



**SUNY  
DOWNSTATE**  
Medical Center

University Hospital of Brooklyn

College of Medicine

School of Graduate Studies

College of Nursing

College of Health Related Professions

Department of Emergency Medicine

## **Emergency Medicine Coordinator's Welcome**

Welcome to your Emergency Medicine clerkship, we are excited to share a very unique specialty with you over the next 4 weeks. The focus of our clerkship is to provide comprehensive, interactive training to prepare clinical leaders in emergency medicine. Small group and simulation education are major contributors to emergency medicine education, contributing to about 25% of didactics sessions. As a student rotating through the ER regardless of specialty you will be exposed to various ER areas which include critical care and trauma, adult and pediatric, you may encounter some procedural and toxicology cases.

As an emergency medicine rotator, you will be required to attend weekly didactic sessions, complete a powerpoint presentation (rubric attached), a patient follow-up (form attached explained in orientation) and several procedures that must be logged and signed. You will also receive an attendance grid (all shifts must be signed off by an attending/resident that you worked with while on shift. Please read the Kings County med student supervision document. You will also receive a sample evaluation form. All students will be required to submit one evaluation form for each shift. (this will be done via email and explained during orientation)

All the aforementioned documents are available via our student website: [students.clinicalmonster.com](http://students.clinicalmonster.com). If you should misplace any of your documents, they are currently available on the website in the EM4701 toolbox. The website will answer various EM related questions and also has a copy of the clerkship handbook.

I look forward to meeting you and again welcome to the emergency medicine department at SUNY Downstate/Kings County.

Best,

Tiesha Saunders  
EM Education Coordinator

**State University of New York Downstate Medical Center**

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**Medical Student Supervision at NYC Health + Hospitals/Kings County (Kings)**

We welcome you to Kings County Hospital and hope you have a meaningful and valuable clinical learning experience. Please be aware of some important rules that need to be observed while you are rotating through clinical areas here..

1. Medical students function under the direct supervision of privileged residents and attending physicians.
2. Individual medical students may perform selected procedures under supervision (e.g., peripheral venipuncture and insertion of Intravenous lines).
3. Medical students may create notes outside of the official record for review by their supervising faculty for the purpose of assessing their educational achievements.
4. As reviewed during their orientation process, medical students are required to tell patients that they are students and be aware of the appropriateness of any medical information that is shared with patients and their families.
5. For issues related to your experience at Kings please contact the Clerkship Academic Director (CAD) for the department in which you are placed. The list of CAD's by department can be found on the SharePoint site on the Kings intranet - <https://share.nychhc.org/sites/KCH/KingsResidentPortal>.

The Office of Academic Affairs at Kings can also be contacted by email [AcademicOfficeKings@nychhc.org](mailto:AcademicOfficeKings@nychhc.org) or phone 718-245-3852 in case of difficulty.

Name: \_\_\_\_\_

Week-1	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Print Supervisor							
Supervisor Signature							
Time In							
Time Out							

Week-2	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Print Supervisor							
Supervisor Signature							
Time In							
Time Out							

Week-3	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Print Supervisor							
Supervisor Signature							
Time In							
Time Out							

Week-4	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Print Supervisor							
Supervisor Signature							
Time In							
Time Out							

## Emergency Medicine Mandatory Procedure and Case Log

Name: \_\_\_\_\_

**Instructions:** Have your attending/resident sign in each box. Give all completed forms to the Education Coordinator when completed (Drop off/Email). Chief complaints and procedures must also be submitted on New Innovations. **Due Date:** LAST DAY OF ROTATION

**Chief Complaints:** You must see at least one patient from each of the categories below.

Abdominal Pain	Alteration/Loss of consciousness	Chest Pain
Fracture/Orthopedic Injury	Gastrointestinal Bleeding	Headache
Pediatric Fever	Resuscitation/Shock (trauma or medical)	Shortness of breath
Vaginal Bleeding/Pelvic Pain	Wound Care/Laceration	

Procedure		
Chest X-ray Interpretation		
EKG Interpretation		
Phlebotomy or Intravenous Line insertion		
Ultrasound		
Direct Observation Physical Exam		
Written focused H&P (history and physical exam)		

**Patient Follow-up Log**

Name: \_\_\_\_\_

For admitted patients: Check inpatient charts and final discharge diagnosis or check labs/diagnostic tests. For discharged patients: Follow up on lab tests or other diagnostics. MR#'s must be kept confidential. Please maintain HIPAA compliance.

<u>Chief Complaint</u>	<u>ED diagnosis</u>	<u>ED disposition</u>	<u>Follow-up course</u>

**EM 4701/4030: 4****EM 4034: 2****EM 4037: 4 (4 wk), 2 (2 wk)****PA rotation: 6 (6 wk)**

## PowerPoint Case Presentation:

Student: \_\_\_\_\_

Date: \_\_\_\_\_

### FORMAT:

- Case: Describe patient's presentation and ED course
  - HPI
  - PMH, PSH, Social hx, Meds, ROS
  - Physical Exam
  - Working ED differential diagnosis
  - Results: labs, EKG, radiology - Include images if appropriate
- Discussion of Patient Presentation / Final Diagnosis:
  - Overview of Topic
  - Approach to Workup
  - Treatment / Current Management Principles (include references)

### GRADING:

<b>CASE CONTENT:</b>	<b>10</b>									
- HPI	1									
- PMH, PSH, Social hx, Meds, ROS	1									
- Physical Exam	1									
- Results: labs, EKG, radiology	1	2								
- DDx	1	2	3	4	5					
<b>TOPIC DISCUSSION:</b>	<b>20</b>									
- Overview of Final dx	1	2	3	4	5	6	7			
- Workup, Treatment	1	2	3	4						
- Knowledge / Understanding of case	1	2	3	4	5	6				
- Complexity of case	1	2	3							
<b>DELIVERY:</b>	<b>10</b>									
- Eye contact with audience	1	2								
- Avoid reading from slides	1									
- Verbally engage audience	1	2	3	4						
- Adhere to 10 min time limit	1	2	3							
<b>VISUAL:</b>	<b>10</b>									
- Bullet points (no paragraphs!)	1	2	3	4	5					
- Graphics / Images	1	2	3	4	5					

Notes: \_\_\_\_\_

Total: \_\_\_\_\_ / 50

**SUNY Downstate – College of Medicine EM EVALUATION FORM**

*SAMPLE*

Student: \_\_\_\_\_ Date/Shift/Location: \_\_\_\_\_ Evaluator: \_\_\_\_\_ # of Patients \_\_\_\_\_

Not observed	Unacceptable [REQUIRES COMMENT]	At expected level of MS3	At Expected Level of MS4	Above Expectation (Within top 25%)	Outstanding (Top 10-15%)
				Approaching Level of Intern	

**I. PATIENT CARE AND CLINICAL REASONING** (circle appropriate number and descriptor)

**A. History Taking**

0 Not observed	1	2	3- 3 3+	4 5
Not observed	Incomplete or unfocused Relevant information missing	Accurate basic history but missing pertinent details Unclear chronology (i.e. as reported by patient), not age appropriate	Accurate, focused hypothesis-driven relevant data Well-organized with clear chronology Needs prompting to seek data from additional sources if needed Age appropriate	Able to obtain history at the pace expected of Interns Performs and communicates a reliable, comprehensive history Independently seeks data from additional sources if needed

**B. Physical Exam**

0 Not observed	1	2	3- 3 3+	4 5
Not observed	Somewhat inaccurate or incomplete Incorrect technique	Performs a basic exam without focus, misses pertinent findings Major age appropriate components correct Appropriate technique with minor errors	Complete and age appropriate exam Correct technique Usually interprets exam findings appropriately Usually identifies findings relevant to chief complaint	Can perform exam at the pace expected of Interns Consistently performs, interprets, communicates a comprehensive exam and collects relevant physical findings for the chief complaint

**C. Diagnosis, Clinical Reasoning and Testing**

0 Not observed	1	2	3- 3 3+	4 5
Not observed	Reports data without analysis Limited differential	Reasonable differential diagnosis with prioritization Only interprets common tests and imaging reports	Integrates all patient data in assessment Accurate, prioritized differential justified by clinical data Assesses patients at half the pace expected of an intern	Can easily assess patients at <u>more</u> than half the pace of an intern Extensive, prioritized differential Determines the necessity of diagnostic studies

**D. Patient Management**

0 Not observed	1	2	3- 3 3+	4 5
Not observed	Does not formulate basic short term plans; Gaps in understanding of management plans Needs substantial help to carry out tasks	Formulates a basic management plan Explains short/long term plans for team patients Cannot manage patients half the load of an intern Needs prompting to assume responsibility for patients	Carries half an intern patient load with minor help Formulates a detailed prioritized plan Recognizes the need for patient re-evaluation Recognizes patients requiring urgent/emergent care and anticipates complications Enters orders/writes prescriptions correctly	Carries half an intern patient load without assistance Assumes full responsibility for all aspects of patient management without prompting Selects appropriate pharmacologic agents, consistently reviews medication and allergies list

**E. Procedures**

0 Not observed	1	2	3- 3 3+	4 5
Not observed	Cannot explain indications or risks of procedures Unable to perform basic procedures (i.e. IV, phlebotomy, CPR, BVM)	Explains indications, contraindications, risks and complications of procedures Knows all elements of informed consent Inconsistently performs basic procedures Basic understanding of anatomy but missing key elements	Competently performs the general procedures of a physician Obtains consent for procedures typically performed or ordered by interns Identifies pertinent anatomy landmarks and potential risks and complications Uses appropriate universal precautions	Demonstrates above expected level manual skill and dexterity in procedures

**F. Documentation and Oral Presentation**

0 Not observed	1	2	3- 3 3+	4 5
Not observed	Difficulty in presenting; poor flow Significant omissions Incomplete problem list Inappropriate cutting and pasting	Accurate but has some extraneous details or minor omissions Reasonably organized but has difficulty with presentation Writes a basic discharge summary, but vague and lacks details	Well-organized, succinct. Reflects hypothesis-driven history-taking and understanding of the disease process Can present a reasonable patient summary with occasional assistance from notes	Notes fully reflect patient's status Can provide a coherent patient summary without notes Can present multiple patients in the same session Consistently writes and explains a concise discharge summary with relevant details Maintains updated medications & allergies list

**II. MEDICAL KNOWLEDGE** (circle appropriate number and descriptor)

0 Not observed	1	2	3- 3 3+	4 5
Not observed	Inadequate knowledge base	Marginal understanding of basic concepts and information	Articulates relevant basic science and pathophysiology for frequently encountered clinical conditions	Outstanding knowledge base at or above level of intern Comprehensive understanding of relevant concepts

**OVER** 

**III. INTERPERSONAL AND COMMUNICATION SKILLS** (circle appropriate number and descriptor)

**A. Patient Communication and Education**

0	1	2	3	3+	4	5
Not observed	Does not show empathy Communicates inaccurate information Uses jargon	Shows some degree of empathy; Counsels patient on preventive care most of the time Usually communicates accurately without jargon; Explains simple discharge instructions but lacks details	Communicates effectively and respectfully even with difficult patients Ensures patient understands instructions Describes basic resources available for care of the patient Counsels patients on preventive care consistently		Can communicate about prognosis and make shared decisions with patients/families Consistently makes effort to research patient questions, find patient education resources	

**B. Team Relationships & Communication**

0	1	2	3	3+	4	5
Not observed	Does not contribute to team effort Not a team player	Works well with the team; Involved and enthusiastic Contributes to patient care	Always relays patient information appropriately (i.e. hand-off or consultations) Functions as a contributing member of an inter-professional team		Actively seeks opportunities to educate team members Assumes responsibility to educate junior students	

**IV. PROFESSIONALISM** (circle appropriate number and descriptor)

0	1	2	3	3+	4	5
Not observed	No commitment to excellence Unaware of ethical principles underlying minimal cultural competence	Generally respectful Demonstrates some awareness of ethical principles Usually sensitive to patient diversity Demonstrates basic professional responsibilities Maintains patient confidentiality	Consistently demonstrates professional responsibilities, and puts patients' interests first Demonstrates caring, honesty, genuine interest and tolerance with a diverse population of patients/families		Strong commitment to excellence, professional development and medical ethics Recognizes personal beliefs and their potential impact on patient care Consistently recognizes limits of one's own knowledge and asks for assistance	

**V. PRACTICE-BASED LEARNING AND IMPROVEMENT** (circle appropriate number and descriptor)

0	1	2	3	3+	4	5
Not observed	No evidence of self-directed learning No use of information technology Lacks understanding of critical appraisal	Reads independently Accesses resources to retrieve pertinent patient information Makes effort to read critically	Can form pertinent clinical questions based on patient care Retrieves high quality evidence for decision-making Acknowledges gaps in personal knowledge and expertise, and frequently asks for feedback		Exhibits consistent self-directed learning and self-reflection Consistently integrates EBM into clinical practice (and shares resources with team)	

**VI. SYSTEM-BASED PRACTICE** (circle appropriate number and descriptor)

0	1	2	3	3+	4	5
Not observed	Rarely addresses need for non-physician resources, e.g. social work, home services Requires frequent reminders of patient safety issues	Usually identifies appropriate resources for patients Usually adheres to safe patient care practices, e.g. hand washing	Identifies system failures and social barriers that impact patient participation in care Contributes to a culture of patient safety Recognizes cost implications Provides relevant patient information during transition of care		Proactively addresses the need for interdisciplinary non-physician services to effectively coordinate care Finds solutions to social barriers for patient participation in care Consistently anticipates patient safety issues Describes medical errors and adverse events	

**OVERALL ASSESSMENT:** (please circle one of the five)    [Unacceptable]    [At expected MS3 level]    [At expected MS4 level]    [Approaching Intern Level]    [Above Average]    [Outstanding]

**COMMENTS:** 1. Please comment on this student's overall performance. These comments may be included VERBATIM in the Medical Student Performance Evaluation (MSPE, formerly known as the Dean's Letter).

2. "Below the line" comments: List any unusual occurrences that should be monitored in future rotations, e.g., administrative lapses, late on shifts/conference etc. These comments will NOT appear in the MSPE unless a pattern is identified by the Course director or Dean's office.

Was the student late for rounds? \_\_\_\_ Yes \_\_\_\_ No

I have reviewed this evaluation with the student: \_\_\_\_ Yes \_\_\_\_ No

Evaluator Signature \_\_\_\_\_