or any other health care professional. Teamwork and collaborative care for patient is ubiquitous in emergency medicine and we are asking you to reflect on this experience!

Students should touch upon at least one of the prompts below (but certainly not all of them!):

1) Describe the patient care issue that prompted the interaction with the health professions care provider and the resulting outcome of that interaction.
2) Describe what you learned from the interaction about the other health professions care provider and for patient care.
3) Relate your experience in the emergency department to any prior or past inter-professional health care experiences that you could relate to this current experience.
4) Reflect what they may do in the future when interacting with this health care professional (or another professional from this same field) in the future.
5) Reflect on a clinical care experience that you thought may have benefited from the expertise of another inter-professional health care member.

During the discussion, students will be asked to provide a brief summary of their paper (approximately 10 minutes) highlighting the reasoning why they chose their particular patient care experience, what they learned from the interaction and any conclusions that they have with regards to the patient care issue or the other health care profession. The reflective write-ups are read by the clerkship directors and may be used to assess the current level of inter-professional health care participation by students during the clerkship.

There will be time during the Reflective Narrative and Discussion to ask questions about the exam, talk about careers in emergency medicine, and debrief any particularly interesting, stressful, and possibly upsetting experiences during the clerkship.

The expectation is that GJ students will arrive back to campus the day before the exam to participate in the Simulation Exercise as well as the Interprofessional Collaborative Care Discussion and the Final Exam.
Direct Observation Forms

Our goal during this clerkship is to provide you with a great deal of direct observation of your history taking, physical exam skills, inter-professional experiences, communication skills, and oral presentation skills. Ideally you will have one direct observation form filled out of you by either a resident or attending physician for EACH clinical shift that you are working (that would typically be around 6 direct observation forms). We are expecting a minimum of 4 direct observations to be turned in by the final day of the clerkship. While these forms and the feedback that you receive from them is for you and does not direct factor into your final grade, the course directors would like you to turn in your completed Direct Observation forms as hard copies or as a scanned PDF file that can be uploaded into Canvas under assignments. Copies of the completed forms will be provided to you if you would like.

Again, students are required to have FOUR direct observation form completed prior to the end of the two-week clerkship. If you are able to obtain more than four direct observation forms that would be great and encouraged. The clerkship directors are looking for faculty, fellows and residents to be giving feedback to students on a daily basis so you may get more direct observation forms that are required for the clerkship. Please be proactive about seeking feedback from your supervisors! Getting feedback will provide you with a good sense of where you are clinically and also helps with getting more detailed comments on your clinical evaluations.

The preferred way to get credit for completed direct observation forms is by scanning and uploading the scanned completed direct observation forms into Canvas. You are able to turn in hard copies of your direct observation forms on the final day of the clerkship, but the preferred method of tracking completed direct observation forms is to scan and upload your direct observation forms into Canvas under assignments. You can use a scanner or one of several apps that will allow you to convert your paper copies of the direct observation forms into pdfs that can then be uploaded into Canvas.

Examinations

You will have 1 hour (60 minutes) to complete a proctored, 40 question, multiple-choice written exam within Canvas. Content of the exam is based upon the clerkship competencies, educational sessions, and required readings on the cdemcurriculum.com website. A score of 70% or higher is needed to pass. This exam is not a NBME shelf exam so reading the required readings and reviewing the materials from the educational sessions are the best ways to prepare for the final exam.

Typically, you will take the exam the last Friday of the two-week rotation. If you fail the written exam on your first attempt, you will be given a chance to take the exam a second time. If you pass the exam on the second attempt (>70%), an average score will
be reported with your grade to the Dean’s office. If you fail the written exam on a second attempt, you are at risk for receiving a F-Failing grade for the clerkship.

This is a closed book test. You are not allowed to reference the cdemcurriculum.com website, our electronic version of the textbook, or other references while taking the exam. Please see the section of the syllabus related to Professionalism.

Evaluations and Grading

The emergency medicine clerkship is a criterion-scale based pass-fail course; we are not a normative (i.e. bell-shaped curve) grading clerkship similar to those clerkships with honors, high pass, pass, and fail courses. As mandated by the UCSOM, you must achieve a passing evaluation on all portions of the course to receive a grade of pass for the course.

You are expected to performing at least at the Novice Interpreter Level on your clinical evaluations to pass the clerkship. For the emergency medicine clerkship a minimum composite passing score of 2.0 is necessary to pass the clerkship. This is based on a scale from 1-5 for each item assessed on the clinical evaluation. The student clinical evaluation is posted to Canvas in Modules under Student Evaluations. The evaluation is based upon the ACGME Core Competencies—Patient Care, Communications, Medical Knowledge, Practice Based Learning and Improvement and Systems Based Care—as well as the RIME Framework where R-Reporter, I-Interpreter, M-Manager, and E-Educator. The rating anchors for each item within the clinical evaluation are loosely based on the RIME framework with 1.0 = reporter, 2.0 = novice interpreter, 3.0 = interpreter, 4.0 = novice manager, 5.0 = manager.

Two-week clinical clerkships are graded on a pass/fail basis only. No High Pass or Honors grades are given. An I-Incomplete or IP-In Progress grade may be assigned for any missing paperwork (i.e. patient logger) or if requirements (i.e. simulation exercise) are unmet 4 weeks after the original course end date. Completion of the unmet requirements before the 4-week mark will allow clerkship directors to give a student a P-Passing grade for the clerkship. Students not achieving a satisfactory level of clinical performance on their clinical evaluations or failing the written exam twice are at risk for receiving a F-Failing grade. Student receiving an F-Failing grade will need to successfully complete a remediation plan as recommended by the clerkship directors and approved by the Promotions Committee. If students receive a F-Failing grade for the clerkship, it is possible that the entire clerkship may need to be repeated. Students that successfully pass all requirements of the clerkship after having failed the clerkship will be assigned a PR-Passing with Remediation grade.

Ideally, students that are at risk for failing the clinical portion of the course will receive feedback prior to the completion of the clerkship if possible. Your clerkship grade, along with evaluator comments, and a final written summary of your performance during the
clerkship will be posted in Canvas four weeks after you complete your clerkship when grades are due to the Dean’s office.

When you arrive for your final written exam you must have turned in (or posted into Canvas or completed in the Logger App) the following:
1. Completed Patient Logger in the Logger App (you don’t have to print a hard copy)
2. All Completed Direct Observation Forms (a minimum of 4 direct observation forms; can be uploaded into Canvas or submitted as hard copies.)
3. Inter-professional Health Care Experience Reflection posted into Canvas
4. Names of 3-5 Attendings, Residents, or Fellows who you would like to evaluate you

As students, you will receive a pass in this course if you achieve:
   Clinical grade: Must achieve $\geq 2.0$ average on clinical evaluations
   Written exam: Must achieve $\geq 70\%$ score

As students, you will receive a pass in this course if you participate in an acceptable fashion in these educational sessions:
   Orientation and Course Overview
   Pre-Hospital and Disaster Exercise
   Altered Mental Status and Toxicology Session
   Splinting Skills Workshop
   Fever-Sepsis Session
   Major Trauma Session
   Pre-hospital Ride Along
   Inter-professional Health Care Team Reflective Narrative and Discussion
   Final Simulation Exercise

**UCD Medical School Transcript Symbols and Definitions:** Please note that two-week clerkships do not use the grades Honors or High Pass.

P- Pass: Student demonstrates expected level of performance/competency in course requirements
F- Fail: Student does not demonstrate expected level of performance/competency in course requirements.
PR-Pass with Remediation: Student demonstrates expected performance/competency in the course requirements after remediation.
IP- In Progress: Student is unable to complete requirements for a block due to illness or extenuating experiences.
I – Incomplete: Student is unable to completed requirements at the completion of the block. This is the grade assigned if a student misses an educational session and is not able to make it up prior to 4 weeks after the final day of the clerkship. This is also the grade assigned if Logger is not completed in a timely fashion.
All grades remain permanently on the student’s transcript except IP and I, which are replaced with the appropriate grade after the student has completed the course.

**Clinical Grade/Evaluations:** Block attendings with whom you work will be asked to fill out a clinical evaluation on you. You should request at least three but up to five residents, fellows, or attendings to fill out additional evaluations on you. At Children’s Hospital, Nurse Practitioners also count as attendings. At St. Mary’s, you may only receive only two or three evaluations, since you will spend more time with the same physicians in general. Remember that you may only work with a particular attending once or twice during your two weeks. Ideally, we would like to have several evaluations (around 3-5 evaluations) for you.

*Please only request evaluations from emergency medicine residents or pediatric residents/fellows and not from visiting residents (such as family practice residents). You will be requested to give the names of your evaluators to Marybeth Hutchins on your final exam day.* Evaluations will be done through New Innovations and your evaluators will receive an email from Ms. Hutchins after the clerkship regarding your evaluation request.

**Your evaluation of faculty, residents and the course:** It is very important to us to know what portions of this course were useful to you and what portions could be improved. Evaluations of the emergency medicine clerkship will be provided by the Dean’s office. It is a requirement of the course that you complete an evaluation for the course. You will also be asked to complete evaluations on the attendings, residents, and fellows who will be evaluating you.

**Hazard Exposure and Needle Stick Instructions**

Medical Treatment: Employees and student interns that have needle-sticks or bodily fluid exposures should seek immediate medical attention in the Emergency Room of the hospital where the work related incident occurs.

Exceptions are:

- University of Colorado Hospital (UCH) - Go to the Infectious Disease Clinic at Anschutz Outpatient Pavilion, 1637 Aurora Court, 7th floor, between 8:00 AM and 4:00 PM Monday -Friday, or the Emergency Room after hours.
- Denver Health Medical Center (DHMC) - Go to the Occupational Health and Safety Center (corner of 6th Avenue and Bannock, 4th Floor) between 8:00 AM - 3:30 PM Monday through Friday or the Emergency Room after hours.
- Employees/Student Interns working in small clinics or in laboratories off campus should go to the nearest emergency room or facility that can perform a blood draw. Students, volunteers or others not covered by workers’ compensation should contact their personal healthcare provider.
Emergency Care Simulation Exercise

Typically on the last day of your emergency care block, you will participate in a case simulation at the CAPE which is located in the Education 1 Building, 4th floor. Each student will be expected to participate in the case and briefing and debriefing activities for the simulations as well as be an effective team member of an interprofessional team in order to complete course requirements. Students will be assessed using a checklist of required clinical, communication, and teamwork actions, but one’s performance on the checklist will not contribute towards the calculation of a final grade. Additional details of the simulation experience will be coming during the actual clerkship. Although the cases to vary from block to block, we have a limited number of cases. Please refrain from discussing the details of the simulation with your classmates or junior schoolmates who have not participated in the simulation yet.

During the simulation, students will be assessed on their completion of specific communication, teamwork, and clinical competencies:

- Students will demonstrate effective verbal and non-verbal communication skills with patients and their families or other individuals involved in their care.
- Students will demonstrate knowledge and skills to gather a history and perform a physical exam on a patient presenting with an emergent complaint and demonstrate the completion of a primary survey during simulated exercises.
- Students develop a prioritized “worst-first” differential diagnosis after gathering history and performing exam on patient presenting with an emergent complaint and recommend appropriate diagnostic tests and treatment plans for the patient.
- Students will demonstrate the ability to function as an effective member of an inter-professional health care team including communication with other medical professionals and be able to reflect upon this experience. Specifically students will demonstrate how to communicate effectively using targeted Team STEPPS skills including a handoff when transitioning care responsibility to another healthcare provider or when consulting other healthcare specialties.

You should arrive at the CAPE dressed in professional clothing, scrubs are acceptable, with your white coat, stethoscope, and any other equipment, as if you are arriving for a shift. You will receive an email prior to the last Friday of the clerkship detailing the time you are expected to arrive at the CAPE as there will be two groups. The CAPE experience typically occurs from 8:30am-Noon on the last day of the clerkship.
Logger

The CU-SOM asks that you continue to complete your patient loggers and duty hours during the EC Clerkship. We ask that you log the required clinical conditions for the clerkship and we will hold you accountable to log all of these required clinical conditions prior to passing the clerkship. You will be exposed to each of the required clinical conditions for the clerkship through our educational sessions and the simulation experiences at the end of the clerkship. In addition to these educational experiences, you may see and care for patients which have and qualify as one of the required clinical conditions and you should log these experiences as appropriate.

You will have to log 5 required clinical conditions (AMS, Fever, Major Trauma, Sepsis, Shock), 1 physical examination (Vitals signs), and 1 procedure (Splinting). The required clinical conditions for the emergency medicine clerkship appear similar to the graphic below within the CU-SOM Logger. (Splinting is also a required procedure that all students will complete during the EC clerkship which is not listed below due to a hiccup with the Logger ☹)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMS - ED</td>
<td>EC Logger</td>
</tr>
<tr>
<td>Fever - ED</td>
<td>EC Logger</td>
</tr>
<tr>
<td>Major Trauma - ED</td>
<td>EC Logger</td>
</tr>
<tr>
<td>Sepsis - ED</td>
<td>EC Logger</td>
</tr>
<tr>
<td>Shock - ED</td>
<td>EC Logger</td>
</tr>
<tr>
<td>Vital Signs</td>
<td>EC Logger</td>
</tr>
</tbody>
</table>

For each of the required clinical conditions, students must log five aspects of the condition (History, Physical Exam, Differential Diagnosis, Tests-General, and Treatment/Care Plan). You need to log each of these five aspects of the required clinical conditions (AMS, Fever, Major Trauma, Sepsis, and Shock)
For the physical exam and procedure required clinical condition (splinting and vital signs) there is only one aspect to log.

Again, for each of these clinical conditions, with the exception of performing vital signs and splinting, should be documented as being completed using the alternative method (unless you of course did see the condition in a real patient). This should give you and the clerkship 100% compliance with logging the required clinical conditions at the end of the clerkship.

Students are expected to log patients during the emergency medicine clerkship and turn in a completed logger on the final day of the clerkship. Students not completing their loggers by the time that grades are due will receive a grade of “In Progress” or “Incomplete” until the logger is completed.

In order to ensure that students are seeing all of the required conditions and adhering to duty hour restrictions during Phase III, the following requirements of students and clerkship directors are in place:

- **Logger Requirements**
  - Update the Logger at least once weekly, including duty hours for the week.
  - Only required to log a required clinical condition once during the block in which it is required.
  - Log honestly, including truthfully reporting duty hours and patients seen.
  - Provide the logger to the clerkship director or their designee at the midpoint and end of a block, or at the end of the block for blocks less than 4 weeks in length.

- **Clerkship Directors or their Designee will:**
  - Review the student logger data at the midpoint and end of a block, or end of the block for blocks less than 4 weeks in length, to ensure students are on track to see all required clinical conditions.
Review aggregate data twice yearly to ensure that all required clinical conditions are seen by all students and to ensure that alternate methods are used minimally to achieve this.

- **Duty Hour Requirements**

In addition to your clinical responsibilities, students are required to complete Phase III Foundations of Doctoring course requirements and occasional activities mandated by the Dean of Student Affairs. In addition:

- Students will have no more than 80 hours a week of scheduled participation averaged over a course. This does not include time students should spend reading about their patients or doing patient write ups.
- Students will have no more than 30 consecutive hours of scheduled participation during one period of time.
- Students will have a minimum of 24 consecutive hours scheduled off in 7 days averaged over a course.

**Students not completing their requirements will face the following consequences:**

- Dishonest Logging of Patient Encounters or Duty Hours will be deemed a violation of the Student Honor Code and be referred to the Student Honor Council for further discussion.
- Students will not receive a grade until a completed logger has been turned in at the end of the block.

Please refer to the video presentation from ICC 7001 for instructions on how to successfully use the logger if you run into technical issues.

Professionalism

Students are expected to adhere to the Honor Code of the University of Colorado School of Medicine which states that students must not lie, cheat, steal, take unfair advantage of others, nor tolerate students who engage in these behaviors. Please check the website for information on the Medical Student Honor Code.

http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/AcademicLife/HonorCouncil/Pages/default.aspx

**Students are also expected to:**

- Contact the appropriate block faculty and student life for all voluntary and involuntary absences.
- Check email and Canvas regularly for communication about block activities and updates. **Respond within 24 hours** to all block emails requiring individual student response.
• Attend all block conferences and required events and arrive on time to these events.
• Complete all required coursework and evaluation.
• Wear professional dress.
• Take the final exam without using additional reference materials or educational materials from the clerkship.
• Do not share simulation details or cases with other students who have not completed the simulation experience.

Students in the Emergency Care clerkship are expected to adhere to all the professional and ethical standards set out for students at the University of Colorado School of Medicine. Below are some specific professionalism expectations in the Emergency Department:

• Arrive on time for your shifts, didactic sessions and exams.
• Complete your written patient notes in the electronic medical record before you leave the ED at the end of your shift.
• Respect patient confidentiality at all times. Please do not discuss details of patient care in areas where other patients might overhear.
• Participate in the Educational Sessions with interest and alertness. We go to great effort to ensure that you have a positive learning experience in the simulation lab or educational sessions. Please do not share the learning scenarios with your fellow students. This violates the SOM professionalism standards, and robs your fellow students of the learning benefit of the experience.

Attendance requirements
• We have designed the clerkship with the goal of making every experience an integral part of your learning, as this is only a two-week clerkship. Therefore, missing a shift or a didactic session will mean that you miss an important part of your education. If you miss one of your required shifts, you must make it up in order to pass the course. You must also complete all didactic activities in order to pass the course.
• Because of the brevity of the course, it is very difficult to arrange makeup sessions. Missing more than two activities usually requires the student to repeat the entire course. Any unexcused absence will result in a grade of IP (Incomplete Pass). Contact Ms. Hutchins and the clerkship director at your site immediately. Any missed shifts or absences MUST be discussed with the site director and a clerkship director as make-up time is limited and usually reserved for emergencies or illness.
• Foundation of Doctoring activities: Remember that during two-week rotations you are not excused from clerkship requirements in order to participate in preceptor visits and any other Foundations of Doctoring course activities.

Reporting Issues of Professionalism:

We have a zero tolerance of mistreatment of students during our EC clerkship. The clerkship directors would like to hear about any concerns of mistreatment that you might perceive that
occurring during our clerkship. This can happen with faculty, resident, other health care professional (such as paramedics) or patients. Please seek to address any concerns of professionalism at the time that you observe or experience the behavior. If you feel comfortable doing this with the person involved or with the clerkship directors, please do so at the time of the incident. If you feel uncomfortable doing this or would like another options, please look to the Office of Professionalism.

The Office of Professionalism exists to provide faculty, residents, fellows and students a resource on campus to obtain a fair and equitable treatment for all matters. Under appropriate circumstances, the office can serve as an advocate for fair and equitable treatment for faculty, residents, fellows, and students and can facilitate safe reporting of mistreatment or abuse.

The Office is available to help faculty, residents, fellows, and students with all issues and concerns and provides consultations, short-term coaching, counseling, referrals, alternative dispute resolution and facilitation. The Office can also assist faculty, students, and staff members in preparation for various meetings and conversations.

The services of the Office of Professionalism are provided free of charge.

Contact the office by emailing Barry H. Rumack, MD at barry.rumack@ucdenver.edu or Josette Harris at Josette.harris@ucdenver.edu. For faster response, (no confidential information please) call 303-724-7854. Offsite and onsite visits are by appointment only. Building 500, 8th floor, room 8000C.

Mistreatment
If a student feels that he or she has been subject to mistreatment in the learning or clinical environment, there are a variety of options for reporting. We recognize that students may differ in how they want to address this issue, and we seek to provide a wide array of reporting options. Please check the website for information and reporting in regards to mistreatment vs. suboptimal learning. http://www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/Professionalism/Pages/DefinitionsExamples.aspx

Communication
The preferred means of communication during the EC Clerkship is through your University email account but once the course begins there will also be Canvas announcements.

Email: You should receive your initial notifications about the EC clerkship at the beginning of each quarter to solicit your preference for clinical sites. Follow-up notification of your selection at a clinical site will also be through email. There will be additional notifications via
email of needed ambulance waivers, background checks, applications for AHEC housing, and EPIC training to get you prepared to rotate on the EC clerkship. Final schedules and orientation materials for the EC clerkship will be sent via email approximately 1 week prior to the first day of the clerkship. Additional notifications of locations of educational sessions and details of the simulation experience will also come via email during the clerkship.

**Canvas:** The Canvas site will be published and available from the weekend prior to the start of the clerkship through the end of the academic year. Canvas will be used primarily to provide a platform to host the educational materials for the EC clerkship. Weekly announcements will orient you to the upcoming educational materials for the week. Additionally, we will use Canvas to upload your inter-professional collaborative care reflection and direct observation forms.

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**Appropriate Attire**

For clinical shifts in the Emergency Department and the Standardized Patient encounter on the final Friday of the clerkship:

- Wear your ID at all times.
- Wear a white coat unless instructed otherwise.
- Scrubs (tops and bottoms) are acceptable at all clinical sites. At Children’s, many trainees and attendings wear business casual during the daytime and you are welcomed to do so. If you are wearing scrubs you must wear the scrubs for specific for the hospital that you are working (i.e. green scrubs at UCH and blue scrubs at CHCO)
- Wear clothing that is not too tight, not too loose and not too revealing.
- Clothing should cover the back, shoulders and midriff (i.e. no spaghetti straps, tank tops, backless shirts, crop tops).
- No jeans, sweat pants, shorts or printed tee shirts.
- No baseball caps.
- No clothes that create a distraction or disturbance: gang, slogans, derogatory words, intimidating.
- Shoes: clean and in good repair, no open toed shoes, heels should be 2” or less.
- Tattoos should be covered by clothing.
- Please refer to your particular site’s dress code requirements for more information.

A more detailed dress code for the UCSOM and all clinical sites is available at: [http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Documents/DressCode.pdf](http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Documents/DressCode.pdf)

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**Hospital responsibilities**

Please review the site specific orientation guides to the University of Colorado Hospitals, the Children’s Hospital of Colorado, and Saint Mary’s Medical Center in Grand Junction. These orientation guides are posted in Canvas under modules and will be sent to you via email with your orientation materials and schedules.