



THE UNIVERSITY *of* NORTH TEXAS  
HEALTH SCIENCE CENTER *at* FORT WORTH

## 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.*

## REQUIRED EMERGENCY MEDICINE CLERKSHIP SYLLABUS **MEDE 8403 / 8404 2022-2023**

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## PREPARATION

### Students

Students may find the following materials beneficial prior to review of the syllabus:

- Student Course Orientation Podcast



robinson\_core\_em\_  
clerkship\_welcome\_

- Student Course Critical Actions Document

[https://unthsc.instructure.com/files/1302739/download?download\\_frd=1](https://unthsc.instructure.com/files/1302739/download?download_frd=1)

### Preceptors

Preceptors may find the following materials beneficial prior to review of the syllabus:

- Preceptor Course Orientation Podcast
  - *[link]*
- Preceptor Course Critical Actions Document
  - *[link]*

## 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 Osteopathic Medical Students as they apply and transform acquired 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 four-week 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 Required 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 Required 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 Osteopathic 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 Required Clerkship Coordinator prior to the end of the four 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 delivering individual and separate care to the patient. Submitted papers are expected to directly reference all IPEC Core Competencies. An example of a direct Core Competency reference might be ... *the interprofessional team demonstrated IPEC Core Competency 2 (Roles and Responsibilities) as each individual used the knowledge of his/her own role and those of other professions to appropriately assess and address the health care needs of the patient.* Submitted papers are also expected to directly reference select IPEC Subcompetencies. Examples of direct subcompetency references might be ... *this was most notably demonstrated by employment of IPCE Subcompetencies RR1, RR3, RR5, and RR8.* 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 during a similar Emergency Department experience.

This reflective IPE debriefing paper must be submitted to the Emergency Medicine Required Clerkship Coordinator prior to 5pm on the last date of the rotation. Each paper will be evaluated by Department of Emergency Medicine 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.

Orientation to the IPE Core Competencies and Sub-competencies should be reviewed prior to selection of the patient encounter and development of your paper. The link below will provide access to the most current IPE orientation document.

<https://ipec.memberclicks.net/assets/2016-Update.pdf>

The grading rubric for the IPE assignment is shown on the following page.



**TCOM Required EM IPE Paper Grading  
Rubric**

Criteria	Ratings		Points
1. Subject Selection	<p><b>20 Points</b></p> <p><b>Full Marks</b></p> <p>Case selected and presented provides an excellent opportunity to (1) investigate the tenets of IPE and (2) debrief with and assess a</p>	<p><b>0 Points</b></p> <p><b>No Marks</b></p> <p>Case selected and presented provides insufficient opportunity to (1) investigate the tenets of IPE and/or (2) debrief with and assess a</p>	<input type="text"/> / 20 Points
2. Content and References	<p><b>35 Points</b></p> <p><b>Full Marks</b></p> <p>Multiple references to IPE terminology and citation of core IPE principles All identifying information (student name, rotation period, and clinical site) legibly documented</p>	<p><b>0 Points</b></p> <p><b>No Marks</b></p> <p>Insufficient references to IPE terminology and/or citation of core IPE principles Missing some or all identifying information</p>	<input type="text"/> / 35 Points
3. Scholarly Quality	<p><b>30 Points</b></p> <p><b>Full Marks</b></p> <p>Professionally written paper free from errors in grammar, spelling, punctuation, and poor sentence</p>	<p><b>0 Points</b></p> <p><b>No Marks</b></p> <p>Poorly written paper containing significant errors in grammar, spelling, punctuation, and/or</p>	<input type="text"/> / 30 Points
4. Length and Spacing	<p><b>10 Points</b></p> <p><b>Full Marks</b></p> <p>Paper is of appropriate length to communicate a clear understanding of IPE principles as related to the case presented</p>	<p><b>0 Points</b></p> <p><b>No Marks</b></p> <p>Paper is of insufficient length to communicate a clear understanding of IPE principles as related to the case presented</p>	<input type="text"/> / 10 Points
5. Timely Submission	<p><b>5 Points</b></p> <p><b>Full Marks</b></p> <p>Completed paper submitted to Canvas no later than 5 PM Central Time on the last day of rotation</p>	<p><b>0 Points</b></p> <p><b>No Marks</b></p> <p>Completed paper submitted to Canvas after 5 PM Central Time on the last day of rotation</p>	<input type="text"/> / 5 Points
			Total Points: nnn out of 100

## **REQUIRED 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 and 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 [MK]
- Develop skills needed for management and stabilization of life-threatening emergencies using evidence-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 ensuring 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 evidence-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 Canadian C-Spine Rule [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 significant 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 Required Clerkship required reading for all sites is the online textbook developed by the Clerkship Directors of Emergency Medicine composed of 11 (eleven) 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
- Sepsis
- Shock
- Shortness of Breath
- 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 at:

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

The original CDEM curriculum was developed to target MS4s. It is intended to capture the most common conditions the MS4 will 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.

<b>Approach To</b> <a href="#">Abdominal Pain</a> <a href="#">Altered Mental Status</a> <a href="#">Cardiac Arrest</a> <a href="#">Chest Pain</a> <a href="#">GI Bleed</a> <a href="#">Headache</a> <a href="#">Poisonings</a> <a href="#">Sepsis</a> <a href="#">Shock</a> <a href="#">Shortness of Breath</a> <a href="#">Trauma</a>	<b>Cardiovascular</b> <a href="#">Abdominal Aortic Aneurysm</a> <a href="#">Acute Coronary Syndromes</a> <a href="#">Thoracic Aortic Dissection</a> <a href="#">Congestive Heart Failure</a> <a href="#">Pulmonary Embolus</a>	<b>Endocrine &amp; Electrolytes</b> <a href="#">Hyperglycemia</a> <a href="#">Hyperkalemia</a> <a href="#">Hypoglycemia</a> <a href="#">Thyroid Storm</a>
<b>Environmental</b> <a href="#">Hyperthermia</a> <a href="#">Hypothermia</a> <a href="#">Envenomation</a> <a href="#">Snake Bites + Scorpions</a> <a href="#">Burns &amp; Smoke Inhalation</a> <a href="#">Drowning</a>	<b>Gastrointestinal</b> <a href="#">Appendicitis</a> <a href="#">Biliary Disease</a> <a href="#">Small Bowel Obstruction</a> <a href="#">Mesenteric Ischemia</a> <a href="#">Perforated Viscus</a>	<b>Genitourinary</b> <a href="#">Ectopic Pregnancy</a> <a href="#">PID + TOA</a> <a href="#">Ovarian Torsion</a> <a href="#">Testicular Torsion</a>
<b>Neurology</b> <a href="#">Intracranial Hemorrhage</a> <a href="#">Ischemic Stroke</a> <a href="#">Meningitis &amp; Encephalitis</a> <a href="#">Seizures &amp; Status Epilepticus</a>	<b>Psychiatry</b> <a href="#">Suicidal</a> <a href="#">Agitation</a>	<b>Respiratory</b> <a href="#">Asthma</a> <a href="#">COPD</a> <a href="#">Pneumonia</a> <a href="#">Pneumothorax</a>
<b>Trauma</b> <a href="#">Chest Trauma</a> <a href="#">Neck Trauma</a> <a href="#">Abdominal Trauma</a> <a href="#">Closed Head Injury</a>		

**References**

Manthey, et al. "Emergency medicine clerkship curriculum: an update and revision." Acad Emerg Med. 2010 Jun;17(6):638-43. PMID 20624144.



<p><b>Approach To</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Abdominal Pain &amp; Vomiting</a></li> <li>• <a href="#">ALTE</a></li> <li>• <a href="#">Altered Mental Status</a></li> <li>• <a href="#">Fever</a></li> <li>• <a href="#">Trauma</a></li> <li>• <a href="#">Cardiac Arrest + Rhythm Interpretation</a></li> <li>• <a href="#">Crying Child</a></li> <li>• <a href="#">Dermatology</a></li> <li>• <a href="#">Headache</a></li> <li>• <a href="#">Ingestion</a></li> <li>• <a href="#">Limp</a></li> <li>• <a href="#">Shock</a></li> </ul>	<p><b>Neurology</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Seizure</a></li> </ul>	<p><b>ENT</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Pediatric Ear Infections</a></li> <li>• <a href="#">Upper Respiratory Infection</a></li> <li>• <a href="#">Pharyngitis</a></li> </ul>
<p><b>Respiratory</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Asthma</a></li> <li>• <a href="#">Croup</a></li> </ul>	<p><b>Gastrointestinal</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Gastroenteritis</a></li> <li>• <a href="#">Dehydration</a></li> <li>• <a href="#">Intussusception</a></li> <li>• <a href="#">Pyloric Stenosis</a></li> </ul>	<p><b>GU/OB</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Pelvic Inflammatory Disease and Tubo-ovarian Abscess</a></li> <li>• <a href="#">Child Abuse (Non-accidental Trauma)</a></li> <li>• <a href="#">Testicular Torsion (adult)</a></li> </ul>
<p><b>Musculoskeletal</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Nursemaid's Elbow</a></li> </ul>	<p><b>Trauma</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Head Injury</a></li> <li>• <a href="#">Fracture</a></li> </ul>	<p><b>Endocrine</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Hypoglycemia</a></li> <li>• <a href="#">Hyperglycemia</a></li> </ul>

## REQUIRED PATIENT ENCOUNTERS

### General Encounters

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

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

### Osteopathic Principles and Structural Diagnosis Encounters

During the four 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 the NEXUS Criteria and/or Canadian C-Spine Rule (CCR). 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. *OMM Logs must include direct reference to NEXUS and/or CCR specifics for each patient encounter to obtain a passing grade for this assignment.*

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)

The grading rubric for the OMM assignment is shown on the following page.

<b>TCOM Required EM OMM Log Grading Rubric</b>			
<b>Criteria</b>	<b>Ratings</b>		<b>Points</b>
1. Number of Encounters	<p><b>10 Points</b> <b>Full Marks</b></p> <p>Three encounters properly logged on form</p>	<p><b>0 Points</b> <b>No Marks</b></p> <p>No encounters properly logged on form</p>	<p><input type="checkbox"/></p> <p>/ 10 Points</p>
2. Documentation Completeness and Legibility	<p><b>15 Points</b> <b>Full Marks</b></p> <p>All fields for each encounter completed and legible</p> <p>All identifying information (student name, rotation period, and clinical site) legibly documented on form</p>	<p><b>0 Points</b> <b>No Marks</b></p> <p>No fields for each encounter completed and/or legible</p> <p>Missing some or all identifying information</p>	<p><input type="checkbox"/></p> <p>/ 15 Points</p>
3. References to NEXUS Criteria and/or Canadian C-Spine Rule	<p><b>35 Points</b> <b>Full Marks</b></p> <p>Each encounter references application of NEXUS Criteria and/or Canadian C-Spine Rule in the medical decision making process</p>	<p><b>0 Points</b> <b>No Marks</b></p> <p>No encounter references application of NEXUS Criteria and/or Canadian C-Spine Rule in the medical decision making process</p>	<p><input type="checkbox"/></p> <p>/ 35 Points</p>
4. References to Applied OMM Technique(s)	<p><b>35 Points</b> <b>Full Marks</b></p> <p>Each encounter documents application of OMM technique(s) provided to the patient and/or documents (1) contraindications to OMM application [e.g., cervical fracture] or (2) patient refusal to consent to procedure</p>	<p><b>0 Points</b> <b>No Marks</b></p> <p>No encounter documents application of OMM technique(s) provided to the patient or fails to document (1) contraindications to OMM application [e.g., cervical fracture] or (2) patient refusal to consent to procedure</p>	<p><input type="checkbox"/></p> <p>/ 35 Points</p>
5. Timely Submission	<p><b>5 Points</b> <b>Full Marks</b></p> <p>Completed log submitted to Canvas no later than 5 PM Central Time on the last day of rotation</p>	<p><b>0 Points</b> <b>No Marks</b></p> <p>Completed log submitted to Canvas after 5 PM Central Time on the last day of rotation</p>	<p><input type="checkbox"/></p> <p>/ 5 Points</p>
Total Points: nnn out of 100			

## CHOOSING WISELY OBJECTIVES

During the four 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*
  - <http://www.choosingwisely.org/wp-content/uploads/2017/10/Choosing-Wisely-at-Five.pdf>

### **Health Systems are Using *Choosing Wisely* Recommendations to Reduce Use of Low-Value Medical Services**

- A study examining 131 published articles on *Choosing Wisely's* impact between its inception in 2012 and June 2019
  - <http://www.choosingwisely.org/wp-content/uploads/2017/10/Choosing-Wisely-at-Five.pdf>

### **Emergency Medicine Participation in *Choosing Wisely***

- American College of Emergency Physicians
  - <http://www.choosingwisely.org/societies/american-college-of-emergency-physicians/>

## EVALUATION and GRADING

It is a direct conflict of interest for a Preceptor to provide medical care for a Student for whom that Preceptor has a responsibility to evaluate. The same Preceptor should not be privileged to both academic and medical information about a Student. No Preceptor should complete the evaluation form of a Student for whom that Preceptor provides medical care. It is best practice for Students to seek their care from Physicians not related to the Student’s medical education. Clerkship Directors and Preceptors should refer Students to the Student’s own Primary Care Physician or the Student Health Clinic for care. Medical emergencies are an exception to this rule.

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 receive will be based on your performance in five basic areas:

Component	Minimum Required Score
Clerkship Evaluation	<p>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</p> <p>Student evaluations with ratings of “Below Expectation” for any competency may result in failure of the Clerkship</p>
Osteopathic Diagnostic Activity Requirement	<p>Demonstrated integration of Osteopathic palpatory diagnosis and structural exam findings with cervical/spinal clearance algorithms</p> <p>Minimum of 3 unique patients as documented in OMM Procedure Log</p>
IPE Learning Activity	Satisfactory completion of debriefing reflection paper as outlined above
Emergency Medicine COMAT NBOME COMAT EM Content Exam	<p>Completion of the COMAT exam resulting in a score <math>\geq 70</math> is required for satisfactory completion of the rotation</p> <p><b>COMAT exams will be scheduled the last Friday of each rotation block</b></p> <p>COMAT exam schedules will accompany overall rotation schedules and will be included in orientation documents delivered prior to the start of the rotation</p>

Attendance / Participation	<p>Satisfactory attendance and participation as certified by Site Director or Preceptor</p> <p>Students may work a maximum of 144 clinical hours during the rotation</p> <p>Shift length varies by location with some locations scheduling 8-hours shifts, some scheduling 9-hours shifts, and others scheduling 12-hours shifts:</p> <p>144 hours / 8 hours/shift = 18 shifts</p> <p>144 hours / 9 hours/shift = 16 shifts</p> <p>144 hours / 12 hours/shift = 12 shifts</p> <p>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</p>
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Students may be eligible for “Honors”, as designated by the Clerkship Director, if they meet all expected requirements to pass the clerkship and:

- *Score 91 or above on the COMAT EM 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” in 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 EM Required Clerkship Director and does not apply to elective rotations.

A mid-rotation feedback interview should be scheduled with your Emergency Medicine Clerkship Site Director or Preceptor. 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 or Preceptor 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 or Preceptor 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 Required 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 Required Emergency Medicine rotation clinical experience expectations. Students may request to complete their Required Emergency Medicine requirement at any full-service Emergency Department of any accredited hospital with which an affiliation exists. ***Free-standing Emergency Departments, 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.

#### **Baylor University Medical Center**

Apply via VSAS: <https://students-residents.aamc.org/attending-medical-school/article/visiting-student-learning-opportunities/>

#### **JPS Health Network – Fort Worth, TX**

Apply via VSAS: <https://students-residents.aamc.org/attending-medical-school/article/visiting-student-learning-opportunities/>

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

Apply at: <http://www.ccemrp.com/medical-student-emergency.html>

#### **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 or Preceptor. 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, you should make every effort to respect patient 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 providing for a mutually acceptable environment within which to share information
  - 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 Resident(s) and discuss their personal approaches regarding patient management
  - 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 3<sup>rd</sup> 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.~~ Students may not miss the first day or the COMAT exam of any clinical rotation. It is understood, however, that certain situations may arise that ~~will~~ result in absence from required daily participation.

In such instances the following procedures will be observed:

- Students are provided with 5 academic absences to use during third year to attend conferences, RAD, workshops, etc. In the event a student requires more than 5 academic absences, a student may submit request for an extension by contacting the Office of Osteopathic Clinical Education.
- Students are allowed up to 8 absences in each of the fall and spring semesters total (inclusive of all absences: personal, emergent, & academic). Any absences beyond that must be made up in period 13 to complete the third year and before progressing to fourth year. 8-week rotations are considered two separate 4-week blocks.
- **Any combination of time out (including academic) that results in a student missing more than 2 days of a 2-week block, 4 days of a 4-week block, or 6 days of a 6-week block will result in failure of the clerkship.**
- All absences require submission of the electronic 3rd Year Request for Absence via eMedley by the posted deadline (45 days) before the start of the rotation to allow time for schedule adjustments.
- ~~All absence~~ Absence requests entered in eMedley after the posted deadline are considered emergent and require documentation.
- Absences due to emergent reasons ~~such~~, the absence request is due immediately with supporting documentation. Students are required to notify their site/preceptor and clerkship coordinator of all emergent leave. Absences without supporting documentation will be considered neglect of duty.
- ~~Absence due to illness is only intended~~ for use only in the event of personal illness/health related condition, or to assist a family member who has a verifiable illness/health condition and is needing medical care. Absence, due to illness, ~~from clerkship duties~~ for more than

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one (1) day during clerkship duties requires documentation from a licensed health care provider in to support of students having an excused absence due to illness/health condition.

- All absences are subject to approval by the Office of Osteopathic Clinical Education. Even if the absence is approved, the Office of Osteopathic Clinical Education/preceptor/site may require the student to complete an additional assignment or for to make up time to be made up. Make up days should be completed within the regularly scheduled rotation.
- Students are required to notify their site, preceptor, Clerkship Coordinator, and Clerkship Director of any absences (including pre-approved and emergent).
- Attendance on the first day of the rotation and on ~~and the~~ COMAT exam dates are is required on all rotations.
- 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 are allowed one day for the COMLEX CE. Requests beyond this allowance may be denied by the Executive Director of Clinical Education. You may not schedule your COMLEX PE-CE exam on a date which causes you to miss ~~the~~ orientation or COMAT exam day for a rotation. COMLEX PE-CE is not considered part of your absences and must be if request is entered ed within 48 hours of scheduling the exam date. Requests entered more than 48 hours after scheduling the exam will be counted as an academic absence.
- 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 Osteopathic Clinical Education and the site/preceptor.

Unapproved absences or absences s in excess of the above policy will require remediation or result in a failing grade at the discretion of the Office of Osteopathic Clinical Education.

**Failure to notify the Clerkship dDirector, rotation supervisor and Office of Osteopathic Clinical Education of any absence will be considered neglect of duty and may result in a failing grade for the clerkship.**

#### **Absences in 4<sup>th</sup> Year**

The focus of the clinical experience in years 3 and year 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 or COMAT exam of any clinical rotation.**
- All absences shall require submission of the electronic absences request form via eMedley a minimum of 10 business days before the start of the rotation, for planned absences, and

within three days of a student's return from absence in the case of an individual or family emergency.

- If absence is due to illness, documentation is required, the dates requested 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 Osteopathic Clinical Education. Even if the absence is approved, the Office of Osteopathic Clinical Education/preceptor/site may require an additional assignment or for time to be made up from any student who misses time ~~en~~ during their service. Make up days should be completed within the regularly scheduled rotation.
- Absence of more than 2 days of a 2-week block or 4 days of a 4-week block, will result in a grade of INCOMPLETE and repeat of the entire rotation will be required.
- Unapproved absences or absences in excess of the above policy may require remediation or result in a failing grade at the discretion of the Office of Osteopathic Clinical Education.
- Students are required to notify their site, preceptor, and the Office of Osteopathic 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 rotation.**
- 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 Osteopathic Clinical Education and the site/preceptor.

#### **Absences due to COMLEX-PE**

Residency interviews are a necessary step in the residency process. Students are advised to avoid rotations in which multiple absences would 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 Osteopathic Clinical Education within 24 hours of accepting a residency interview.
- **Students may not miss the first day or COMAT exam of any clinical rotation**
- Students should submit an absence request via eMedley 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-if 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-rotation.**

#### **Leave of Absence**

A leave of absence (LOA) is defined as an extended period away from clinical course activities that may become necessary due to:

- 1) prolonged illness,
- 2) pregnancy, or
- 3) personal matters.

Requests of this nature are to be made in writing and submitted to the Office of Osteopathic Clinical Education. Leaves of Absence are granted by the Dean and processed through the Registrar.

#### **Work Schedule**

All rotations begin on the first Monday of the 4-week, 6-week, and 12-week periods unless this-it is a designated holiday (see below), in which instance the rotation begins on the first business day following or as designated by the Clerkship Director. All-rotationsRotations with scheduled COMAT exams end at 5:00pm on the day prior to the exam. Students taking the COMAT exam are required to turn in pagers and all borrowed materials at that time. Students will be off duty following the COMAT exam to prepare for their next rotation, with the exception of exams which are scheduled prior to the end of rotations (i.e. Exams scheduled Thursday before-and rotation ends on Friday). Deficiencies and absences may be remediated during this period at the discretion of the Clerkship Director. Students completing rotations without subject exams shall remain on-service until the end of the workday as determined by the preceptor.

Some rotations are scheduled with 12-hour shifts (i.e. Emergency Medicine) rather than traditional 8-hour shifts. In that case, a minimum of 14 shifts must be completed to receive credit for the rotation.

#### **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  
3<sup>rd</sup> Floor North  
Fort Worth, TX 76107  
817-735-5051  
[studenthealth@unthsc.edu](mailto: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. The Occupational Safety and Health Administration (OSHA) regulations for health care professionals who are considered at risk of occupational exposure to bloodborne diseases can be found at <https://www.osha.gov/SLTC/bloodborne pathogens/index.html>

Bloodborne pathogens refer to pathogenic microorganisms that are present in human blood and can cause disease in humans (e.g. HBV, HIV, etc.). "Exposure Incident" means "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 other than blood include semen; vaginal secretions; pleural, pericardial, synovial, peritoneal, cerebral spinal, or amniotic fluids; saliva during dental procedures; and any other body fluid visibly contaminated with blood.

Policy/Procedure: If a TCOM medical student is exposed to bloodborne pathogens either by direct contact with blood or other body fluids via the eyes, mucous membranes, human bite, or sharps (e.g., needle stick, lancet stick, scalpel cut, etc.) while on rotation, it is to be handled 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.
- Treatment is critical within first 2 hours.
- Notify supervisor and follow rotation site exposure protocols (see below for addresses).
- If facility is not equipped to handle exposure, contact HSC Health Student Health Clinic or appropriate remote site location listed below.
- If SHC or remote site listed is not available, or you are not in the DFW area, go to the nearest ER and use your student health insurance.
- You must notify Student Health and the Osteopathic Clinical Education Office of any care received at another facility.

**Dallas/Fort Worth & Weatherford Area** students with exposures to bloodborne pathogens which occur M-F, 8-5 should report to:

HSC Health Student Health  
855 Montgomery St., 3<sup>rd</sup> Floor  
Fort Worth, TX 76107  
T: 817-735-2273 F: 817-735-0651

For exposures occurring afterhours, students should report to the nearest emergency room and use their student health insurance.



**Longview** remote site students with exposures to bloodborne pathogens which occur M-F, 8-5, should report to:

CHRISTUS Good Shepherd Medical Center Employee Health  
1621 N 4<sup>th</sup> St, Suite 1  
Longview, TX 75601  
903-315-5154

For exposures occurring afterhours, students should report to:

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

**Corpus** remote site students with exposures to bloodborne pathogens should report to:

Christus Spohn  
OCC Health Nurse at Christus Spohn  
also immediately report to your attending and Dr Hinojosa

Bay Area  
report to charge nurse and medical education office  
proceed directly to emergency room for treatment

**Methodist San Antonio** remote site students with exposures to bloodborne pathogens should report to:

Employee Health  
Methodist Hospital  
7700 Floyd Curl Dr  
San Antonio, TX 78229  
210-575-0404



**Texoma Medical Center** remote site students with exposures to bloodborne pathogens should report to:

Employee Health  
Texoma Medical Center  
5016 South US Hwy 75  
Denison, TX 75020  
903-416-4088

**Midland** remote site students with exposures to bloodborne pathogens should report to:

Vital Care Urgent Care  
Midland and Odessa, TX407 N. Kent Street  
Midland, TX 79701  
432-687-2273

**Medical Insurance, Immunizations, Screening for Tuberculosis (TB), & Physical Health Services**

The Health Science Center requires all students to comply with immunization and health screening requirements. It is the student's responsibility to meet all necessary immunization and health screening requirements of the University and all clinical training sites. All students must obtain and maintain health and hospitalization insurance, and be able to show proof of coverage upon request. The Texas Department of Health requires all students enrolled at institutions of higher education to show proof of all required immunizations prior to matriculation. Proof of immunizations required by the student's academic program must be submitted to Student Health Services prior to enrollment. Any uncompleted series of immunizations can be completed by Student Health Services at the student's expense. Non-compliance with this policy will result in an academic hold being placed on the student's account (i.e. Official Transcript Hold, Registration Hold) and/or removal from clinical training.

Medical students are considered health care workers and, as such, are at risk for exposure to certain diseases. Because of this, TCOM adheres to the guidelines published by the Centers for Disease Control and Prevention relative to immunizations and tuberculosis (TB) skin testing. Students must be screened annually for TB. The Health Science Center will track student compliance with the immunizations and health screenings policy. Students are responsible for demonstrating compliance with UNTHSC and Clinical Training site immunization requirements.

Students may access physical 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 **Dallas/Fort Worth and Weatherford Area** may access health services at the UNTHSC Student Health Clinic.

UNTHSC Student Health Clinic  
855 Montgomery St 3<sup>rd</sup> Floor North  
Fort Worth, TX 76107  
817-735-5051  
[studenthealth@unthsc.edu](mailto:studenthealth@unthsc.edu)

Students in the **Longview area** may access health services at CHRISTUS Trinity Clinical Internal Medicine.

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

Students in the **Corpus Christi area** may access health services at Promptu Immediate Care.

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

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

Students in the **San Antonio area** may access health services at Care Now Urgent Care Clinics.

Care Now Urgent Care Clinic @ De Zavala  
12840 W I-10, Ste 101  
San Antonio, TX 78249

Care Now Urgent Care Clinic @ Leon Valley  
5755 NW Loop 410, Ste 102  
San Antonio, TX 78238

Students in the **Sherman/Dennison area** may access health services at Texoma Care Family

Medicine.

TexomaCare Family Medicine  
5012 South US HWY 75  
Denison, TX 75020  
903-416-6025

Students in the **Midland area** may access health services at Vital Care Urgent Care.

Vital Care Urgent Care  
Midland and Odessa, TX  
407 N. Kent Street  
Midland, TX 79701  
432-687-2273

## **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.

1. 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.
2. TCOM students and residents may form such additional tasks as may be directed by supervising faculty upon demonstrating 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 trainees level of proficiency.
3. TCOM shall assure distribution of this procedure to students, residents and faculty as part of the orientation plan for clinical training.
4. Students or 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 a disciplinary review.
5. 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". All students should review with their preceptor and site all chaperone policies to ensure they are in compliance on this rotation. Without question, any portion of an exam that involves breast, pelvic or rectal exams, and even during certain portions of an interview that can involve sexual history, should not be done alone with the patient.

## **Professionalism and Ethics**

We expect you to give the appearance and behavior of an advanced medical student about to become a physician. You should remember that medical ethics of confidentiality should be adhered to. Appropriate identification identifying you as student physicians should be worn at all times when seeing patients. The student physician should appear well groomed, neatly dressed, and give a good 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 self-management.

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

**Problem Patients**

If you are having trouble with a patient, please notify your supervising physician. He/she will advise you or get further consultation on how to handle the situation.

**Availability**

You must be readily available at all times during clinic hours. If for any reason you must leave the clinic, you must notify both the supervising faculty and the head nurse. Your home phone number must be listed with your assigned clinic office.

**Equipment**

Carry your stethoscope with you during clinic hours.

**Courtesy Visits**

Under no circumstances are you to see a patient unless they have signed in with the receptionist of your hospital/clinic. Do not see your classmates or fellow students informally. Patients will be assigned by supervising faculty.

## 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 your class' Clerkship Manual, Student Handbook and College Catalog.

***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.***

### **Academic Integrity/Honor Code**

Enrollment is considered implicit acceptance of the rules, regulations, and guidelines governing student behavior at UNT Health Science Center. 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 Internet at <http://www.hsc.unt.edu/Sites/DivisionofStudentAffairs>.

### **Academic Assistance**

Students may schedule one-on-one academic assistance with faculty through 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>

### **Attendance and Drop Procedure**

Site Directors, Preceptors, and Academic Administration expect Students to attend class. It is the responsibility of the Student to consult with the Site Director or Preceptor *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, Preceptors, 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 with 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://catalog.unthsc.edu/>

### **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) with regard to 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 of 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://unthsc.policytech.com/dotNet/documents/?docid=632&public=true>

### **Course and Instructor Evaluation**

It is a requirement of all Students that they be 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 the instructor provide notice (via syllabus) to Students that such services will be utilized. 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/httpsturnitincom/>

**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](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:**

**Clinical Site:**

During the course of the four 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 the NEXUS Criteria and/or Canadian C-Spine Rule. 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**

Date:	
Preceptor Specialization:	
Patient Care Environment:	
Patient Age:	
Patient Gender:	
Patient Diagnosis:	
Clearance Algorithm(s) Used:	
OMT Method(s) Employed:	
Procedure(s) Performed:	
Student Note:	

*type or print legibly when completing this form*

**Student Name:**

**Period:**

**Clinical Site:**

**Patient #2**

Date:	
Preceptor Specialization:	
Patient Care Environment:	
Patient Age:	
Patient Gender:	
Patient Diagnosis:	
Clearance Algorithm(s) Used:	
OMT Method(s) Employed:	
Procedure(s) Performed:	
Student Note:	

*type or print legibly when completing this form*

**Patient #3**

Date:	
Preceptor Specialization:	
Patient Care Environment:	
Patient Age:	
Patient Gender:	
Patient Diagnosis:	
Clearance Algorithm(s) Used:	
OMT Method(s) Employed:	
Procedure(s) Performed:	
Student Note:	

*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, 2019 EM Model
  - [2019 Model of the Clinical Practice of Emergency Medicine \(abem.org\)](http://abem.org)
- Rosen's Emergency Medicine: Concepts and Clinical Practice, Ninth Edition by John Marx
- Tintinalli's Emergency Medicine: A Comprehensive Study Guide, Ninth Edition by Judith Tintinalli, J. Stapczynski, O. John Ma, David Cline, Rita Cydulka, and Garth Meckler
- 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, Fifth Edition by Kevin Knoop and Lawrence Stack
- First Aid for the Emergency Medicine Clerkship, Third Edition by Latha Stead and Matthew Kaufman
- Emergency Medicine Residents Association Antibiotic Guide, Nineteenth Edition by Brian Levine

#### *Condensed Reference Texts*

- Tarascon Emergency Department Quick Reference Guide by D. Brady Pregerson
- Tarascon Adult Emergency Pocketbook by Richard J. Hamilton
- 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/> – 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
- EMRAP – <https://www.emrap.org/> – highly credible reference blog
- EmCrit – <https://emcrit.org> – blog with excellent commentary
- LITFL – <https://lifeinthefastlane.com> – EM metablog

#### *Get the Choosing Wisely app!*

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