TEXAS COLLEGE OF OSTEOPATHIC MEDICINE

Our Mission

Create solutions for a healthier community by preparing tomorrow’s patient-centered physicians and scientists and advancing the continuum of medical knowledge, discovery, and osteopathic medicine to provide comprehensive health care.

CORE EMERGENCY MEDICINE
CLERKSHIP SYLLABUS
MEDE 8403
2019-2020

CLERKSHIP DIRECTOR
Rick Robinson, MD FAAEM FACEP
Richard.Robinson@unthsc.edu

CLERKSHIP COORDINATOR
Malissa McCracken, MEd
Malissa.Mccracken@unthsc.edu
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerkship Purpose</td>
<td>1</td>
</tr>
<tr>
<td>Emergency Medicine Clerkship Description</td>
<td>1</td>
</tr>
<tr>
<td>General Clerkship Competencies</td>
<td>2</td>
</tr>
<tr>
<td>Interprofessional Education (IPE) &amp; Practice</td>
<td>4</td>
</tr>
<tr>
<td>Entrustable Professional Activities (EPAs) for Entering Residency</td>
<td>5</td>
</tr>
<tr>
<td>Clerkship Goals and Learning Objectives</td>
<td>6</td>
</tr>
<tr>
<td>Required Didactics and Assignments</td>
<td>10</td>
</tr>
<tr>
<td>Required Patient Encounters</td>
<td>12</td>
</tr>
<tr>
<td>Choosing Wisely Objectives</td>
<td>13</td>
</tr>
<tr>
<td>Evaluation and Grading</td>
<td>14</td>
</tr>
<tr>
<td>Rotation Sites</td>
<td>16</td>
</tr>
<tr>
<td>General Responsibilities</td>
<td>17</td>
</tr>
<tr>
<td>General Guidelines</td>
<td>18</td>
</tr>
<tr>
<td>Applicable Policies</td>
<td>26</td>
</tr>
<tr>
<td>Appendix A</td>
<td>29</td>
</tr>
<tr>
<td>Additional Resources</td>
<td>31</td>
</tr>
</tbody>
</table>
CLERKSHIP OVERVIEW

Clerkship Purpose

The Clinical Clerkships affiliated with the Texas College of Osteopathic Medicine (TCOM) serve to provide supervised, high quality opportunities for third and fourth year Medical Students as they apply and transform acquired declarative medical knowledge and basic clinical skills into procedural clinical competence while also functioning as learning members of health care teams.

The Clinical Clerkships promote and support TCOM Students continued clinical competencies development with emphasis on core competencies beyond medical knowledge alone. Clerkships are encouraged to seek those opportunities for Students that provide Health and Wellness Counseling, develop improved interpersonal and communication skills, foster continued professional development, and provide for practice-based learning and improvement.

Emergency Medicine Clerkship Description

The Faculty and Staff of the Department of Emergency Medicine at the University of North Texas Health Science Center (UNTHSC) at Fort Worth are pleased to welcome you to your core rotation in Emergency Medicine. During this 4-weeks rotation our goal is to expose you to the core content of the specialty as defined in the most current iteration of The Model of the Clinical Practice of Emergency Medicine. This will be accomplished through direct contact with patients in the Emergency Department and assigned learning activities.

The Emergency Medicine Core Clerkship is comprised of four weeks of active participation in patient care with appropriately trained and certified specialists in the field of Emergency Medicine. The Clerkship is designed to acquaint you with the concepts and practices utilized in the evaluation and care of patients presenting with undifferentiated medical and surgical complaints, as well as orientation to time-sensitive, emergent and resuscitative medicine. Through this experience you will learn many of the techniques and procedures inherent to Emergency Medicine and become familiar with the diagnosis and management of common problems and complications associated with patients presenting to the Emergency Department. Regardless of your ultimate practice specialty, your Emergency Medicine Core Clerkship experience will provide the foundation for managing undifferentiated complaints along a continuum of acuities and an opportunity to refine your procedural skills.

By definition Emergency Medicine is a 24/7/365 specialty providing a continuous critical public service. Emergency Medicine demands long and varied hours. Therefore, you can expect to work evening, overnight, weekend, and holiday clinical shifts as scheduled by the Coordinator at your Clerkship site. You are expected to work all assigned shifts. Please make appropriate arrangements to be on time, and present, for the duration of all assigned clinical duties.
GENERAL CLERKSHIP COMPETENCIES

The objectives of the Clinical Clerkships are to enable TCOM Students to achieve competence as Graduate Osteopathic Medical Students. As such, the objectives of the Clerkship Curriculum are represented by the American Association of Colleges of Osteopathic Medicine (AACOM) Osteopathic Core Competencies for Medical Students. TCOM Clinical Clerkship Competencies are derived from the AACOM Competencies as outlined below:

- Osteopathic Principles and Practices (OPP)
- Medical Knowledge (MK)
- Patient Care (PC)
- Interpersonal and Communication Skills (ICS)
- Professionalism (P)
- Practice-Based Learning and Improvement (PBLI)
- Systems-Based Practice (SBP)
- Health Promotion/Disease Prevention (HPDP)

Osteopathic Core Competencies for Medical Students

- Osteopathic Principles and Practices
  - Demonstrate an awareness of the basic tenets of Osteopathic philosophy and ability in basic manipulative medicine
  - Understand the interdependence of the musculoskeletal/lymphatic system and other organ systems
  - Understand that the mind, body, and spirit all interact in the promotion of health and wellbeing
  - Demonstrate the ability to utilize Osteopathic Manipulative Medicine as a part of the overall patient care regimen

- Patient Care
  - Demonstrate caring and respectful behaviors
  - Demonstrate appropriate interviewing skills
  - Facilitate patient and family informed decision-making opportunities
  - Develop and carry out patient management plans
  - Counsel and educate patients and families regarding
    - Acute episodic medical problems
    - Chronic medical problems
    - Preventive health services
• Demonstrate examination and procedural competency
  • Routine physical exams
  • Medical procedures
• Work constructively within a team dynamic
• Integrate Osteopathic knowledge, principles, and practices into patient care

• Medical Knowledge
  • Engage in and demonstrate investigative and analytical thinking
  • Demonstrate knowledge and application of basic science
  • Specifically demonstrate understanding and application of the principles of Osteopathic medicine involving clinical, social, and behavioral sciences

• Practice-Based Learning and Improvement
  • Analyze own practice for needed improvements
  • Apply evidence-based practices from scientific studies
  • Apply research and statistical methods to medical practice
  • Apply information technology to medical practice
  • Facilitate learning for others
  • Integrate evidence-based medicine, research, statistical methods, information technology, and public education into Osteopathic clinical practice

• Interpersonal and Communication Skills
  • Demonstrate therapeutic relationships with patients
  • Demonstrate listening skills
  • Demonstrate interpersonal and communication skills and apply them to professional relationships related to Osteopathic principles and practices

• Professionalism
  • Demonstrate respect and altruism
  • Demonstrate an ethically sound medical practice
  • Demonstrate sensitivity with respect to culture, age, gender, and disability differences
  • Demonstrate an understanding that your interactions reflect upon the Osteopathic profession

• Systems-Based Practice
  • Demonstrate an understanding of your medical practice and its interaction within the larger health care system
  • Demonstrate knowledge of medical practice delivery systems
  • Practice cost effective care
  • Advocate for patients within the health care system
INTERPROFESSIONAL EDUCATION (IPE) and PRACTICE

Objectives for IPE Experience

The purpose of this learning activity is to provide an opportunity for fourth year Medical Students (MS4s) to explore, reflect upon, and synthesize observations in Emergency Medicine related to interprofessional collaborative practice. IPE is composed of the following modules:

- Competency Domain 1 (CD1) – Values and Ethics for Interprofessional Practice
- Competency Domain 2 (CD2) – Roles and Responsibilities
- Competency Domain 3 (CD3) – Interprofessional Communication
- Competency Domain 4 (CD4) – Teams and Teamwork

MS4s will assess the quality of interprofessional collaborative practice in an Emergency Department patient encounter using a provider debriefing interview to support development of a professional quality reflection paper to be delivered to the Emergency Medicine Core Clerkship Coordinator prior to the end of the 4-weeks rotation.

MS4s will select a patient experience from the Emergency Department in which they are rotating where the patient received care from an interprofessional team of at least four different health related professionals (i.e. Physician, Surgeon, Pharmacist, Nurse, Social Worker, Chaplain, Respiratory Therapist, Hospital Administrator, etc.). Examples of such a patient experience might include a trauma or sepsis resuscitation, a cardiac arrest, acute myocardial infarction, stroke activation, or a death notification. MS4s will interview at least four interprofessional members of the treatment team assigned to that patient encounter. MS4s will utilize a structured interview, containing debriefing questions specific to the IPEC’s Four Core Competencies of interprofessional Collaborative Practice (Values and Ethics, Roles and Responsibilities, Interprofessional Communication, and Teams and Teamwork). MS4s will use these debriefings to write a three-page double spaced paper offering their reflection as to whether the Emergency Department patient experience represented an integrated interprofessional team-based approach or collocated providers providing individual and separate care to the patient. Reflective conclusions must be supported by evidence gained through the debriefing process that compares and contrasts the patient experience relative to the four IPEC Core Competencies.

MS4s will reflect on how the quality of interprofessional teamwork impacted the quality of patient care, patient safety, and the overall patient experience. MS4s will also reflect on how they, as a patient or patient family member, would like the treatment team to approach their care in a similar Emergency Department experience.
This reflective IPE debriefing paper must be submitted to the Emergency Medicine Core Clerkship Coordinator prior to the last date of the rotation. Each paper will be evaluated by Department of Emergency Medicine Faculty in collaboration with IPE Faculty. Satisfactory completion of this learning activity is required to receive a passing grade for the Clerkship. The Department of Emergency Medicine will remediate this learning activity for Students who do not satisfactorily complete it on time and with respect to expected content.

CORE ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAs) for ENTERING RESIDENCY

These are the skills and behaviors expected of first year Residents on day one of their residencies as described by the ACGME Residency Program Directors and memorialized in detail in the AAMC document of the above name. Clinical Clerkship Directors and Site Directors should make every effort to ensure that TCOM Students have opportunities to practice these skills and behaviors on all clinical rotations.

- Gather histories and perform physical examinations
- Prioritize differential diagnoses following clinical encounters
- Recommend and interpret common diagnostic and screening tests
- Enter and discuss orders and prescriptions
- Document clinical encounters in the patient record
- Provide oral presentations of clinical encounters
- Form clinical questions and retrieve evidence to advance patient care
- Give and receive patient handoffs to facilitate transitions of care
- Collaborate as a member of an interprofessional team
- Recognize patients requiring urgent or emergent care and participate in evaluation, stabilization, and ongoing management
- Obtain informed consent for tests and/or procedures
- Perform specialty-specific Physician level procedures
- Identify systems failures and contribute to a culture of safety and improvement
CLERKSHIP GOALS & LEARNING OBJECTIVES

Goals and Objectives

Students will achieve the following Goals by meeting their associated Objectives:

Goal 1: Evaluate and manage patients in the Emergency Department

Objectives:

- Independently obtain and record patient histories in a logical, organized, and thorough manner, taking into consideration the developmental stage of the patient [PC]
- Refine physical examination skills by independently performing and recording physical examinations in a logical, organized, and thorough manner including advanced physical examination maneuvers [PC]
- Understand and be able to communicate the reasons for specific patient presentations to the Emergency Department and demonstrate medical decision-making skills regarding admission criteria for common illnesses [PC, ICS, MK]
- Recognize patients requiring emergent attention by an Attending Physician or Surgeon [PC, ICS]
- Recognize and stabilize patients with life-threatening conditions [PC]
- Initiate patient orders, understand the rationale for each order, and be able to interpret each test ordered, including fluid management, complete blood cell count, coagulation studies, serum chemistries, urine chemistries, electrocardiograms, telemetry, and common imaging studies [PC, MK]
- Formulate comprehensive problem lists and differential diagnoses based on history, physical examination, and diagnostic data obtained [MK]
- Develop skills needed for management and stabilization of life-threatening emergencies using evidenced-based practices such as ACLS, PALS, and ATLS [PC, MK, PBL, SBP]
- Demonstrate knowledge of the management of undifferentiated patients throughout their entire Emergency Department course from arrival to final disposition [PC, MK, SBP]
- Generate thoughtful assessments and initiate evaluation and management plans, including Osteopathic diagnostic/treatment considerations when appropriate, and describe these strategies to the health care team [PC, OP]
- List drugs of choice and the rationale for their use in common illnesses [PC, MK]
- Identify contraindications to and the risks and benefits of therapeutic drugs used in the Emergency Department with regard to life-saving measures [PC, MK]
- Modify primary diagnoses and management plans based on real-time diagnostic information as it becomes available during patient encounters [PC, MK]
- Reassess patients throughout their course in the Emergency Department and notify the health care team as to changes in patient status and/or care plans [PC, ICS, PBL]
- Demonstrate a patient-centered approach to care [PC, ICS, PROF]
Recognize variations in common laboratory findings and vital signs (e.g., heart rate, blood pressure, respiratory rate, temperature, and oxygen saturation) [MK]

Summarize interval patient information and rationale for ongoing management [PC]

Anticipate and identify Emergency Department patient discharge needs and include these in discharge planning activities [PC, ICS]

Manage time effectively in completing patient care tasks [PC]

Follow appropriate infection control measures while caring for patients [PC]

Identify relevant clinical information that contributes to quality patient care and patient safety [PC, ICS]

Goal 2: Work effectively, and with increased independence, as part of an interprofessional team caring for patients in preparation for residency training

Objectives:

- Present patient histories, physical examinations, laboratory data, assessments, and plans in a concise, organized manner [PC]
- Present a concise and well-organized follow-up presentation for each patient during Emergency Department encounters paying particular attention to changes in patient condition and diagnostic and therapeutic plans [PC]
- Weigh risks, benefits, evidence, and costs when recommending diagnostic and therapeutic plans [SBP]
- Establish excellent rapport with patients as their primary caregiver (without misrepresentation of Student status), including addressing the emotional and social needs of the patient and appropriate family members [ICS]
- Effectively communicate with other members of the health care team including Nurses, EMTs and Paramedics, Social Workers, Consultants (i.e., Trauma, Cardiology, Neurology, OB/GYN, Radiology, etc.), Pharmacists, Imaging Technicians, and Ancillary Staff while consistently demonstrating respect, reliability, helpfulness and initiative modeling the highest degree of professional behavior [ICS, SBP]
- Coordinate activities regarding patient disposition insuring that the patient and/or caregiver clearly understands the plan, how to take all discharge medications and their risks, any new safety concerns, follow up arrangements, and any other needs specific to the patient thereby ensuring the patient and family understand the need to return to the Emergency Department if any new concerns arise [PC, SBP]

Goal 3: Initiate a management plan for important medical problems and be able to evaluate and initiate management for important medical emergencies

Objectives:

- Describe the epidemiology, pathophysiology, and clinical findings of common conditions that require hospitalization [MK]
- Respond to patient emergencies and initiate evaluation and treatment for patient stabilization and be able to describe the epidemiology, pathophysiology, and clinical findings of these common conditions [PC, MK]
• Describe the impact of chronic illness and acute exacerbations of chronic disease with regard to patient clinical findings and management [MK, PC]
• Appropriately treat pain and describe the principles of pain assessment and management [PC, MK]
• Apply an evidenced-based approach to problems and questions that arise in the clinical setting [PBL]
• Recognize when consultation from another service is required and initiate it in a timely and respectful fashion [SBP, ICS]
• Recognize potential sources of medical errors and be able to differentiate between individual versus system problems that can lead to adverse outcomes [SBP]

Goal 4: Increase and refine procedural skills
Objectives:
• Proficiently perform necessary procedures under appropriate supervision when clinically mandated [PC, MK]
• Become proficient in basic procedures such as IV insertion, lumbar puncture, arterial puncture, urinary catheterization, etc. as clinical opportunities arise [PC]
• Participate in patient simulations to introduce airway management, intubation, emergent patient stabilization, central line placement and other high-level procedural skills [PC]
• Demonstrate integration of Osteopathic palpatory diagnosis with cervical/spinal clearance algorithms such as the NEXUS Criteria and/or Canadian C-Spine Rules [PC, OP]
• Describe the indications, contraindications, and risks and benefits of the following emergent procedures [PC, MK]:
  ▪ Airway management and intubation
  ▪ Various techniques that can be used to stabilize an airway
  ▪ Emergency vascular access and central line placement
  ▪ Chest tube insertion
  ▪ Interosseous line placement
  ▪ Wound repair and management
  ▪ Management of acute musculoskeletal injuries
• Log all procedures during the Clerkship [PC, MK, PBL, OP]

Goal 5: Demonstrate interpersonal and written communication skills that result in effective information exchange and collaboration with patients, their families, and all members of the health care team
Objectives:
• Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds [ICS]
• Describe the elements of informed consent [ICS, MK]
• Demonstrate relationship building skills in each clinical encounter and interprofessional exchange [ICS]
• Elicit and recognize the perspectives and needs of families and provide care for patients within individual and group social and cultural contexts [ICS, PBL]
• Include the patient and family in the decision-making process to the extent they desire [ICS]
• Recognize when interpreter services are needed and demonstrate how to use these services effectively [ICS]
• Provide education and instructions to patients and families, using written or visual methods, considering disparate health literacy levels [ICS]

Goal 6: Continue to develop and refine life-long learning skills and professional behavior

Objectives:
• Recognize limits and deficits in knowledge, skills, and attitudes and initiate a plan to obtain help from faculty, colleagues, and other informational resources [PROF]
• Read daily about issues that affect patient care [PBL]
• Always place the needs of the patient first and act as a patient advocate [PROF]
• Demonstrate personal accountability to patients, colleagues, and staff, in order to provide the best patient care [PROF, PC]
• Demonstrate integrity, compassion, respect, altruism, and empathy when interacting with all members of the health care team and patients and their families [PROF]
• Demonstrate culturally effective care by understanding the important role of culture in the care of each patient, recognizing how one’s own beliefs affect patient care, and eliciting the cultural factors that may influence the care of the patient [PROF, PBL, PC]
• Maintain appropriate professional boundaries with patients, families, and staff [PROF]
• Identify strengths, deficiencies, and limits in one’s knowledge and clinical skills through self-evaluation [PROF, PBL]
REQUIRED DIDACTICS and ASSIGNMENTS

A resource document of site-specific required/scheduled didactics, required meetings, and assignments will be provided to you at orientation. Emergency Medicine Core Clerkship required reading for all sites is the online textbook developed by the Clerkship Directors of Emergency Medicine composed of 11 core modules presented in the manner of Approach to Presenting Complaint as follows:

- Abdominal Pain
- Altered Mental Status
- Cardiac Arrest
- Chest Pain
- GI Bleed
- Headache
- Poisonings
- Shortness of Breath
- Sepsis
- Shock
- Trauma

The required online modules are available at https://www.saem.org/cdem/education/online-education/m4-curriculum.

Pediatric emergency medicine specific modules are available as well and can be accessed via https://www.saem.org/cdem/education/online-education/peds-em-curriculum.

The original CDEM curriculum was developed to target MS4s. It was meant to capture the most common conditions a MS4 would encounter while rotating in the Emergency Department. This material is considered core content representing knowledge expected of MS4s preparing for the NBOME COMAT EM Content Exam.
# Approach To

- Abdominal Pain
- Altered Mental Status
- Cardiac Arrest
- Chest Pain
- GI Bleed
- Headache
- Poisonings
- Shortness of Breath
- Shock
- Trauma
- Sepsis

# Cardiovascular

- Abdominal Aortic Aneurysm
- Acute Coronary Syndromes
- Thoracic Aortic Dissection
- Congestive Heart Failure
- Pulmonary Embolus

# Endocrine & Electrolytes

- Hyperglycemia
- Hyperkalemia
- Hypoglycemia
- Thyroid Storm

# Environmental

- Hyperthermia
- Hypothermia
- Envenomation
- Snake Bites + Scorpions
- Burns & Smoke Inhalation
- Drowning

# Gastrointestinal

- Appendicitis
- Biliary Disease
- Small Bowel Obstruction
- Mesenteric Ischemia
- Perforated Viscus

# Genitourinary

- Ectopic Pregnancy
- PID + TOA
- Ovarian Torsion
- Testicular Torsion

# Neurology

- Intracranial Hemorrhage
- Ischemic Stroke
- Meningitis & Encephalitis
- Seizures & Status Epilepticus

# Psychiatry

- Suicidal
- Agitation

# Respiratory

- Asthma
- COPD
- Pneumonia
- Pneumothorax

# Trauma

- Chest Trauma
- Neck Trauma
- Abdominal Trauma
- Closed Head Injury

---

**References**

REQUIRED PATIENT ENCOUNTERS

General Encounters

Students are required to experience the interview, management, and disposition of patients presenting with the following complaints during the 4-weeks rotation:

- Abdominal Pain
- Altered Mental Status
- Back Pain
- Chest Pain
- Dyspnea
- Trauma / Blunt
- Wound Care / Suturing

Osteopathic Principles and Structural Diagnosis Encounters

During the 4-weeks clerkship, the Student is expected to manage at least three patients requiring cervical spine examination and clearance. These examinations must be supervised by Clerkship Faculty and include integration of Osteopathic palpatory diagnosis with incorporation of cervical/spinal clearance algorithms to include NEXUS Criteria and Canadian C-Spine Rules. Each of the three exams must be documented as a procedure completed during the rotation and constitutes a fundamental requirement for completion of the rotation.

REQUIRED ARTICLES FOR EMERGENCY MEDICINE CLERKSHIP OSTEOPATHIC LEARNING ACTIVITY ARE LISTED BELOW AND AVAILABLE AS SEPARATE PDF SUPPLEMENTS

- **THE CANADIAN C-SPINE RULE VERSUS THE NEXUS LOW-RISK CRITERIA IN PATIENTS WITH TRAUMA** (N ENGL J MED 2003; 349:2510-8)

- **VALIDITY OF A SET OF CLINICAL CRITERIA TO RULE OUT INJURY TO THE CERVICAL SPINE IN PATIENTS WITH BLUNT TRAUMA** (N ENGL J MED 2000; 343:94-9)

- **OVERCOMING BARRIERS TO THE USE OF OSTEOPATHIC MANIPULATION TECHNIQUES IN THE EMERGENCY DEPARTMENT (WESTJEM. 2009; 10:184-189)**
CHOOSING WISELY OBJECTIVES

During the 4-weeks rotation Students should familiarize themselves with the general principles fundamental to the Choosing Wisely campaign. The campaign, initiated in 2012, is designed to spur dialogue between patients and their Physicians and Surgeons with regards to the utility of standard testing in the setting of individual patient presentations with respect to anticipated results yields in terms of improving diagnoses thereby altering management that provides higher quality care. Students should develop skills that facilitate professional discussions with patients relative to diagnostic testing necessity that incorporate the tenets of Choosing Wisely.

Choosing Wisely Overview

- Choosing Wisely is an initiative of the ABIM Foundation that seeks to advance a national dialogue on avoiding unnecessary medical tests, treatments and procedures
  ▪ http://www.choosingwisely.org/our-mission/

Choosing Wisely Turns Five

- For information on the accomplishments of the first five years of the campaign, check out Choosing Wisely: A Special Report On The First Five Years

Emergency Medicine Participation in Choosing Wisely

- American College of Emergency Physicians
  ▪ http://www.choosingwisely.org/societies/american-college-of-emergency-physicians/
EVALUATION and GRADING

Evaluation is an important part of any educational experience. The most important part of the evaluation process is the feedback the Student receives during the learning process. The final honors/pass/fail grade you will receive will be based on your performance in five basic areas:

<table>
<thead>
<tr>
<th>Component</th>
<th>Minimum Required Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerkship Evaluation</td>
<td>Upon completion of this Clerkship Students should perform at the “expected” level for each competency rated on the Clinical Clerkship Evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of “below expected” for any competency may result in failure of the Clerkship.</td>
</tr>
<tr>
<td>Osteopathic Diagnostic Activity Requirement</td>
<td>Demonstrated integration of Osteopathic palpatory diagnosis and structural exam findings with cervical/spinal clearance algorithms. Minimum of 3 unique patients as documented in OMM Procedure Log</td>
</tr>
<tr>
<td>IPE Learning Activity</td>
<td>Satisfactory completion of debriefing reflection paper</td>
</tr>
<tr>
<td>Emergency Medicine COMAT</td>
<td>Completion of the COMAT exam resulting in a score ≥ 70 is required for satisfactory completion of the rotation.</td>
</tr>
<tr>
<td>NBOME COMAT EM Content Exam</td>
<td><strong>COMAT exams will be scheduled the last Friday of each rotation block</strong></td>
</tr>
<tr>
<td></td>
<td>COMAT exam schedules will accompany overall rotation schedules and will be included in orientation documents delivered prior to the start of the rotation.</td>
</tr>
<tr>
<td>Attendance / Participation</td>
<td>Satisfactory attendance and participation as certified by Site Director</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Students may work a maximum of 144 clinical hours during the rotation</td>
</tr>
<tr>
<td></td>
<td>Shift length varies by location with some locations scheduling 8-hours shifts, some scheduling 9-hours shifts, and others scheduling 12-hours shifts:</td>
</tr>
<tr>
<td></td>
<td>144 hours / 8 hours/shift = 18 shifts</td>
</tr>
<tr>
<td></td>
<td>144 hours / 9 hours/shift = 16 shifts</td>
</tr>
<tr>
<td></td>
<td>144 hours / 12 hours/shift = 12 shifts</td>
</tr>
<tr>
<td></td>
<td>On time arrival to and attendance for the duration of all scheduled shifts, conferences, and workshops is required for satisfactory completion of this Clerkship component</td>
</tr>
</tbody>
</table>

Students may be eligible for “Honors”, designated by the Clerkship Director, if they meet all expected requirements to pass the clerkship and:

- **Score 91 or above on the COMAT exam for that clerkship. The score will be set and approved on an annual basis by the clerkship director, the assistant dean for clinical education, and the senior associate dean for academic affairs.**

- **Achieve an “Exceeds Expectation” on at least one of their clinical evaluation competency areas.**

- **Do not have a “Below Expectation” on any clinical evaluation competency area.**

- **Do not violate any Clinical Education policy or procedure while on the rotation, e.g. attendance policy.**

The final designation for Honors is at the discretion of the Clerkship Director for Core clerkships and does not apply to elective rotations.

A mid-rotation feedback interview should be scheduled with your Emergency Medicine Clerkship Site Director. Ideally, this is a formative evaluation and is intended to provide you with a "progress report" of your clinical performance to date. Students are advised to contact their Site Director at the start of their rotation to schedule their mid-rotation feedback meeting.
Any Student receiving a "failing" grade will be required to come before the Student Performance Committee and may be asked to remediate the Clerkship as described in “Uniform Policies and Procedures for Clinical Clerkships”.

Written comments are considered vital to the final evaluation and should be included as part of the clinical evaluation provided by Clerkship Site Faculty and Site Directors. The Clerkship Director, in consultation with Clerkship Site Faculty and Site Directors, will determine the final course grade.

At the end of the rotation, your Site Director should go over your clinical performance. A standardized form developed by Clinical Education will be utilized to document your clinical performance.

**ROTATION SITES**

Students may satisfy the clinical education component of the Core Emergency Medicine rotation through participation at any full-service Emergency Department with which a current affiliation agreement is in place at the time the Student rotates at that facility. Students must contact the Clerkship Coordinator to assure an affiliation agreement is in place prior to approval of each Student’s site request in order to satisfy Core Emergency Medicine rotation clinical experience expectations. Students may request to complete their Core Emergency Medicine requirement at any full-service Emergency Department of any accredited hospital with which an affiliation exists. Urgent care clinics, ambulatory clinics, and observation only experiences do not meet the requirement for core rotations. Some Emergency Medicine rotations are scheduled with 12-hours shifts or 9-hours shifts rather than traditional 8-hours shifts. Students are expected to work a minimum of 120 clinical hours and a maximum of 144 clinical hours to receive credit for the rotation.

**JPS Health Network – Fort Worth, TX**
Apply via VSAS: [https://students-residents.aamc.org/attending-medical-school/article/visiting-student-learning-opportunities/](https://students-residents.aamc.org/attending-medical-school/article/visiting-student-learning-opportunities/)

**Christus Spohn Hospitals – Corpus Christi, TX**

**THR Harris Methodist Hospital Downtown – Fort Worth, TX**
Apply through Roshonda Helm at [RoshondaHelm@texashealth.org](mailto:RoshondaHelm@texashealth.org)
GENERAL RESPONSIBILITIES

Specific orientation for your assigned Emergency Department will be provided by your individual Site Director. Please refer to your schedules for specific details.

- **Take ownership of your patients**
  - You should remain aware of your patient’s status at all times
  - You must ensure that your patient’s needs (labs, x-rays, IV’s, fluids, etc.) are met
  - You are an integral part of your patient’s health care delivery team
- **Present your history and physical and management plan to either a Senior Resident or Attending**
  - If the Resident or Attending alters the management plan, understand the rationale for the revised plan
  - Remember not to overlook vital signs, mental status, and the overall appearance and health of your patient
- **Always follow universal precautions**
- **While the Emergency Department is often a difficult environment in which to maintain confidentiality, every effort should be made to maintain confidentiality at all times**
  - If an environment exists that makes either you or the patient uncomfortable sharing information, please solicit help from senior staff in rectifying the problem
  - Obtain consent from patients before discussing any medical information in front of others (including visitors in the patient’s room)
- **Arrive early for the beginning of all shifts and conferences**
  - This is part of your professionalism responsibility
  - Sign-out begins promptly at the beginning of each shift
  - Be sure to sign in for all conferences and review sessions
- **At the beginning of each shift, please introduce yourself to your Attending and Senior Resident and discuss their personal approaches regarding seeing patients**
  - Some Attendings and Residents may give you more responsibility, whereas others may prefer to provide you with more supervision and oversight
- **After you complete your history and physical exam, promptly present your patient and management plan to either the Attending or Senior Resident**
  - This is an ideal time for questions and feedback regarding your management skills
- **If a patient you are managing deteriorates or appears to be in distress, notify a Senior Resident or Attending immediately**
  - Even if you are unsure, please notify someone immediately
- **When leaving at the end of a shift, make certain that all your patients are signed out to the next team and make sure the Senior Resident or Attending is aware of each patient’s status**
  - *Never leave the department without signing out a patient to the oncoming team*
- **Professional work attire is required at all times**
  - Clean scrubs and lab coats are acceptable and preferred
GENERAL GUIDELINES

Attendance Policy

The Department of Emergency Medicine expects 100% attendance at all scheduled Emergency Department shifts, teaching rounds, educational meetings, and assigned functions. Students are required to strictly adhere to the attendance policies described in the “Uniform Policies and Procedures for Clinical Clerkships” document. Failure to do so may result in disciplinary action.

Absences in 4th Year

The focus of the clinical experience in years 3 and 4 is patient care. 100% attendance is, therefore, required to be certain that continuity of care is maintained. It is understood; however, that certain situations may arise that will result in absence from required daily participation.

In such instances, the following apply:

- **Students may not miss the first day of any clinical rotation.**
- The Request for Absence from Clerkship form is available on the Office of Clinical Education website or on canvas.
- All absences shall require submission of the Request for Absence from Clerkship form a minimum of 10 business days before the start of the rotation for planned absences and within three days of student’s return from absence in the case of an individual or family emergency.
- If absence is due to medical issues, a physician’s note is required, the dates must match those missed and may not be signed by a member of the student’s family.
- All absences are subject to approval by the office of Clinical Education. Even if the absence is approved, the Office of Clinical Education/preceptor/site may require an additional assignment or for time to be made up from any student who misses time on their service. Make up days should be completed within the regularly scheduled rotation.
- Absence of 5 days or more during any 4 week rotation will result in a grade of INCOMPLETE and repeat of the entire rotation will be required.
- Unapproved absence or absence in excess of the above policy may require remediation or result in a failing grade at the discretion of the Office of Clinical Education.
- Students are required to notify their site/preceptor and the Office of Clinical Education of any absences (including pre-approved and emergent).
• Failure to notify the Office of Clinical Education & rotation supervisor/preceptor of any absence will be considered neglect of duty and may result in a failing grade for the clerkship.

• Students may be granted approval for absence by the Assistant Dean for Osteopathic Clinical Education for participation in select Health Science Center activities. Such approval must be obtained in advance with written notification to the Office of Clinical Education and the site/preceptor.

Absences due to COMLEX PE

COMLEX PE is a required exam. If a student will miss clinic/rotation days for the COMLEX PE, the following applies:

• Students are allowed up to three days for the COMLEX PE exam- 1 day for travel to the exam, the test day, and an additional day for return travel.

• Students may not miss the first day of any clinical rotation.

• Registration & scheduling information for the COMLEX PE must be submitted to the Office of Clinical Education with a Request for Absence from Clerkship form within 48 hours of selecting COMLEX PE exam date.

• Failure to notify the Office of Clinical Education of COMLEX PE date within 48 hours of scheduling exam will result in COMLEX PE dates counting as absences from the rotation.

• Students are required to notify their site/preceptor of any absences due to COMLEX PE.

• Failure to notify the Office of Clinical Education & rotation supervisor/preceptor of any absence will be considered neglect of duty and may result in a failing grade for the clerkship.

• The COMLEX PE is a required exam and does not count towards overall rotation absences.

Absences due to Residency Interviews

Residency interviews are a necessary step in the residency process. Students are advised to avoid rotations in which multiple absences adversely affect the functions of the clinical team, particularly in patient care and curriculum delivery settings. If a student will miss clinic/rotation days for a residency interview, the following applies:

• Students are required to notify the Office of Clinical Education within 24 hours of accepting a residency interview.

• Students may not miss the first day of any clinical rotation
• Students should submit a Request for Absence from Clerkship form to the office of Clinical Education with evidence of interview invitation, agenda for interview, and dates required to be out of clinic.

• Students will be excused for the day of the interview and for travel time when the interview requires an overnight stay away from home.

• Students may be excused a maximum of 6 days from a rotation for interviews.

• Absences of more than 6 days during any 4-week rotation due to residency interviews will result in a grade of INCOMPLETE and repeat of the entire rotation may be required.

• Failure to notify the Office of Clinical Education and rotation supervisor/preceptor of any absence due to residency interviews will be considered neglect of duty and may result in a failing grade for the clerkship.

Student Health Services

Students may access health services at the sites listed below. All students are responsible for carrying health insurance and should check with their insurance company before accessing services.

Students in the DFW area may access health services at the following location:

UNTHSC Student Health Clinic
855 Montgomery Street
3rd Floor North
Fort Worth, TX 76107
817-735-5051
studenthealth@unthsc.edu

Students in the Conroe area may access health services at the following location:

Lone Star Family Health Center-Spring
440 Rayford Road
Spring, TX 77386
936-539-4004
Students in the Longview area may access health services at the following location:

CHRISTUS Trinity Clinical Internal Medicine
703 E. Marshall Avenue
Suite 1001
Medical Plaza II
Longview, TX 75601
903-753-7291

Students in the Corpus Christi area may access health services at the following locations:

Promptu Immediate Care
5638 Saratoga Boulevard
Corpus Christi, TX 78414
361-444-5280

Promptu Immediate Care
4938 S Staples
Suite E-8
Corpus Christi, TX 78411
361-452-9620

Exposure to Blood Borne Pathogens

Universal Precautions: The term “universal precautions” refers to infection control which presumes that every direct contact with body fluids is potentially infectious. All students are required to familiarize themselves with Occupational Safety and Health Administration (OSHA) regulations for health care professionals considered at risk for exposure to blood borne diseases: https://www.osha.gov/SLTC/bloodbornepathogens/index.html

Blood borne pathogens refer to pathogenic microorganisms present in human blood that cause disease in humans (e.g., HBV, HIV, etc.). An exposure incident is “a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or potentially infectious materials”. Contact can occur via a splash, needle stick, puncture/cut wound from a sharp instrument, or human bite. Other potentially infectious body fluids include semen, vaginal secretions, pleural, pericardial, synovial, peritoneal, cerebrospinal, amniotic, saliva, and any other body fluid visibly contaminated with blood.
**Policy/Procedure**

All TCOM Medical Students exposed to blood borne pathogens, either by direct contact with blood or other body fluids, via the eyes, mucous membranes, human bites, or sharps (e.g., needle stick, lancet stick, scalpel cut, etc.) while on rotation should be treated as an EMERGENCY SITUATION.

**Post Exposure Protocol**

- Immediately wash exposed areas with soap and water
- If splashed in eyes or mouth, flush with large amounts of water
- It is critical that you are treated within the first two hours after exposure
- Notify supervisor and follow rotation site exposure protocols (see below for addresses)
- If facility is not equipped to handle exposure, contact Harris Occupational Health Clinic (HOH) or appropriate remote site location listed below.
- If HOH or remote listed site is not available, or you are more than 30 minutes from campus, go to the nearest Emergency Department and use your student health insurance
- You are required to notify Student Health of any care received at another facility

**Dallas Fort Worth Area** Students with exposures to blood borne pathogens occurring Monday through Friday from 8am to 5pm should immediately report to:

Harris Occupational Health  
1651 W. Rosedale, Suite 105  
Fort Worth, TX 76104  
T: 817-250-4840 F: 817-878-5250

For exposures occurring after hours and in situations when arrival to the above DFW area site is anticipated to be after hours, Students should report to the nearest Emergency Department and use your student health insurance

**Conroe** remote site Students with exposures to blood borne pathogens occurring Monday through Friday from 8am to 5pm should immediately report to the Nurse Manager at:

Lone Star Family Health Center  
605 S. Conroe Medical Drive  
Conroe, TX 77304  
936-539-4004

For exposures occurring after hours and in situations when arrival to the above Conroe area site is anticipated to be after hours, Students should report to:
Emergency Department
Conroe Regional Medical Center
504 Medical Center Drive
Conroe, TX 77304
936-539-1111

Longview remote site Students with exposures to blood borne pathogens occurring Monday through Friday from 8am to 5pm should immediately report to:

CHRISTUS Good Shepherd Medical Center Employee Health
1621 N 4th Street, Suite 1
Longview, TX 75601
903-315-5154

For exposures occurring after hours and in situations when arrival to the above Longview area site is anticipated to be after hours, Students should report to:

Emergency Department
CHRISTUS Good Shepherd Medical Center
700 E Marshall Avenue
Longview, TX 75601
903-315-2000

Corpus remote site Students with exposures to blood borne pathogens should immediately report to:

Christus Spohn Location
OCC Health Nurse at Christus Spohn
also immediately report to your Attending and Dr. Hinojosa

Bay Area Location
report incident to Unit Charge Nurse and Medical Education Office
proceed directly to Emergency Department for treatment
**Patient Care Supervision**

Cross Listed as [TCOM Procedure 5.4 Patient Care Supervision](#)

TCOM Students and Residents engaged in patient care at UNTHSC operated facilities or as participants in UNTHSC affiliated training programs shall do so under the supervision of a licensed health care provider who has been credentialed to provide that scope of care. Visiting Students and Residents working in UNTHSC facilities or with UNTHSC employed Faculty shall be similarly supervised.

- TCOM Students and Residents engaged in patient care activities shall at all times be supervised by a duly licensed member of the Clinical Faculty who retains privileges for the scope of care being provided. Faculty or a similarly credentialed designee (Resident or Fellow with approved privileges) must be immediately available in the facility where the activity is taking place. Students who have demonstrated competence to the Faculty may perform patient histories and physical examinations without immediate supervision if directed to do so by Faculty.
- TCOM Students and Residents may perform such additional tasks as may be directed by supervising Faculty upon demonstration of competence to perform those tasks. In most instances, the provision of patient care shall require the immediate presence of a duly credentialed supervising provider who has ascertained the Student’s level of proficiency.
- TCOM shall assure distribution of this procedure to Students, Residents, and Faculty as part of the orientation plan for clinical training.
- Students and Residents who fail to follow procedures for clinical supervision may be removed from patient care activities at the discretion of the Dean or her/his designee pending disciplinary review.
- Faculty who fail to observe supervision procedures may be removed from participation in TCOM training programs and may be further subject to disciplinary action.

**Medical Student Use of Chaperones**

While on rotations, it is important for you to make your position clear to patients by introducing yourself as a “Medical Student”. Each Student should review with their Site Preceptor all chaperone policies to ensure the Student complies with UNTHSC and local policies on each rotation. Without question, any portion of a history and physical or procedure that involves breast, genital, pelvic, or rectal examination or interrogation should only be performed on the patient in the company of a chaperone.
**Professionalism and Ethics**

We expect you to give the appearance and demonstrate the behavior of an advanced Medical Student about to become a Physician. You should adhere to the medical ethics of strict confidentiality at all times. Appropriate identification presenting you as a Student Physician should be worn at all times when providing clinical services. The Student Physician should appear well groomed, neatly dressed, and display an impeccable professional image. Dress requirements include a cleaned and pressed clinic jacket. We reserve the right to suggest that dress may not be suitable, or we may suggest appropriate attire. Your response will be judged as part of your interpersonal skills regarding self-management.

We expect you to maintain the highest standard of professionalism and ethical behavior at all times. This includes your relationship with clinic Staff and fellow Students.

**Difficult Patients**

If you are having trouble with a patient, please notify your Attending. He/she will advise you and provide further consultation with respect to reaching the appropriate resolution of the situation at hand.

**Availability**

You must be readily available at all times while on duty or assigned to the Emergency Department. If for any reason you must leave the Emergency Department, you must notify the Attending, Senior Resident, and Charge Nurse.

**Equipment**

Carry your stethoscope and trauma shears with you while on duty in the Emergency Department.

**Courtesy Visits**

Under no circumstances are you to see a patient unless they have registered for services at the Emergency Department. Do not see your classmates or fellow Students informally. They must formally register with the front desk. Under no circumstances are you to discount any charges.
APPLICABLE POLICIES

The Clinical Clerkship is operated in accordance with the policies and procedures of the academic programs of the Texas College of Osteopathic Medicine as presented in the Clerkship Manual, Student Handbook, and/or College Catalog.

**Academic Integrity / Honor Code**

Enrollment is considered implicit acceptance of the rules, regulations, and guidelines governing Student behavior at UNTHSC. It is the responsibility of the Student to be familiar with all policies governing academic conduct which can be found in the UNTHSC Student Catalog, Student Policy Handbook, and the Student Code of Conduct and Discipline which are located on the UNTHSC website: [http://www.hsc.unt.edu/Sites/DivisionofStudentAffairs/](http://www.hsc.unt.edu/Sites/DivisionofStudentAffairs/)

**Academic Assistance**

Students may receive one-on-one academic assistance from Faculty through scheduled in-person appointments, telephone calls, or e-mail communication. Academic assistance is also available through the UNTHSC Center for Academic Performance (CAP): [http://www.hsc.unt.edu/CAP](http://www.hsc.unt.edu/CAP)

**Attendance and Drop Procedure**

Site Directors and Academic Administration expect Students to attend class. It is the responsibility of the Student to consult with the Site Director **prior** to an absence, if possible. Withdrawal from a course is a formal procedure that must be initiated by the Student. Students who stop attending class and do not withdraw will receive a failing grade. Students should consult with Site Directors and the Clerkship Director’s Office prior to withdrawing from a rotation. In some cases, a perceived problem may be resolved, allowing the Student to continue in the course. It is the Student’s responsibility to be familiar with the policies and procedures as stated in the Student Handbook and the UNTHSC Catalog located on the UNTHSC website: [http://www.hsc.unt.edu/departments/studentaffairs/](http://www.hsc.unt.edu/departments/studentaffairs/)

**Americans with Disabilities Act**

The University of North Texas Health Science Center does not discriminate on the basis of an individual’s disability and complies with Section 504 and Public Law 101-336 (Americans with Disabilities Act) in its admissions, accessibility, treatment and employment of individuals in its programs and activities. UNTHSC provides academic adjustments and auxiliary aids to individuals with disabilities, as defined under the law, who are otherwise qualified to meet the institution's academic and employment requirements. For assistance contact the Assistant Director, Disability Accommodations within the Center for Academic Performance at UNTHSC. Reference Policy 7.105 Americans with Disabilities Act Protocol in the Student Policies.
**Social Media Policy Statement**

Social media has created unique opportunities for interaction, communication, and networking. Students are expected to abide by the Student Code of Conduct and Discipline and the Health Insurance Portability and Accountability Act (HIPAA) when using social media by not revealing patient/client/research subject information, private content, or proprietary information regarding patients/clients/research subjects of the institution.

The purpose of this policy is to provide Students with guidelines and regulations for appropriate social media use in order to uphold confidentiality and privacy laws and agreements. The policy may be accessed via: [https://app.unthsc.edu/policies/Home/GetFile?policyNumber=07.115](https://app.unthsc.edu/policies/Home/GetFile?policyNumber=07.115)

**Course and Instructor Evaluation**

It is a requirement of all Students that they are responsible for evaluating each of their courses and instructors as defined in UNTHSC Policy 7.120 Student Evaluation of Courses and Instruction. Please adhere to all guidelines established in the policy.

**Course Assessment**

In some instances, courses will have a course assessment that will provide immediate feedback to the Course Director regarding course content and delivery identifying potential problems and determining if Student learning objectives are being achieved. Provide all pertinent information regarding the specifics of the groups in the syllabus as defined in UNTHSC Policy 7.120 Student Evaluation of Courses and Instruction.

**Syllabus Revision**

The syllabus is a guide for this class but is subject to change. Students will be informed of any change regarding content or exam/assignment dates.
Turnitin and the Family Education Rights and Privacy Act (FERPA) – if applicable

**NOTE:** UNTHSC has contracted with Turnitin.com for plagiarism detection services. Use of Turnitin.com is entirely at the discretion of the instructor but use of such a service requires that you provide notice (via syllabus) to your Students that you are using such services. In addition, instructors who use Turnitin should be sure to remove Student identifiable information from the work before sending to Turnitin or receive written permission from the Student. There are two methods for using Turnitin for written assignments. Please refer to the wording guidelines and consent form located on the Faculty Affairs website: https://www.unthsc.edu/academic-affairs/faculty-affairs/https/turnitincom/

Zero Tolerance for Sexual Violence and Harassment

All Students should be able to study in an atmosphere free of harassment, sexual violence, and gender discrimination. Title IX makes it clear that violence and harassment based on sex and gender is a Civil Rights offense subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories such as race, national origin, etc. If you or someone you know has been harassed or assaulted, you can find the appropriate resources on the UNTHSC website: http://web.unthsc.edu/info/200304/student_affairs/355/title_IX_reporting

The Texas College of Osteopathic Medicine shall not discriminate on the basis of race, ethnicity, color, sex, sexual orientation, gender, gender identity, religion, national origin, age or disabilities.

We reserve the right to make clinical assignments based on needs and availability.
## APPENDIX A

### Emergency Medicine Rotation Osteopathic Principles and Structural Diagnosis Encounters Log

**Student Name:**     **Period:**    **Location:**

During the course of the 4-weeks Clerkship, the student is expected to examine at least three patients requiring cervical spine examination and clearance. These examinations must be supervised by Clerkship Faculty and include integration of Osteopathic palpatory diagnosis with cervical/spinal clearance algorithms such as NEXUS Criteria and/or Canadian C-Spine Rules. Each of the three exams must be documented as a procedure completed during the rotation and constitutes a requirement for completion of the rotation.

**Patient #1**

<table>
<thead>
<tr>
<th>Date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor Specialization:</td>
<td></td>
</tr>
<tr>
<td>Patient Care Environment:</td>
<td></td>
</tr>
<tr>
<td>Age:</td>
<td></td>
</tr>
<tr>
<td>Gender:</td>
<td></td>
</tr>
<tr>
<td>Diagnosis:</td>
<td></td>
</tr>
<tr>
<td>Treatment Method:</td>
<td></td>
</tr>
<tr>
<td>Procedures:</td>
<td></td>
</tr>
</tbody>
</table>

**Student Note:**

*type or print legibly when completing this form*
### Patient #2

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor Specialization:</td>
</tr>
<tr>
<td>Patient Care Environment:</td>
</tr>
<tr>
<td>Age:</td>
</tr>
<tr>
<td>Gender:</td>
</tr>
<tr>
<td>Diagnosis:</td>
</tr>
<tr>
<td>Treatment Method:</td>
</tr>
<tr>
<td>Procedures:</td>
</tr>
<tr>
<td>Student Note:</td>
</tr>
</tbody>
</table>

*type or print legibly when completing this form*

### Patient #3

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor Specialization:</td>
</tr>
<tr>
<td>Patient Care Environment:</td>
</tr>
<tr>
<td>Age:</td>
</tr>
<tr>
<td>Gender:</td>
</tr>
<tr>
<td>Diagnosis:</td>
</tr>
<tr>
<td>Treatment Method:</td>
</tr>
<tr>
<td>Procedures:</td>
</tr>
<tr>
<td>Student Note:</td>
</tr>
</tbody>
</table>

*type or print legibly when completing this form*
ADDITIONAL RESOURCES

Additional Learning and Reference Resources

Recommended Overviews
- The Model of the Clinical Practice of Emergency Medicine, 2016 EM Model
- Emergency Medicine Procedures, Third Edition by Eric F. Reichman

Easy to Use Reference Texts
- Tintinalli’s Emergency Medicine: Just the Facts, Third Edition by David Cline and O. John Ma
- The Atlas of Emergency Medicine, Fourth Edition by Kevin Knoop and Lawrence Stack
- First Aid for the Emergency Medicine Clerkship, Third Edition by Latha Stead, Matthew Stead, and Matthew Kaufman

Condensed Reference Texts
- Quick Hits in Emergency Medicine by Brandon Allen, Latha Ganti, and Bobby Desai
- Tarascon Emergency Department Quick Reference Guide by D. Brady Pregerson
- Tarascon Adult Emergency Pocketbook by Steven G. Rothrock
- Tarascon Pediatric Emergency Pocketbook by Steven G. Rothrock

Internet Resources
- ACOEP-RSO – https://www.acoep-rso.org/students/ – multiple useful resources for EM bound medical students
- EMRA – https://www.emra.org/students/educational-resources/ – multiple useful resources for EM bound medical students
- AAEM/RSA – http://www.aaemrsa.org/benefits/students – multiple useful resources for EM bound medical students
- ALiEM – https://www.aliem.com – highly credible reference blog
- EmCrit – https://emcrit.org – blog with excellent commentary

Get the Choosing Wisely app!
Download the new *Choosing Wisely* app to your iPhone/iPad or Android device and have over 540 specialty society recommendations and 150 patient-friendly resources at your fingertips.