



## EMERGENCY MEDICINE: FOURTH-YEAR ACTING INTERNSHIP

Jason Nagle MD MPH:  
Kim Regan:  
Medical Education Office:

Acting Internship Director  
Medical Education Coordinator  
1654 Medical Science Building  
513-558-8996

Welcome! This AI provides you with many excellent opportunities to gain insight into the world of Emergency Medicine. You will be exposed to a wide spectrum of patient care. You will also have ample opportunity to interact with many faculty and residents, thus developing a deeper appreciation for the variety of career paths in the field of Emergency Medicine. Those interested in pursuing a residency in Emergency Medicine will gain valuable exposure to resident and attending physicians who can help guide you as you get closer to your interview season. Those who are not EM-bound will gain skills and knowledge useful in any medical specialty.

### **GOALS AND OBJECTIVES**

- Develop your clinical gestalt for “sick” or “not sick.”
- Hone bedside history and physical examination skills.
- Discuss the differential diagnosis and develop a management/disposition plan for each patient under your care, focusing on simultaneous diagnosis and management of life-threatening conditions in the undifferentiated patient.
- Serve as your patients’ primary provider, performing appropriate procedures, documenting the patient’s ED course in the electronic medical record, and discussing the patient with physicians and consultants from other services.
- Concurrently manage multiple patients across variable levels of acuity and stages of patient progression.
- Practice critical procedures, resuscitation, and team communication using high-fidelity simulation.

### **CURRICULUM**

The fourth-year student curriculum is based on recommendations from the Society of Academic Emergency Medicine. You will work as part of the patient care team, seeing patients in the Emergency Department. You will be scheduled approximately 14 shifts in a four-week block. These will be predominantly 8-12 hour shifts based primarily at the University of Cincinnati Medical Center with additional shifts at West Chester Hospital, one of our community sites. Each student will be assigned to work primarily with one senior resident or one faculty member during each shift. These shifts will vary in location and time of day in order to enhance the variety of patients and pathology.

#### **Reading**

The [National EM M4 Curriculum](#), which is regularly updated by the Clerkship Directors in Emergency Medicine (CDEM) organization, is a fantastic web-based resource. The “Approach To” modules are general and chief complaint-based, and diagnosis-specific modules are categorized by organ system. At a minimum, we recommend reading all of the “Approach To” sections. We want students to develop strong lifelong learning habits, and recommend independent reading outside of the ED to supplement on shift learning. We recommend a combination of primary literature, blogs, podcasts, and videos and encourage students to look up at least one thing after every shift!

## Required Didactics and Grand Rounds

- There will be a weekly student didactic and/or simulation session every Tuesday from 0800-1000. **Attendance is mandatory for all students unless you worked clinically the night before.** If scheduled for a concurrent clinical shift, you will be relieved of clinical duties at this time, with the expectation that you return to the ED upon conclusion of the session. Required readings for didactics are posted on Blackboard and will be sent in advance.
- Grand Rounds are held every Wednesday (except holidays) from 0800-1300 in the Department conference room, MSB 1654R. Due to COVID social distancing, Grand Rounds will be held via WebEx for the foreseeable future – a new link will be sent out each week. **Attendance is mandatory for all students unless you worked clinically the night before.**

## Optional Learning Opportunities

- **Coffee Talk** is an optional opportunity every other Wednesday from 0700-0800 in which a resident leads a casual discussion on a clinical topic of interest.
- **Morning Report** is protected time from 0730-0800 each morning in which residents walk through an Oral Boards style patient case. Students are required to attend Morning Report on days you are working clinically. If you are post-overnight, attendance is optional.
- **Journal Club** is usually held off-site once a quarter from 1900-2100. Since it is off-site, attendance is optional.
- Our department has a variety of **subspecialty interest groups** (Education Leadership Academy, Operations Leadership Academy, Global Health, Critical Care, Social Emergency Medicine & Public Health, and Sports Medicine). These events are generally off-site in the evening and occur throughout the year. Attendance is optional.

## ATTENDANCE POLICY

Attendance is required at Didactic and Grand Rounds unless you are post-overnight. If you know you must miss a required education session or scheduled clinical shift in advance, such as for a scheduled healthcare or counseling appointment, please contact Kim Regan for approval. If you are ill and unable to provide adequate patient care, please contact Kim Regan during office hours at 513-558-8996 or email Kim Regan and Dr. Paulsen after hours. UC Students must submit Medical Student Status Forms through MedOneStop according to UCCOM policy for all absences. Mandatory UC class activities supersede clinical responsibilities in the ED, and you will be excused from your clinical shifts to attend if necessary. A pattern of tardiness or any unexcused absence will affect your weekly Participation score. Other schedule requests or schedule trades for personal reasons will be evaluated on a case-by-case basis and require clerkship director approval.

## GRADING AND COURSE REQUIREMENTS

### Grading Policy

60% Clinical Performance  
20% Written Exam  
10% Oral Exam  
10% Case Presentation

All grades are normalized to an 8-point scale (Grade Range 0 – 8.0)

6.0 – 8.0	Honors
5.0 – 5.9	High Pass
2.0 – 4.9	Pass
Less than 2.0	Failure – Remediation required

We are aiming for a distribution of 25% Honors, 50% High Pass, and 25% Pass for each year.

### Clinical Performance and Shift Evaluations (60% of Final Grade)

Written preceptor evaluations will be completed near the conclusion of each shift. It is your responsibility to remind your preceptor to provide in-person feedback and complete your evaluation, so please begin the feedback process well in advance of the end of your shift. Evaluation forms will be submitted by your preceptor online, and printable copies can be found on the Canopy Blackboard site under “Course Documents” or on the web at TamingtheSRU.com under “EmergencyKT” -> “Common Forms” -> “Medical Student Forms.”

Our Medical Student Clinical Evaluation Form is based on the National Clinical Assessment Tool for EM (Jung et al, *West J EM*, 2017). The evaluation is competency-based and assesses entrustability, which is defined as a learner’s ability to perform a specific task independently without supervision. The first section of our evaluation will give you formative feedback on your level of entrustability in six core domains of EM clinical practice. There is a second section on Professionalism with an avenue for preceptors to comment on outstanding or worrisome professional behavior and provide examples. Finally, each preceptor will place you in a Global Assessment category using the same language that appears in the Standardized Letter of Evaluation (SLOE) for EM residency application.

**Using the Global Assessment, we have minimum performance standards to your Clinical Performance letter grade. Using the same 8-point grading scale above, we have created a weighted average using the following system:**

$$\text{Clinical Grade} = \frac{2 (\# \text{ Lower } 1/3) + 4 (\# \text{ Middle } 1/3) + 6 (\# \text{ Top } 1/3) + 8 (\# \text{ Top } 10\%)}{\# \text{ Total Evaluations}}$$

Each student will have a Mid-Rotation Feedback Meeting, where we will provide feedback on your documentation, review your cumulative evaluations to date, and discuss strategies for improvement. Students in danger of failing the AI will be given advance notice and opportunities to improve clinical performance, and remediation will be required for those who do not receive a minimum passing grade at the end of the rotation. An individualized remediation plan will be designed by the AI Director.

### Written Exam (20% of Final Grade)

The Society for Academic Emergency Medicine (SAEM) National EM M4 Exam will be administered on the last day of the rotation, unless you are notified otherwise. The 55 question multiple choice exam will be given over two hours in one of the electronic classrooms on campus. The material on the exam will come from the CDEM readings, and practice exams are available through SAEM.

**Using the Final Exam national means below, we have minimum performance standards for your final Clerkship letter grade:**

- To earn an Honors for the Clerkship, you must earn at or above the National Mean
- To earn a Pass for the Clerkship, you must pass the exam within two attempts. The minimum passing score for each exam is set at 2 standard deviations below the mean (< 5<sup>th</sup> percentile).
- If you fail either version of the National Exam, your final grade can be no higher than a Pass.

	<b>National EM M4 Exam V1</b> <b>Mean: 77.7, SD: 10.5</b>	<b>National EM M4 Exam V2</b> <b>Mean: 81.3, SD: 12.4</b>	<b>UC PEER IX Paper Exam</b> <b>Mean: 72.1, SD: 6.2</b>
8	> 93.6	100	> 90.6
7	88.3 – 93.5	93.7 – 99.9	84.4 – 90.5
6	83.0 – 88.2	87.5 – 93.7	78.2 – 84.3
5	77.7 – 82.9	81.3 – 87.4	72.0 – 78.1
4	72.4 – 77.6	75.1 – 81.2	65.8 – 71.9
3	67.1 – 72.3	68.9 – 75.0	59.6 – 65.7
2	61.8 – 67.0	62.7 – 68.8	< 59.5
1	< 61.7	< 62.6	< 59.5

### **Oral Exam (10% of Final Grade)**

Following your Written Exam, each of you will have 30 minutes to complete a set of standardized patient encounters using the ABEM Oral Boards Examination Format. Each case has defined critical actions. Students will be assessed on their ability to complete a verbal H&P, order appropriate diagnostics and therapeutics, and their communication skills.

### **Case Presentation (10% of Final Grade)**

Please see the separate document regarding expectations for the Case Presentation and the corresponding grading rubric. In brief, this is a 30-minute presentation at the end of the rotation in which you present a patient you cared for in the ED, develop a thorough differential diagnosis, discuss their diagnostics and ED course, and ultimately provide a few educational pearls that interest you and are EM-relevant. Depending on the number of students each month, this may be done individually or in small groups.

### **Professionalism and Participation**

While not a mathematical component of your final grade, your professionalism will be commented upon and reported separately in your end-of-course evaluation. We adhere to the UCCOM Honor Code and Attendance Policies. Any professionalism commendation or concern will be reported to the Office of Student Affairs. Participation is based off of an 8-point scale, assessed weekly and averaged at the end of the rotation for formative feedback. All students start at a 5 (border of Pass and High Pass on our 8-point scale), and scores will go up or down depending on performance. This does not mean “talk all the time,” instead we want to emphasize meaningful participation, teamwork, and group learning. Your scores are not contingent on the scores of your classmates. Participation encompasses completion of the following:

- Patient and Procedure Log: Record minimal patient information, chief complaint, and final ED diagnosis for each patient seen in the ED. This data will be used to ensure that students are in fact being exposed to an adequate number of patients and sufficient disease presentations to optimize the learning opportunities on rotation. You can also document your procedural exposure for core EM experiences – these procedural opportunities may be performed by you primarily, may be observed, or may occur in Simulation or on Task Trainers. ***Please turn the Patient and Procedure Log in to Kim Regan on the last day of the rotation.***
- Attendance: Tuesday Didactics, Wednesday Grand Rounds. Attendance is required at Didactic and Grand Rounds unless you are post-overnight. ***Unexcused absences will decrease your weekly score to a 1 (Fail) and tardiness will decrease your score to a maximum of 4 (Pass). Multiple unexcused absences or a pattern of tardiness will result in a failure of the entire participation component (10% of Final Course Grade).***
- Participation during Didactic and Simulation sessions
- Completion of all patient documentation in the Electronic Medical Record
- #CincyAI: You are responsible for identifying and tweeting a minimum of one pearl per clinical shift. Share something you learned with the group by using the #CincyAI hashtag. All are encouraged to react to other comments, retweet, or share useful online resources to further everyone’s educational experience outside the classroom.

### **MECHANICS OF THE EMERGENCY DEPARTMENT**

At the beginning of your shift, introduce yourself to your preceptor. After rounds at change of shift, discuss your learning goals for your shift and review your preceptor’s expectations and preference for your clinical workflow. Your preceptors will be able help you to select appropriate patients to facilitate exposure to a wide variety of patients and meet your individual learning goals. In addition, your preceptors will call to your attention other patients not directly seen by you in order for you to take advantage of as many learning opportunities as possible.

The Department is divided into six parts: A-Pod, B-Pod, C-Pod, D-pod, I-pod and the Shock Resuscitation Unit (SRU). As you work in your respective areas, follow the ED tracking board in Epic for new patients ready to be seen. Please alert your preceptor before you pick up a patient. Most often you will be the first clinician to see your patient. As happens in the practice of emergency medicine many conditions can rapidly change and deteriorate. It is crucial that you develop the ability to differentiate who is “sick” versus “stable” and to communicate any immediate life or limb threatening conditions immediately to your preceptor, resident physicians, or other staff. It is never considered a “sign of weakness” if you ask for help early in your evaluation of a patient.

After you have evaluated the patient you will present the patient to your preceptor and develop a working differential diagnosis and treatment plan. This will be your opportunity to develop a “real time” differential and make use of all of the educational material that is in the emergency department. While we do want you to carry 2-3 patients at a time, you are not expected to see as many patients as possible; rather you are expected to be enthusiastic, interested, motivated, and thorough with the patients that you do see. You are responsible for entering orders (for your preceptor to cosign) and documenting a note on each patient you manage primarily.

### **PROVIDER SAFETY AND SECURITY**

In accordance with UCCOM policy, ***M4 students on our rotation are allowed to care for known COVID-positive patients and high-risk patients under investigation*** (defined as a patient with potential symptoms of COVID and assessment consistent with infection). ***All SRU airways, procedures, and Trauma Stat assessments are done under full Contact-Droplet-Airborne precautions.*** You may fully participate as long as we have sufficient PPE, though that may change with the national supply chain. Students have the right to opt out of high-risk patient encounters at any time. If restricted from bedside patient care, please continue to engage in conversations about these patients with the care team and feel free to assess from 6 feet away or via video if available.

UC Security is available 24 hours a day in the ED and are stationed in the ED lobby. If you feel unsafe at any time during a patient encounter, inform your preceptor immediately. Your preceptor may elect to involve UC Security and/or remove you from primary patient care responsibilities for that particular patient. While this situation arises rarely, for student safety, medical students are not to be involved in the act of physically restraining patients. What we see and do in the ED can be emotionally taxing and at times frankly disturbing. If you feel emotionally unable to provide adequate patient care, please inform your supervisor immediately, who will determine the best course of action (such as taking a brief break, cessation of duties for the shift, or referral for crisis counseling). Feel free to contact Dr. Paulsen or Dr. Nagle at any time if you need assistance.

### **FINAL COMMENTS**

It is obvious that you will be prepared for each shift by being well-rested and by arriving on time. ***It is strongly recommended that you arrive 5-10 minutes before your shift begins.*** Due to COVID-19, please wear hospital scrubs instead of professional attire. White coats are required.

If you are unable to work a scheduled shift due to illness or emergency, please notify Kim Regan as soon as possible. You may leave a voice mail message at any time by calling 513-558-8996.

### **Contact Information**

Jason Nagle MD MPH:  
Email: [jason.nagle@uc.edu](mailto:jason.nagle@uc.edu)  
Cell: 662-402-6977

Kim Regan:  
Email: [kim.regan@uc.edu](mailto:kim.regan@uc.edu)  
Office: 513-558-8996