

OSU-CHS Emergency Medicine Clerkship

Syllabus

CLME 9255

I. General Description

- A. Emergency Medicine clerkship, a 4 week rotation with selected faculty as assigned by lottery, includes structured didactics, in addition to practical experience in a **large community hospital emergency room** setting.
- B. In most cases, the student will accompany the assigned physician (preceptor, attending, or resident) in the hospital emergency room setting with assignment of patient responsibilities. May also include experiences such as patient rounds, surgical assistance, labor and delivery, hospital staff and committee meetings, hospital emergency room calls, community and public health functions and reading assignments in addition to limited ambulatory office or clinic experience. Learning opportunities will be provided in the form of observation, discussion, and graduated degrees of performance under supervision, at the discretion of the assigned preceptor, based on his/her assessment of the student's readiness and the nature of the particular practice setting. **This rotation usually includes long shifts, night shifts, weekend shifts and on call duties.** Required materials are assigned. The student may be required to attend events, lectures, grand rounds, watch videos, participate in department or school events, participate in research or give presentations of regular or special assigned readings at the request of the preceptor, the department or the school. Additional readings and quizzes may be assigned by preceptor.
- C. At some Emergency Medicine sites, complementary housing is provided. This varies from site to site. Some sites require pre-rotation paperwork or refundable deposits. No housing is available at sites close to Oklahoma City or Tulsa. More information about the housing at specific sites is available from Regional Coordinators.

II. Contact Information

- A. Course Coordinator: Duane Koehler, D.O., Assistant to the Associate Dean of Rural Health
- B. RH Program Manager (OKC): Nicole Neilson, M.S. (918-401-0073)
nicole.neilson@okstate.edu

- C. Rural Medical Education Director: Vicky Pace, M.Ed.,(918-584-4332)
vicky.pace@okstate.edu
- D. Regional Coordinators:
 - Northeast (Tahlequah): Xan Bryant, M.B.A. (918-401-0074)
xan.bryant@okstate.edu
 - Southeast (McAlester): Lori Boyd (918-928-6074) lori.boyd10@okstate.edu
 - Northwest (Enid): Alex Jones, M.S. (918-401-0799) alex.l.jones@okstate.edu
 - Southwest (Lawton): Brenda Brantley (918-401-0403) brenda.brantley@okstate.edu
- E. Telemedicine Helpdesk: telemed@okstate.edu
- F. Location:
 - Center for Rural Health Office Location (Phoenix Building): 1111 West 17th Street
 - Phoenix Building Office Hours: Monday – Friday, 8:00 am to 5:00 pm
 - Badge needed for entry. OSU Holidays are observed.

III. Electives

- A. Electives at large community hospital emergency medicine sites are based on availability. Required rotations at Emergency Medicine sites take precedence over elective rotation requests. Elective rotations must be applied for by submitting a written application for rotation to Clinical Education, no less than 30 days before the first day of the rotation or the length of time in advance that onboarding paperwork is due and signed by the preceptor in advance of the starting date. Housing at Community Hospital sites is based on availability and may not be available for Elective rotations. Approval of rotations, site evaluations and grades for electives are all handled by the Department of Clinical Education.

IV. Prerequisites

- A. Successful completion of the first four semesters of the prescribed eight semester courses of study (OMS1 and OMSII) and completion of Core Internal Medicine I & II, Core OB/Gyn, Core Surgery, Pediatrics, Psychiatry, Family Medicine Clinic, and no earlier than Rotation 8.

V. Course Learning Objectives

- A. Participate in daily patient rounds and conferences.
- B. Perform clinical workups of patients presenting in the Emergency Room (supervised/critiqued).
- C. Review reading/case presentations related to cases in the Emergency Room.
- D. Attend/participate in formal clinical presentations by hospital staff and guest presenters.
- E. Receive performance feedback from on-site supervising

physician and attending physicians

- F. Demonstrate and discuss the principles of clean and sterile technique.
- G. Demonstrate and discuss proper isolation technique.
- H. Demonstrate ability to scrub, gown, glove alone and with assistance, and to maintain proper sterile techniques in an emergency room setting.
- I. Demonstrate knowledge of and proper usage of commonly used instruments.
- J. Perform specific, assigned medical/surgical case responsibilities.
- K. Perform general medicine assignments.
- L. Obtain a complete and accurate history and physical examination.
- M. Keep adequate and up-to-date medical records.
- N. Identify patient problems utilizing the SOAP format.
- O. Provide patient case presentation to attending physician with appropriate management strategy.
- P. Perform simple procedures (supervised), including but not limited to:
 - 1. Suturing lacerations and surgical wounds
 - 2. Removal of sutures and skin staples
 - 3. Steristrip use in lacerations and surgical wounds
 - 4. Drainage of abscesses
 - 5. Surgical dressings
- Q. Propose a plan for management of patient, for review by the attending.
 - 1. Properly indicate the need to perform laboratory or radiographic tests.
 - 2. Determine appropriate physical activity to be permitted by patient.
 - 3. Determine type & caloric content of patient's diet.
 - 4. Determine and recommend appropriate therapeutic measures.
 - 5. Determine requirement for special precautions or consultation.
- R. Determine appropriate time of patient discharge or release from hospital.
- S. Propose a method for patient follow-up.
- T. Maintain a humane approach, recognizing fears and anxieties of patient and family - understand the impact of patient's

background and environmental relationships to his/her illness or trauma.

U. Apply appropriate Osteopathic Principles and Practice for diagnosis and treatment of patient.

V. Demonstrate appropriate techniques and indications in the use of OMT, as applicable to patient care.

W. Apply didactic general medicine principles in the following areas:

<p>Cardiovascular</p> <ul style="list-style-type: none"> • Myocardial infraction • Acute dysrhythmias • Cardiac arrest • Cardiac tamponade • Penetrating and non-penetrating cardiac injuries • Hypertensive emergencies • Thoracic-abdominal aneurysm • Basic life support techniques • Principles of advanced life support • Recognition and treatment of different types of shock 	<p>Abdominal emergencies</p> <ul style="list-style-type: none"> • Blunt – penetrating injuries • Upper GI hemorrhage • Upper – lower GI foreign body • Perforated viscus • Intestinal obstruction • Acute appendicitis • Acute pancreatitis • Diverticulitis • Incarcerated hernia • Acute cholecystitis 	<p>Medical emergencies</p> <ul style="list-style-type: none"> • Pulmonary edema • Heart blocks • Intractable angina/MI • Hypoglycemia • Status epilepticus • Overdose patient • Anaphylactic shock • CVA • Acute endocrine emergencies <ul style="list-style-type: none"> ○ Thyroid storm ○ Hypertensive emergency ○ Insulin shock ○ Acute Adrenal insufficiency • Tracheal foreign bodies 	<p>Eye emergencies</p> <ul style="list-style-type: none"> • Penetrating – blunt eye trauma • Acute glaucoma • Corneal injuries • Chemical injuries • Intraocular foreign bodies • Hyphemia • Acute iritis • Acute conjunctivitis
<p>Acute injuries</p> <ul style="list-style-type: none"> • Simple-compound fractures • Pneumothorax • Burns • Head and neck injuries 	<p>Psychiatric emergencies</p> <ul style="list-style-type: none"> • Acute psychosis • Depression – suicide • Paranoia • Delirium tremens 	<p>Urological emergencies</p> <ul style="list-style-type: none"> • Renal trauma (penetrating and non-penetrating) • Acute urinary tract infections • Testicular torsion • Urethral, ureteral, bladder injuries 	<p>Pediatric emergencies</p> <ul style="list-style-type: none"> • Cardiac • Pulmonary • Endocrine • Overdoses • Trauma
<p>Care of acute infections and prevention</p> <ul style="list-style-type: none"> • Meningitis – encephalitis • Tetanus • Endocarditis • Fulminating pneumonia 	<p>Acute electrolyte imbalances</p> <ul style="list-style-type: none"> • Hyponatremia – hypernatremia • Hypokalemia – hyperkalemia • Hypocalcemia - hypercalcemia 	<p>Gynecological emergencies</p> <ul style="list-style-type: none"> • PID • Ectopic pregnancy • Ovarian torsion • Ruptured ovarian cyst 	<p>ENT emergencies</p> <ul style="list-style-type: none"> • Epistaxis • Foreign body removal from ear canal • Foreign body removal from nose • Ruptured TM • Labyrinthitis
<p>Dental emergencies</p> <ul style="list-style-type: none"> • Post extraction hemorrhage • Root abscess • Tooth fracture/avulsion 	<p>Acute emergencies of hematology</p> <ul style="list-style-type: none"> • Hemophiliac conditions • Sickle cell crisis • ITP 	<p>Wound care</p> <ul style="list-style-type: none"> • Proper wound preparation • Hemostasis • Suture techniques 	<p>Environmental emergencies</p> <ul style="list-style-type: none"> ▪ Insect bites ▪ Snake bites

X. **Electives:** Objectives for the rotation should be established

and understood between student and the preceptor on or before the first day of the rotation.

VI. Student Responsibilities

- A. Students are required to contact their assigned Regional Coordinator and preceptor at least 2 week prior to the beginning of the rotation to coordinate the daily schedule and other pertinent aspects of the rotation. Students should provide the preceptor with a CV prior to arrival.
- B. If housing is provided, students are required to contact the housing contact at least 2 weeks prior to arrival for more information. Contact regional coordinators as soon as possible if they will NOT be utilizing provided housing for any reason. This decreases unnecessary costs to the site and helps maintain these benefits for future students.
- C. Students are required to bring passwords for library resources and current references for Family Medicine, Internal Medicine and Obstetrics/Gynecology with them.
- D. Review LCMS+ to become familiar with the site and review course syllabus and instructions prior to beginning the rotation.
- E. Appropriate dress is usually scrubs, but please verify with the hospital contact before the start of the rotation. Dress appropriately at all times, utilize College approved identification, and identify yourself as a non-graduate medical student, not as a medical graduate or a licensed physician. When not in scrubs, men are expected to wear a clean pressed shirt and dress trousers and women are expected to wear slacks or a dress.
- F. Meet with your preceptor or assigned representative for a required hospital orientation. Be prepared to discuss your clinical strengths and weakness relative to the rotation objectives. Provide CV if you have not already.
- G. Exhibit professionalism and behave in an ethical manner at all times.
- H. Demonstrate a desire to exceed expectations, show interest in learning, treat everyone (physicians, hospital/clinic staff, patients, coordinators, etc.) with respect, accept and apply constructive feedback and ask for ways to improve.
- I. Demonstrate reliability and dependability by arriving prior to the start time. If you are unable to arrive prior to the expected start time, you must contact the preceptor and the OSU Coordinator. Make-up work is at the discretion of the Preceptor and the Course Coordinator.
- J. Prepare for and participate in course activities, engage in active

learning through participation, attend orientations and didactics, participate in discussions based on reading assignments and turn in assignments on time to receive full credit.

- K. Communicate respectfully (disruptive or disrespectful behavior will not be tolerated and could result in a "needs improvement" assigned score on the non-cognitive evaluation).
- L. Provide appropriate patient care under the supervision of the attending physicians.
- M. Contact your regional coordinator and preceptor if you have problems or concerns.
- N. Meet with your preceptor midway and at the end of the rotation for verbal evaluations of your clinical performance and areas to improve. You are responsible for scheduling these meetings.
- O. If there is a reasonable explanation for a delay in reporting (e.g., auto accident, illness, or similar reason), the student is to contact the preceptor and the Regional Coordinator immediately.
- P. If a student is absent for any reason (or multiple reasons) or will be missing a required event (orientation, required conference/meeting, etc.) he/she is required to complete an Exception to the Rotation Application with the preceptor's signature and submit it to the Regional Coordinator for the Course Coordinator's approval. This includes but is not limited to, preceptor vacations, student auditions/interviews, school events and personal request. If approved, make-up may be required. Leaving site without notice could result in a "needs improvement" assigned score on the non-cognitive evaluation.

VII. Course Assignments

- A. Watch and evaluate 2 Emergency Medicine Videos (20% of the grade). Go to COM Years 3 and 4 Resources in LCMS+. Click on LTI Resources and click on Emergency Medicine folder then chose from any of the topics listed.
- B. Complete the assigned ACOFP OMT learning modules by viewing videos, reviewing presentations, and completing the Exam Soft assessment quiz. Score from the quiz is 10% of the grade. Low score could adversely affect the course grade. The quiz is based on material presented from The Patient with Otitis Media (Chapter 21 in 2nd edition) of *Somatic Dysfunction in Osteopathic Family Medicine* 2nd Edition. Nelson, Kenneth E, et al. LWW, 2014. Failure to complete the Exam Soft assessment quiz could result in a "needs improvement" assigned score on the non-cognitive evaluation.

- C. Students should document everything they see and do while on the rotation on the Patient Encounter Tracking (PET) on LCMS+ (10% of the grade). Complete in LCMS+ with date and level for each procedure observed, assisted, or performed during rotation and have physician initial off on each. Students get 1 point for each observed, 2 points for each assisted and 3 points for each observed. At least 3 **different** procedure/skills are required. Minimum of 25 total points are needed for full credit. The procedure/skills component is 10% of the final grade. Mobile access through LCMS+ will be available soon.
- D. Students are required to submit an online course evaluation for each course. Course evaluations will be made available online through LCMS+ and are due at the end of the rotation.
- E. All paperwork should be uploaded to LCMS+ within 7 days of the end of the rotation. If forms are not received within 7 days of the end of the rotation, the student's grade may decrease up to one letter grade. A grade of "I" (incomplete) may be issued until all the paperwork has been received.
- F. Students are required to review any material assigned by the site preceptor as part of their rotation requirements. Materials assigned for review are to be completed prior to the end of the rotation. Failure to review the assigned materials could result in a "needs improvement" assigned score on the non-cognitive evaluation.
- G. Failure to complete assignments could result in a "needs improvement" assigned score on the non-cognitive evaluation.
- H. **See clerkship handbook for other requirements and the clerkship calendar.**

VII. Evaluations

- A. Numerical (%) and letter grades are assigned for Emergency Medicine Clerkships by the Department of Rural Health. Grades will be calculated based on the Student Performance Evaluation score (60%), Emergency Medicine Video Evaluations (20%), ACOFP OMT Exam Soft Quiz* (10%), and the Patient Encounter Tracking (PET) (10%). The Site Evaluation is a requirement to pass and should be completed immediately upon completion of the rotation. In addition, a grade of satisfactory or needs improvement will be assigned based on non-cognitive evaluation criteria.

*Emergency Medicine Learning Module-The Patient with Otitis Media

- B. Student Performance Evaluation must be passed with a 70% or

higher to pass this course.

- C. Grade of "I" (Incomplete) may be assigned if a student is unable to complete the course requirement of approved 100% attendance, the Course Coordinator recommends an extension of the student's Clerkship and sets forth reasoning for the recommended extension, or the student fails to submit the required paperwork and can provide justification for an extension.
- D. If assignments are not submitted by noon two weeks after the last day of the course, the student could be assigned a "needs improvement" non-cognitive grade.
- E. Grading System
 - A 90-100% Excellent
 - B 80-89% Good
 - C 70-79% Satisfactory
 - D 65-69% Marginal
 - U 64 and below Unsatisfactory

VIII. Grievance

- A. Grievance of a rotation, rotation evaluation or examination grade for Emergency Medicine would start with the Emergency Medicine clerkship course coordinator. Any such problems with regard to electives would start with the Department of Clinical Education.

IX. Learning Resources

- A. Required materials (available online through OSU-CHS medical library.)
 - [Somatic Dysfunction in Osteopathic Family Medicine](#) 2nd Edition. Nelson, Kenneth E, et al. LWW, 2014.
[CHAPTER 21: The Patient with Otitis Media](#)
 - [Tintinalli's Emergency Medicine Manual](#) 8th Edition. Rita K. Cydulka, Michael T. Fitch, Scott A. Joing, Vincent J. Wang, David M. Cline, O. John Ma
 - [Tintinalli's Emergency Medicine: A Comprehensive Study Guide](#) 8th Edition. Judith E. Tintinalli, J. Stephan Stapczynski, O. John Ma, Donald M. Yealy, Garth D. Meckler, David M. Cline

X. Title IX

- A. Information, including confidential and non-confidential reporting options, can be found at <http://1is2manychs.okstate.edu>

