



EM Clerkship Handbook

Welcome to the St. Luke's Anderson Department of Emergency Medicine!
We're excited to have you. Please refer to this handbook for details about your rotation with us.

Objectives and Expectations



During their rotation, students will:

- Gain exposure to a wide breadth of topics in EM through direct patient encounters and supplemental learning activities
- Perform focused histories and physical exams
- Develop differentials and plans for evaluation and management of patients
- Follow-up on test results and take “ownership” of their patients
- Recognize patients in extremis and begin their workup and resuscitation under the supervision of an attending physician
- Determine appropriate disposition for their patients
- Implement feedback received from faculty regarding opportunities for improvement
- Perform at the level of a new EM intern by the conclusion of their rotation

Site Directors:

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Clerkship Format

Clinical shifts:

- Students will work 11 10-hour clinical shifts (10 day/evenings, 1 night). Each student is assigned to a designated attending for their shift. Please arrive early enough to meet the attending and be ready to start seeing patients by the time your shift starts.
- Students are encouraged to observe (and participate in, if appropriate) any trauma alerts, codes, or procedures performed in the department during their shift.
- We ask that students complete medical student notes on 1-2 patients per shift. This is a great opportunity to learn how EM physicians chart. Please see the attached document for tips on note writing.
- Students should strive to disposition their patients by the end of their shift, though in rare circumstances they may sign-out patients to an incoming team. Most attendings stop picking up complex new patients (those requiring extensive workup) 90 minutes prior to the end of their shift to allow them to wrap things up with their existing patients and leave on time.
- By the end of their rotation students should strive to manage 10 patients per shift (1 patient per hour, on average). We would rather that learners take “ownership” over a few patients (following up on test results, re-assessing the patient, updating the family, etc.) than see a larger quantity of patients.
- The attending will meet briefly with the student at the conclusion of each shift for a debrief and to provide feedback. The attending will fill out the Temple M4 Student Evaluation Form at the end of each shift. At the conclusion of the rotation the average of these evaluations will be used to determine the clinical portion of the student’s final grade.



Clerkship Format

Non-Clinical Requirements



Please plan to attend and participate in the following events during your rotation:

- Resident conference, held weekly on Thursdays from 0700-noon
- Sim, US QA, or US bedside teaching sessions scheduled during your rotation. The clerkship directors will provide you with these dates
- Two 2-hour procedure or sim labs for students only
- Mid-clerkship meeting with one of the site directors to discuss your progress
- End of clerkship meeting to discuss your rotation (students applying to EM only)
- Completion of the NBME exam (Temple students) or SAEM exam (visiting students)

Additionally, students are encouraged to complete the self-guided learning plan provided (see attached). This outlines a list of resources for their review during the clerkship, with the goal of providing a broad overview of important concepts in the field of Emergency Medicine.

End of Clerkship Assessment

Temple students will take the Emergency Medicine NBME Exam at the end of their clerkship while visiting students will take the SAEM exam. The self-guided learning plan can be used as a supplement for exam preparation. Students from Temple should refer to the Canvas website for additional resources. Additional materials can be accessed at:

<https://www.saem.org/cdem/education/online-education/m4-curriculum>

Final Grade and SLOEs

Students pursuing a career in Emergency Medicine will receive a Standardized Letter of Evaluation (SLOE) from our department at the conclusion of their rotation.

For Temple students: SLOEs and grading for the clerkship will be based on the students' clinical performance (65%), NBME exam (20%), interesting case discussion board (5%), and EBM assignments (5% each x2). Please refer to the main EM Clerkship Handbook from Temple for more information regarding the interesting case discussion board and EBM assignments.

For visiting students: SLOEs and grading for the clerkship will be based on the students' clinical performance (65%), SAEM exam (20%), and participation in sim and conference activities (15%).

Tips for Effective Note Writing

As a medical student rotating in the St. Luke's Anderson Emergency Department you will have the opportunity and responsibility to write notes on patients that you are caring for. Writing effective medical notes takes practice and our hope is that establishing good habits early in your career will help you in residency and beyond.

Purposes of medical charting:

1. Communication with other healthcare providers
2. Billing
3. Research and Quality Improvement projects
4. Medico-Legal protection

The best medical notes are able to tell a story about the patient's emergency department visit that future providers are able to easily follow and understand while allowing for appropriate billing and medico-legal protection. The history, review of systems and physical exam sections must be consistent with the medical decision-making section. For example, describing a patient as diaphoretic, clutching their chest and ill-appearing while discharging with a diagnosis of musculoskeletal pain with no further diagnostic testing would not be appropriate care or documentation.

Your goal during most of your patient encounters should be to obtain enough information and perform enough medical decision making to allow for a level 5 chart.

You should get into the habit of completing your chart as soon as possible following a patient encounter, ideally before the end of your shift and certainly before leaving the hospital.

It is OK to use templates for the HPI, ROS, PE, and procedure sections but please ensure that you have actually asked or performed everything that you document.

Please review at least one chart per shift with your attending and incorporate any specific feedback you receive.

Please review the following links prior to the start of your rotation for further tips.

<https://www.saem.org/cdem/education/online-education/m3-curriculum/documentation/documentation-of-em-encounters>

<https://www.aliem.com/ed-charting-coding-history-of-present-illness/>

Resources to Review Prior to Arrival

Students should review the following resources prior to the start of the clerkship to prepare for success on their first day:

<https://www.saem.org/cdem/education/instructional-videos/medical-student-presentations-video>

<https://www.saem.org/cdem/education/instructional-videos/effective-consultation-in-emergency-medicine-video>

Self-Guided Learning Plan

Students are encouraged to review the following resources from the SAEM M4 Curriculum and the EM Clerkship podcast during the course of their rotation. We suggest designating ten self-guided learning days throughout the course of the clerkship as detailed below. Students can expect to spend a total of about 2.5 hours/day to review the materials allotted.

Resources can be found at:

- <https://www.saem.org/about-saem/academies-interest-groups-affiliates2/cdem/for-students/online-education/m4-curriculum>
- <http://www.emclerkship.com> under the Clinical Curriculum section
- <https://ecg.bidmc.harvard.edu/maven/mavenmain.asp> - Select “Browse the case list (quiz mode)”

Self-Guided Learning Day	SAEM M4 Curriculum	EM Clerkship Podcast	EKG Maven Case #
1	Approach to Abdominal Pain	<ul style="list-style-type: none">• GI bleed (9:58)• AAA (9:51)• Biliary disease and pancreatitis (21:01)• Appendicitis and diverticulitis (25:32)	1, 10, 37
2	Approach to Altered Mental Status	<ul style="list-style-type: none">• Stroke (8:07)• Seizure (8:35)• Vertigo (8:35)• Back pain (8:25)• Status epilepticus (8:34)	57, 47 ⁸

Self-Guided Learning Day	SAEM M4 Curriculum	EM Clerkship Podcast	EKG Maven Case #
3	Approach to Cardiac Arrest	<ul style="list-style-type: none"> Airway (9:29) Airway 2 (10:36) Airway 3 (13:37) Airway 4 (11:19) ACLS (8:26) 	171, 78
4	Approach to Chest Pain	<ul style="list-style-type: none"> STEMI (9:17) Syncope (9:38) Tachycardia (9:58) Bradycardia (9:50) Complications of MI (9:35) 	86, 239, 94
5	Approach to GI Bleed	<ul style="list-style-type: none"> 1st trimester vaginal bleeding (8:40) Ectopic pregnancy (16:25) PID and ovarian torsion (18:10) Preeclampsia (7:54) 	193, 363
6	Approach to Headache	<ul style="list-style-type: none"> SAH (8:59) Eye complaints (7:19) Sore throat (9:09) Testicular torsion and prostatitis (13:15) UTIs (18:04) 	145, 54, 98
7	Approach to Poisonings	<ul style="list-style-type: none"> The big 5 toxidromes (8:13) Acetaminophen overdose (9:57) Salicylate overdose (9:55) Anaphylaxis (9:32) 	246, 200
8	Approach to Shortness of Breath	<ul style="list-style-type: none"> PE (9:57) Asthma and COPD (9:23) Flank pain and kidney stones (9:57) Hyperkalemia (9:57) DKA (9:53) 	348, 132, 120
9	Approach to Shock	<ul style="list-style-type: none"> Sepsis (8:16) Psychiatric complaints (9:17) Pediatrics history (8:35) Pediatrics exam (7:15) Pediatric GI complaints (9:42) 	311, 409
10	Approach to Trauma	<ul style="list-style-type: none"> ATLS (8:44) Head trauma (9:57) C-spine trauma (9:57) Thoracic trauma (9:48) Abdominal trauma (8:58) 	161, 504

