

It is the sole responsibility of the student to check CANVAS for schedule updates on a daily basis!

Northeast Ohio Medical University

College of Medicine

Emergency Medicine Clerkship, EMED 83007
3 Weeks / 3 Credit Hours
Course Syllabus
Academic Year –2023 - 2024

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COURSE LEADERSHIP

Dr. Rebecca Merrill is Clinical Experiential Director for the Emergency Medicine Clerkship. She is responsible for ensuring that implementation of the Emergency Medicine Clerkship curriculum is comparable across all teaching sites. Dr. Merrill and the respective Clerkship Site Directors can be reached by email for any student questions or concerns and will be available for face-to-face appointments via teleconference or in person. The Clerkship Site Directors and their institutions are also listed below. These are the institutions and residency training programs that have committed themselves to the Northeast Ohio Medical University College of Medicine for participation in the undergraduate training of the NEOMED students.

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BASIC COURSE INFORMATION

Course Description

The Northeast Ohio Medical University College of Medicine M3 Emergency Medicine Clerkship is a three-week clinical rotation. The core curriculum is designed to provide for the acquisition of clinical competence and basic knowledge in Emergency Medicine, the development of interpersonal skills and the promotion of attitudes commensurate with high standards of professionalism. A foundation for continued learning and self-improvement will be established, and an awareness of the role of systems within Emergency Medicine practice will be developed. The core competencies will serve as a framework for the educational experiences that include didactics, case conferences, self-directed learning assignments and patient care activities.

Course Enrollment Requirements

- Successful completion of M1 curriculum.
- Successful completion of M2 curriculum.

Trainings	Screenings	Immunizations
<ul style="list-style-type: none"> • BLS • OSHA • ACLS • HIPAA • Responsible Conduct of Research Human Subjects Research 	<ul style="list-style-type: none"> • Criminal Background Check • Toxicology Screen • TB Test 	<ul style="list-style-type: none"> • Hepatitis B, MMR, Tdap, Varicella (required upon matriculation) • Influenza vaccination • COVID vaccination required at some sites and strongly encouraged at others.

CLERKSHIP OBJECTIVES

Clerkship educational program objectives are consistent across all seven Clerkships and are aligned with [NEOMED’s College of Medicine Educational Program Objectives \(COM EPO\)](#). Throughout the Clerkships, students will continue to learn and refine skills, knowledge, attitudes and professional behavior to move towards demonstrating entrustable behaviors. These competencies form the basis for the Student Performance Evaluation (SPE) that is used to assess student performance in all Clerkships.

By the end of the Clerkship, students will:

Clerkship Objectives	Alignment to COM EPOs
1. Gather patient information in a hypothesis-directed manner and perform an accurate physical examination for those patients presenting with traumatic injury, acute infections, cardiovascular or respiratory illness.	1.1, 1.2
2. Develop a prioritized differential diagnosis for the undifferentiated and acutely ill patients with recommended diagnostic testing for those patients presenting with injury, mental status changes, respiratory distress, abdominal pain or chest pain.	1.3
3. Generate an assessment and management plan and reasoning for the plan based on immediate life threats and whether not the patient is a stable vs non-stable patient.	1.4
4. Apply medical knowledge of clinical disorders to patient evaluations, specifically disorders related to trauma injury, stroke, cardiovascular disease and pulmonary disorders.	2.1
5. Apply knowledge of evidence-based medicine to answer patient care related	3.1

questions.	
6. Demonstrate empathetic, honest, and bi-directional communication with patients and families.	4.2
7. Demonstrate clear, effective, and complete communication with the interprofessional health care team in both written and verbal forms.	7.1
8. Fulfill one's professional obligations by displaying professional behavior and demonstrating a commitment to ethical principles (e.g., respecting patient autonomy and responding to patient needs that supersede self-interest).	5.1, 5.2, 5.3
9. Formulate individual learning goals based on personal strengths and limitations, respond appropriately to feedback and seek help when needed.	8.1
10. Identify and address potential barriers to communication with patients, families, and colleagues, including linguistic, educational, and cultural diversity, the psychosocial determinants of health, and patient/family preferences.	4.1

CLERKSHIP RESOURCES

Reading during the Clerkship should include both textbooks and journal literature. Students should read about specific problems encountered with their own patients, as well as subjects of general importance in emergency medicine. Specific reading assignments from both text and the periodic literature may be required at the discretion of the Clerkship Site Director or other designees.

Primary Resource

1. Clerkship Directors in Emergency Medicine. (2011) [Emergency Medicine Clerkship Primer. A Manual for Medical Students](#). Lansing, MI: EM Clerkship Directors in Emergency Medicine. (Last accessed June 28, 2021).

Online Resources

American College of Surgeons

- o Video resource(s) [The American College of Surgeons | ACS \(facs.org\)](#)

Aquifer

Resource that provides essential knowledge and clinical reasoning skills for health profession students.

CANVAS

The online learning and collaboration system, CANVAS, will be used in M3 to post Clerkship educational materials including, but not limited to, course and Clerkship syllabi, Clerkship materials and core curriculum lecture videos. The web address for CANVAS is: <https://neomed.instructure.com/>.

Council of Emergency Medicine Residency Directors

- o [EMRA and CORD Student Advising Guide](#)
- o [EMRA Advising Resource Web Page](#)
- o [EMRA's Student-Resident Mentorship Program](#)
- o The Vocal Cord: [Council of Residency Directors in Emergency Medicine Blog](#)
- o [EMRA Hangouts](#)
- o [Emergency Medicine Clerkship Primer](#)
- o [Vimeo: Patient Presentations in Emergency Medicine](#)
- o [CDEM Curriculum](#)
 - Chest Radiograph
- o [EM Basic Podcast](#)
- o [iMedicalApps Emergency Medicine Apps](#)

OASIS

It is the sole responsibility of the student to check for updates daily. Grades, CSEP submittal, and schedules will be accessible through OASIS. The web address for OASIS is <https://neomed.oasisscheduling.com/>. Your Office 365 credentials are used to login to both systems.

uWorld

Resource that provides clinical and knowledge-based questions as a study option. <https://p.uworld.com>

Websites, Blogs, Podcasts and Videocasts

- [Academic Life in EM \(aliem.com\)](#)
- [EMCrit Blog - Emergency Department Critical Care & Resuscitation](#)
- [emDocs](#)
- Life In The Fastlane, ECG Library
 - [EKG Library • LITFL • ECG Library Basics](#)
- Rational Evidence Based Evaluation of Literature in Emergency Medicine ([REBEL EM](#)) Blog
- EM Basic [Podcast](#)
- EM Clerkship [Podcast](#)
- Life In The Fastlane, #FOAMed
 - [FOAM • LITFL • FOAMed resources](#)
- Core Ultrasound
 - [Core Ultrasound](#)
- Taming the SRU, Emergency Medicine Tamed
 - [Taming the SRU](#)

Secondary Resources

1. Marx, J.A., Hockengerger, R.S., Walls, R.M. (2014) [Rosen's Emergency Medicine: Concepts and Clinical Practice, 8th ed.](#) Philadelphia, PA: Saunders/Elsevier, Inc.
2. Tintinalli, J., Stapczynski J., Ma, O.J., Yealy D., Meckler G, Cline D. (2016) [Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8th ed.](#) New York: McGraw/Hill.
3. Markovchick, V., Pons, P., Bakes, K., Buchanan, J. (2015) [Emergency Medicine Secrets, 6th ed.](#) Elsevier.

CLERKSHIP STRUCTURE

Orientation

The Clerkship begins with orientation focusing on Clerkship goals and objectives, student responsibilities, schedules, and assessment methods. Students will be provided information on relevant hospital policies and procedures, personnel contact information, meal allowances (if applicable) and parking. The orientation will include instructions on the risks of infection, techniques for reducing the spread of infection and site-specific hospital protocol to be followed in the event of exposure to an infectious or environmental hazard or other injury.

All students are required to watch the orientation videos prior to the start of the Clerkship. Please refer to the Emergency Medicine folder on CANVAS.

Pre-Reporting Assignment

In preparation for the first day of the Clerkship, students are expected to review the video(s) located within CANVAS.

Call and Work Hours

Students will work an average of 45 hours per week for each of the 3 weeks. Schedule should include day, afternoon, and *evening shifts* including 2 weekend shifts. Total number of hours per shift may vary per site but is accounted for in the number of shifts.

First Day Reporting

First day reporting information varies by clinical site. Please see OASIS for first day reporting information.

LEARNING ACTIVITIES

Students will have access to lectures, either live or virtual, and the opportunity to participate in case conferences, depending on the Clerkship site. Students at all sites are required to attend any lectures, conferences or Grand Rounds listed on their schedule for their site. Each Clerkship rotation will be composed of a combination of clinical activity and related materials, didactics, simulation, reading as well as a variety of other activities.

Instructional Methods/Learning Strategies

A variety of learning strategies will be used during the Clerkship to help you achieve your goals. Strategies may include but are not limited to:

- Patient encounters in the emergency department
- Small group discussions
- Conferences and lectures
- Workshops
- Core educational lecture videos
- Textbooks
- Simulation

Overview

Week	Topics	Aquifer Cases/American College of Surgery Videos	Highly Recommended	Other NEOMED Requirements (Due Sunday by 11:59 pm)
Pre-Work	Orientation		<i>Review Website</i> <ul style="list-style-type: none"> • CDEM M3 Curriculum 	<ul style="list-style-type: none"> • EM Videos <ul style="list-style-type: none"> ○ Orientation • How to Get the most out of your Emergency Medicine Clerkship • Basic Communication
1	<ul style="list-style-type: none"> • Trauma • Shock • Appendicitis 	<i>American College of Surgeon Videos</i> <ul style="list-style-type: none"> • Trauma I: Initial Trauma Evaluation • Trauma II: Diagnosis 		<ul style="list-style-type: none"> • Emergency Medicine Clerkship Primer <ul style="list-style-type: none"> ○ Reading Chapters 7, 8, 9, & 16 • Approach to the Undifferentiated Patient • The Consultation Process

		and Management <ul style="list-style-type: none"> • Shock 		<ul style="list-style-type: none"> • Update CSEP • uWorld
2	<ul style="list-style-type: none"> • Trauma Resuscitation 	<u>Aquifer Wise-MD Case</u> <ul style="list-style-type: none"> • Appendicitis 		<ul style="list-style-type: none"> • <u>Emergency Medicine Clerkship Primer</u> <ul style="list-style-type: none"> ○ Reading Chapters 10, 11, & 20 • Update CSEP • uWorld
3				<ul style="list-style-type: none"> • <u>Emergency Medicine Clerkship Primer</u> <ul style="list-style-type: none"> ○ Reading Chapters 17, 18, & 19 • Update CSEP • uWorld

Didactics

Participation in emergency medicine residencies curricula is required as assigned.

Simulation

Opportunities to learn through simulation may occur locally, at NEOMED, at ABIA or at any of the emergency medicine residencies and required as assigned.

Reading

Reading assigned from the Emergency Medicine Clerkship Primer and encouraged from one of the two main emergency medicine textbooks (Rosen or Tintinalli). Another good text for student purchase is EM Secrets.

Required Reading Assignment

- By Wednesday of Week 1
 - Chapter 7: Performing a Compliant-Directed Physical Examination
 - Chapter 8: Data-Gathering Skills
 - Chapter 9: Developing a Case-Specific Differential Diagnosis
 - Chapter 16: Enhancing Your Oral Presentation Skills
- By Monday of Week 2
 - Chapter 10: Diagnostic Testing in the Emergency Department
 - Chapter 11: Developing Your Plan of Action
 - Chapter 20: Procedural Skills
- By Monday of Week 3
 - Chapter 17: Interacting with Consultants and Primary Care Physicians
 - Chapter 18: Patient Satisfaction – Meeting Patients’ Expectations
 - Chapter 19: Providing Anticipatory Guidance

Recommended Reading Assignment

- Chapter 1: Introduction to the Specialty of Emergency Medicine
- Chapter 2: Introduction to the Emergency Medicine Clerkship
- Chapter 4: Unique Educational Aspects of Emergency Medicine
- Chapter 5: Differences Between the Emergency Department, the Office, and the Inpatient Setting

- Chapter 6: Undifferentiated and Differentiated Patients
- Chapter 12: Diagnosis: Is It Possible? Is It Necessary?
- Chapter 13: Disposition of the Emergency Department Patient
- Chapter 14: Discharge Instructions
- Chapter 15: Documentation
- Chapter 22: How to Get the Most Out of Your Emergency Medicine Clerkship
- Chapter 23: Introduction to the Core Competencies

Student-Specified Individual Learning Goals

The Liaison Committee on Medical Education (LCME), the accrediting body for medical schools, expects that the curriculum provides opportunities for self-directed learning experiences that involve medical students’ self-assessment of learning needs and the independent identification, analysis, and synthesis of information relative to their learning needs. Therefore, at the beginning of each Clerkship rotation, each student will identify 2-3 learning goals, including a personal wellness goal. At the end of each Clerkship, students will reflect on their attainment of their self-identified goals. Students will submit their goals and a summary of the achievement of those goals via CANVAS, which will provide a cumulative record of their personal learning goals for the entire Clerkship year. Students also will be expected to make their site directors aware of their goals so that the Clerkship learning experience may be enhanced and/or feedback provided accordingly. Guidelines for writing SMART goals are provided on the CANVAS site.

Specifically, students must upload the initial goals for each Clerkship by 11:59 p.m., Sunday of the first week of each Clerkship. At the end of the Clerkship, and prior to the final assessment meeting, students must record their progress toward achievement of each goal and prepare to discuss the status with their site director. The progression will be submitted on CANVAS by the last Friday of the Clerkship at 5:00 pm.

Clinical Skill Experience Portfolio (CSEP)

The Emergency Medicine Clinical Skills Experience Portfolio (CSEP) is an electronic checklist of clinical experiences developed for the Clerkship and designed for students to use to track their progress in developing knowledge and skill in the following areas:

- Diagnoses/Symptoms/Clinical Scenarios
- Physical Examinations
- Procedures/Technical Skills
- Additional Clinical Activities
- Additional Learning Activities

The CSEP list represents the minimum number and type of experiences required in the Clerkship. The expectation is that you will participate in a broader array of clinical experiences that become available to you during your rotation. A list of supplemental or alternative activities is also available as an [Appendix](#) and in CANVAS in the unlikely event that a student is not exposed to a particular experience.

Students are required to:

1. update the CSEP in OASIS on a weekly basis,
2. review their CSEP progression and completion of items with the Clerkship Site Director at the midpoint,
3. review the CSEP progress and completion of items with the Clerkship Site Director at the end of the Clerkship.

<p>Emergency Medicine Clerkships Clinical Skills Experience Portfolio (CSEP) Content</p>
<p>Diagnosis</p>

• Abdominal/Pelvic Pain	• Back Pain	• Bleeding
• Chest Pain	• Chronic Obstructive Pulmonary Disease Exacerbation	• Congestive Heart Failure
• Dizziness/Vertigo/Syncope	• Gastroenteritis	• Headache
• Head injury	• Pneumonia	• Transient Ischemic Attack (TIA)/Stroke
• Upper or Lower Extremity Pain		
Physical Examination		
• Abdominal Examination	• Cardiovascular Examination	• Extremity Examination
• Neurologic Examination	• Thoracic Pulmonary Examination	
Additional Clinical Activities		
• Give an assessment-oriented patient presentation to attending or resident	• Review chest X-ray with attending or resident	• Review electrocardiogram (EKG) with attending or resident
• Review musculoskeletal X-ray with attending or resident	• Write and submit one patient note to Clerkship site director	
Additional Learning Activities		
• Actively participate in the care of at least 15 patients.		
• Complete mid-course feedback session with Site Director.		
• Develop and submit personal rotation goals by end of week one.		
• Read required chapters in Emergency Medicine Clerkship Primer (Clerkship Directors in Emergency Medicine 2008) as directed in syllabus and as needed to ensure familiarity with all diagnoses listed under “Diagnosis” section of CSEP.		
• Submit progress on personal goals by end of Clerkship.		
• Watch 3 online videos on CANVAS (as outlined in syllabus).		

Formative and Mid-course Feedback

The Emergency Medicine Clerkship places emphasis on providing students with continuous feedback on their knowledge, skills, and attitudes. Your final grade report form will reflect the feedback provided to you throughout the rotation.

Mid-rotation and end-of-rotation communication will be scheduled during the Clerkship for you to:

1. discuss your performance based on the assessment forms completed by faculty during the week of the rotation and a self-assessment of your performance,
2. review clinical progress via your Clinical Skills Experience Portfolio (CSEP),
3. plan activities for the week to match your learning objectives and individual learning goals, and
4. address any problems or concerns.

Aquifer Online Case(s)

You are required to complete the online case through Aquifer Wise-MD. The case is accessed in the same way that you completed the online case for orientation.

Required Aquifer Wise-MD

- Wise-MD: Appendicitis

uWorld

You are required to complete uWorld questions throughout the Clerkship. See CANVAS for specific assigned questions and due dates. www.uworld.com

uWorld Question Topics

- Week 1 – Trauma/Shock/Appendicitis
- Week 2 – Trauma Resuscitation

American College of Surgeons (ACS) Videos

By the end of each week, students are integrating content that correlates with the Emergency Medicine and the Surgery Clerkship rotations to further develop a broader understanding and knowledge base specific to identified topics. Students are expected to review the assigned videos in the American College of Surgeons (ACS) website by Sunday at 11:59 pm of the first week of the Clerkship.

Required ASC Videos

- [Trauma I: Initial Trauma Evaluation](#)
- [Trauma II: Diagnosis and Management](#)
- [Shock](#)

Student Conferences

Clerkship students may meet with the Clerkship Site Director (or designated faculty) to discuss recent patient encounters. These sessions provide structured time for students and a faculty leader to discuss:

- diagnosis and management of acute care problems and patients,
- principles and processes of patient care in emergency medicine,
- care of a patient in the context of his/her family, and
- community health issues and resources.

Surgery National Board of Medical Examiners (NBME) Practice Subject Examination

It is highly recommended that students use the full 10-week Surgery/Emergency Medicine/PPC time period to study for the Surgery Subject Examination. Students will have limited time during the Surgery Clerkship to focus on studying. For the Surgery Clerkship, **students are required to complete the practice subject examination 5 weeks into the 10-week study period.** Email your site directors the results of your practice examination once you have taken it. The first practice subject examination is taken via a voucher provided by email from NEOMED.

It is strongly recommended to take a second practice test at least one week prior to the subject examination for self-assessment purposes and insight into how to focus study in the final week (or more) of the Clerkship. The Surgery Practice Exam is part of Clinical Science Mastery Series and can be purchased by logging into NBME Self-Assessment Services at <https://www.nbme.org/taking-assessment/self-assessments>.

Consider using [study tips](#) for NBME subject exams put together by NEOMED students in the Class of 2018.

COURSE GRADING AND ASSESSMENT

Assignment/ Assessment	Grade Criteria	Type of Feedback	Date Scheduled/Due
Clinical Performance			
Student Performance Evaluation (SPE)	<ul style="list-style-type: none"> Behavioral anchors for each rating in each competency and formula for final rating/grade 	<ul style="list-style-type: none"> Rubric with Narrative Feedback 	<ul style="list-style-type: none"> Feedback is recorded throughout the Clerkship via student evaluation forms. The Clinical Grade will be generated at the conclusion of the course by the Clerkship Site Director submitted to for final review and grade assignment to the Clinical Experience Director. Documentation of fulfillment of professional responsibilities (met/not met) is completed by Course Coordinator(s). <i>Items include: onboarding, CSEP completion, UWorld question completion, Aquifer cases, attendance, as well as other related administrative items. Failure to meet these responsibilities in a timely manner will result in a "Below Expectations" on the SPE.</i>
Clinical Skills Experience Portfolio (CSEP)	<ul style="list-style-type: none"> Satisfactory completion required 	<ul style="list-style-type: none"> Checklist of required activities 	<ul style="list-style-type: none"> Mid-course and end-of-rotation meeting with Site Director.

Final Clerkship Grade Categories

Evaluation of student performance is expressed as one of the following permanent grades: Honors, High Pass, Pass or Fail. Academic Incomplete or Incomplete are temporary grades assigned by the Clerkship Site Director, which indicate work in the course is incomplete. For Emergency Medicine This grade may be the result of excused absences or academic deficiencies identified in a Clerkship or NBME assessment. If the Incomplete is not completed within the stated time frame (not to exceed one calendar year), the "Incomplete" will become a Fail grade. Students can view assessment data on OASIS. *Please refer to [COM Grade Categories Policy](#) for further detail.

Final Clerkship Grade Category	Clinical Performance Grade	National Board of Medical Examiners (NBME) Grade
Pass (P)	<i>Pass</i>	<i>NBME subject exam not required</i>
Fail (F)	<i>Fail</i> <ul style="list-style-type: none"> "Below Expectations" rating in four or more individual items on the Student Performance Evaluation Form (SPEF) 	<i>NBME subject exam not required</i>
Incomplete (I)	<ul style="list-style-type: none"> Temporary grade indicating that work in the course is incomplete. 	

	This grade may be the result of excused absences or academic deficiencies identified.
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Grade Dispute

Grade Dispute guidelines are set forth in NEOMED’s [College of Medicine Grade Dispute Policy](#). A Grade Dispute is a formal request to change a Final Grade based on: 1) arithmetic, procedural or clerical error, 2) arbitrariness and capriciousness or 3) prejudice. Only Final Grades may be disputed. If a student disagrees with his/her Final Grade for a Clerkship, the student must first discuss the matter with the Clerkship Site Director assigning the grade within five (5) working days of posting of the Final Grade Report Form, as well as notify, in writing M3-M4GradeDispute@neomed.edu regarding the intent. Please refer to the policy for additional details on grade disputes.

Course Remediation

Guidelines specified in the *Compass* will be followed. Remediation is a privilege. Students are not guaranteed the opportunity to remediate. Student professionalism, for example, or lack thereof, may be factored into the decision to offer remediation.

“Below Expectations” rating in four or more individual items on the Student Performance Evaluation Form (SPEF):

- Student must repeat clerkship in its entirety including the NBME Subject Examination. The highest grade for a repeated Clerkship is “Pass”.
- Repetition of Clerkship will be scheduled by the College of Medicine /and Enrollment Services.
- *Exception: Aggregate professionalism or performance concerns may result in referral to the Committee on Academic and Professional Progress (CAPP) rather than remediation.

Committee on Academic and Professional Progress (CAPP) Standards for Unsatisfactory Performance and Academic Action:

CAPP standards in the *Compass* are not limited to but include the following for referral to CAPP:

- Aggregate performance and/or professionalism concerns.
- Failure of multiple NBME Subject Examinations.
- Failure of any remediation.
- Failure of a repeated Clerkship.

COURSE POLICIES & PROCEDURE

Students are responsible for:

- Knowing where they are supposed to be at all times.
- Asking for guidance if unsure (not knowing expectations is not acceptable).
- Performing according to the articulated guidelines – study them, know them and perform.
- Owning their education.
- Defining their learning agenda each day.
- Following all Hospital Institutional Policies as instructed

Students should refer to the NEOMED Policy Portal for a full list of Clerkship Course Policies (<https://www.neomed.edu/policies/>) and the NEOMED [Compass](#), 2023-2024, for further details.

Attendance and Time Off Clerkship

[Attendance guidelines](#) for all sessions are set forth in NEOMED’s policy Attendance at Instructional Sessions

- Absences must be discussed your site director and an Absence Notification Form must be submitted to NEOMED after a make-up plan is discussed.

- Request to present at a [professional conference](#) or fulfill a professional obligation should be completed online at least 6 weeks in advance.
- [Religious Holiday Observation](#) requests should be submitted for the first half of the year by July 1st and by November 1st for those holidays falling after January.

Blood Borne Pathogen Policy

If the Exposure Incident occurs at a clinical site, first notify the clinical director or preceptor and then report to the Employee Health clinic, designated medical department or facility for that institution, for treatment and/or evaluation according to the site guidelines.

Curriculum Contact Hours

In compliance with guidelines established by the Liaison Committee on Medical Education (LCME) and in accordance with the NEOMED Curriculum Contact Hours Policy, students will not be required to work longer hours than residents.

Clinical Supervision and Safety

Students should be appropriately supervised in learning situations that involve patient care and the activities supervised should be within the scope of practice of the supervising health care professional.

- Follow OSHA guidelines and appropriate patient safety procedures (handwashing, mask, gloves) as directed by the clinical site.
- If you are in doubt, err on the side of caution by taking a chaperone (fellow student, attending, nurse or security).

Mistreatment

Any issues or concerns regarding the Clerkship, house staff, personnel, patient availability, etc., should be addressed to the Clerkship Site Director. Any issues or concerns regarding the course, course faculty and staff, etc., should be addressed to the CED of Associate Dean of Experiential Education.

- Issues or concerns should be addressed as quickly as possible to foster early resolution.
- Concerns regarding misconduct also may be reported confidentially or anonymously using the [Inappropriate Behavior Reporting Form](#).
- Students who feel they have been harassed or discriminated against should discuss the matter with their Associate Dean of Experiential Education, the Director of Student Wellness and Counseling, or the Chief Student Affairs Officer.

Professionalism

NEOMED students sign and are held to the Honor Code [Expectations of Student Conduct and Professional Behavior](#) and must abide by all student policies contained within *The Compass*. Failure to do so may result in referral and review by either CAPP or the Student Conduct Council.

- Hospitals and their academic departments reserve the right to determine appropriate attire for their sites and may impose additional requirements.

Subject Examination and Illness Protocol

Updated 2.10.22

1. If significantly ill the day of an M3 NBME Subject Examination and unable to take your examination, please reach out to the people below to notify them that you are unable to come. Notification of illness must be completed by 8:00 am the day of the examination. You do not need to wait for a reply although we will be reaching out to contact you.
 - a. The Associate Dean of Educational Experience who is acting in the position of M3 course director, Dr. Nofziger, snofziger@neomed.edu
 - b. The M3 Coordinator Team through the M3 Clerkships email: m3clerkships@neomed.edu

- c. The assessments team assessments@neomed.edu
2. If ill during the week of an examination, please reach out to the following people to notify them that you are ill and discuss a plan going forward. We will work with an assessments team that week if necessary.
 - a. The Associate Dean of Educational Experience who is acting in the position of M3 course director, Dr. Nofziger, snofziger@neomed.edu
 - b. The M3 Coordinator Team through the M3 Clerkships email: m3clerkships@neomed.edu

We do not offer subject examinations during weekends or during your subsequent Clerkship. Students that do not take their examination at the originally scheduled time will need to reschedule the examination during designated breaks in your schedule. These time periods include winter break, the elective period, and after your final Clerkship is complete. All retake/remediation examinations are on the Rootstown Campus unless they fall during winter break when the campus is closed.

Safety/Clinical Supervision

1. The availability of emergency care. All NEOMED students are required to have health insurance coverage. Students who are approved for electives at an international site are also required to purchase international health insurance before the elective experience will be approved. When students participate in electives outside of a NEOMED-affiliated site, NEOMED may be asked by the site to enter into an affiliation agreement with the site to address the obligations of the student, the site, and NEOMED. NEOMED reviews all affiliation agreements to ensure that they contain a provision that requires the site to agree to provide emergency care to any NEOMED student participating in an elective at the site.
2. The possibility of natural disasters, political instability, and exposure to disease. Information about natural disasters, political instability and exposure to disease is considered when approving any domestic or international elective experience. For international electives, NEOMED relies heavily on information provided by International SOS and the U.S. State Department (travel.state.gov) to guide the acceptability of and ensure the safety of students who seek electives at an international location. Students who seek to travel to a country with a U.S. Department of State-issued travel warning require approval from the International Experience Committee. Students who seek to travel to a country not under a travel warning require approval from the Office of Global Engagement (OGE). The OGE is integrally involved in clearing students to travel to a location and providing guidance about safe travel to and from the location. The decision to permit a student to travel to an area that has a U.S. Department of State-issued travel warning is student-specific and considers the student's international travel experience, particular travel history to that country/locale, and personal resources in that country/locale. The Director receives routine travel notices, and he monitors the notices for sites at which NEOMED students are rotating. The OGE also provides all NEOMED students who are traveling with a copy of the report as well as a copy of the NEOMED access card for International SOS so that the student can access up-to-date reports while on travel status. Finally, students must enroll with U.S. STEP (Smart Traveler Enrollment Program) and provide proof of enrollment to the OGE. Enrollment in STEP provides an alert to the embassy or consulate in the area in which the student will be traveling, providing information such as the name of the student, the dates of travel and where the student will be staying so that the student can be located easily in case there would be a need for evacuation.
3. Students in the clinical setting must be supervised by a health care professional, including physicians and non-physicians, who is acting within his/her scope of practice. Students who are entrusted to be in a clinical situation without direct supervision must be assured ready access to

an appropriate in-house supervisor, i.e., an attending physician or resident. Off-site or telephone supervision is not acceptable.

Students may report concerns regarding inappropriate supervision and/or inappropriate delegation of tasks in several ways including, but not limited to, the course director, the site director, College of Medicine deans, and using the end-of-course evaluation form.

Student Accessibility Services

If you have a documented disability and wish to register with the University Student Accessibility Services Committee, you may do so by completing the Disability Registration and Accommodation Request form (linked above).

APPENDICIES

Appendix A: CSEP

Emergency Medicine (EM) CSEP	
Supplemental Activity Listing	
Diagnosis	
Abdominal Pain	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Internal Medicine 09: 55-year-old female with upper abdominal pain and vomiting • Internal Medicine 12: 55-year-old male with lower abdominal pain • Internal Medicine 36: 39-year-old male with ascites • Diagnostic Excellence 02: 35-year-old male with abdominal pain <p><u>Text Resources</u></p> <p>Emergency Medicine Secrets</p> <ul style="list-style-type: none"> • Chapter 16: Abdominal Pain, Nausea, and Vomiting <p><u>Video Resources</u></p> <p>Bates' Visual Guide</p> <ul style="list-style-type: none"> • OSCE Video: Abdominal Pain
Back Pain	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Family Medicine 10: 45-year-old male with low back pain <p><u>Text Resources</u></p> <p>Emergency Medicine Secrets</p> <ul style="list-style-type: none"> • Chapter 21: Low Back Pain <p><u>Video Resources</u></p> <p>Bates' Visual Guide</p> <ul style="list-style-type: none"> • OSCE Video: Back Pain
Bleeding	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Internal Medicine 10: 48-year-old female with diarrhea and dizziness • Diagnosis Excellence 01: Two females with iron-deficiency anemia
Chest Pain	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Internal Medicine 01: 49-year-old male with chest pain <p><u>Text Resources</u></p> <p>Emergency Medicine Secrets</p> <ul style="list-style-type: none"> • Chapter 15: Chest Pain <p><u>Video Resources</u></p> <p>Bates' Visual Guide</p> <ul style="list-style-type: none"> • OSCE Video: Chest Pain
Congestive Heart Failure	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Internal Medicine 04: 67-year-old female with shortness of breath and lower-leg swelling <p><u>Text Resources</u></p>

	<p>Emergency Medicine Secrets</p> <ul style="list-style-type: none"> • Chapter 30: Congestive Heart Failure and Acute Pulmonary Edema
Chronic Obstructive Pulmonary Disease Exacerbation	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Internal Medicine 28: 70-year-old male with shortness of breath and cough <p><u>Text Resources</u></p> <p>Emergency Medicine Secrets</p> <ul style="list-style-type: none"> • Chapter 28: Asthma, Chronic Obstructive Pulmonary Disease, and Pneumonia
Dizziness/Vertigo/Syncope	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Internal Medicine 07: 28-year-old female with lightheadedness • Internal Medicine 10: 48-year-old female with diarrhea and dizziness • Internal Medicine 36: 39-year-old male with ascites <p><u>Text Resources</u></p> <p>Emergency Medicine Secrets</p> <ul style="list-style-type: none"> • Chapter 18: Syncope, Vertigo, and Dizziness
Gastroenteritis	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Pediatrics 15: Two siblings: 4-year-old male and 8-week-old male with vomiting <p><u>Text Resources</u></p> <p>Emergency Medicine Secrets</p> <ul style="list-style-type: none"> • Chapter 16: Abdominal Pain, Nausea, and Vomiting
Headache	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Internal Medicine 24: 52-year-old female with headache, vomiting, and fever <p><u>Text Resources</u></p> <p>Emergency Medicine Secrets</p> <ul style="list-style-type: none"> • Chapter 17: Headache
Head Injury	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Pediatrics 25: 2-month-old male with apnea <p><u>Text Resources</u></p> <p>Emergency Medicine Secrets</p> <ul style="list-style-type: none"> • Chapter 84: Head Trauma
Pneumonia	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Internal Medicine 22: 71-year-old male with cough and fatigue <p><u>Text Resources</u></p> <p>Emergency Medicine Secrets</p> <ul style="list-style-type: none"> • Chapter 28: Asthma, Chronic Obstructive Pulmonary Disease, and Pneumonia
Transient Ischemic Attack (TIA)/Stroke	<p><u>Online Resources</u></p> <p>Aquifer Cases</p>

	<ul style="list-style-type: none"> Family Medicine 22: 70-year-old male with new-onset unilateral weakness <p><u>Text Resources</u> Emergency Medicine Secrets</p> <ul style="list-style-type: none"> Chapter 25: Transient Ischemic Attack and Cerebrovascular Accident
Upper or Lower Extremity Pain	<p><u>Online Resources</u> Aquifer Cases</p> <ul style="list-style-type: none"> Internal Medicine 30: 55-year-old with leg pain <p><u>Video Resources</u> Bates' Visual Guide</p> <ul style="list-style-type: none"> OSCE Video: Knee Pain
Physical Examination	
Abdominal Examination	<p><u>Text Resources</u> Bates' Guide</p> <ul style="list-style-type: none"> Chapter 19: The Abdomen <p><u>Video Resources</u> Bates' Visual Guide</p> <ul style="list-style-type: none"> Video 13: Abdomen
Cardiovascular Examination	<p><u>Text Resources</u> Bates' Guide</p> <ul style="list-style-type: none"> Chapter 13: The Cardiovascular System <p><u>Video Resources</u> Bates' Visual Guide</p> <ul style="list-style-type: none"> Video 10: Cardiovascular System <p>The Stanford Medicine 25</p> <ul style="list-style-type: none"> Cardiac Second Sounds
Extremity Examination	<p><u>Text Resources</u> Bates' Guide</p> <ul style="list-style-type: none"> Chapter 23: The Musculoskeletal System <p><u>Video Resources</u> Bates' Visual Guide</p> <ul style="list-style-type: none"> Video 16: Musculoskeletal System <p>The Stanford Medicine 25</p> <ul style="list-style-type: none"> Knee Exam Shoulder Exam
Neurologic Examination	<p><u>Text Resources</u> Bates' Guide</p> <ul style="list-style-type: none"> Chapter 24: The Nervous System <p><u>Video Resources</u> Bates' Visual Guide</p> <ul style="list-style-type: none"> Video 17: Nervous System: Cranial Nerves and Motor System, Musculoskeletal System Video 18: Nervous System: Sensory System and Reflexes <p>The Stanford Medicine 25</p> <ul style="list-style-type: none"> Pupillary Responses
Thoracic Pulmonary Examination	<p><u>Text Resources</u> Bates' Guide</p> <ul style="list-style-type: none"> Chapter 15: The Thorax and Lungs

	<p><u>Video Resources</u> Bates' Visual Guide</p> <ul style="list-style-type: none"> • Video 9: Thorax and Lungs <p>The Stanford Medicine 25</p> <ul style="list-style-type: none"> • Pulmonary Exam
Additional Clinical Activities	
Give an assessment-oriented patient presentation to attending or resident	<p><u>Online Resources</u> Clerkship Directors in Emergency Medicine (CDEM)</p> <ul style="list-style-type: none"> • Chapter 16: Enhancing Your Oral Case Presentation Skills <p><u>Video Resources</u> CANVAS</p> <ul style="list-style-type: none"> • Video: EMRA: Patient Presentations in Emergency Medicine
Review chest X-ray with attending or resident.	
Review electrocardiogram (EKG) with attending or resident.	
Review musculoskeletal X-ray with attending or resident.	
Write and submit one patient note to Clerkship site director.	<p><u>Online Resources</u> Clerkship Directors in Emergency Medicine (CDEM)</p> <ul style="list-style-type: none"> • Documentation of EM Encounters • Documentation
Additional Learning Activities	
<ul style="list-style-type: none"> • Actively participate in the care of at least 15 patients. 	
<ul style="list-style-type: none"> • Complete mid-course feedback session with site director. 	
<ul style="list-style-type: none"> • Develop and submit personal rotation goals by end of week one. 	
<ul style="list-style-type: none"> • Read required chapters in Emergency Medicine Clerkship Primer (Clerkship Directors in Emergency Medicine 2008) as directed in syllabus and as needed to ensure familiarity with all diagnoses listed under "Diagnoses" section of CSEP. 	
<ul style="list-style-type: none"> • Submit progress on personal goals by end of clerkship. 	
<ul style="list-style-type: none"> • Watch 3 online lecture videos on CANVAS (as outlined in syllabus – Principles of Emergency Medicine/Patient Approach, Acute Injury, Disasters). 	