



# Department of Emergency Medicine Queen's University

## Clerkship Guidelines

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Departmental website <http://meds.queensu.ca/medicine/emergency>

**DEPARTMENT OF EMERGENCY MEDICINE  
QUEEN'S UNIVERSITY**

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**Link to Emergency Medicine Website**

<http://meds.queensu.ca/medicine/emergency>

**Link to EDIS Training Website**

You must use Google Chrome 17 or later  
Internet Explorer 9 or later  
Safari 5.1 or later

<https://meds.queensu.ca/central/community/kglearning:edis/edis>

## EMERGENCY MEDICINE

### Organization and overall aims

The clerkship rotation in Emergency Medicine is two weeks long. During this rotation the student is expected to do 7-8 shifts in the Emergency Department at either Hotel Dieu or Kingston General Hospitals. The rotation in Emergency Medicine gives the student the opportunity to evaluate a variety of patients presenting with undifferentiated illness. The student works closely with Emergency Physicians and senior residents and functions in an environment that combines autonomy with supervision proportional to the ability of the student. The student has the opportunity to perform a variety of technical skills (see objectives below) under direct supervision.

The overall goal for the clerkship rotation in Emergency Medicine at Queen's University is for the student to develop bedside skills in the assessment, problem formulation, management and disposition of undifferentiated patients with acute illness. The Emergency Medicine rotation provides a unique opportunity for the student to practice and improve their skills at decision-making and clinical reasoning.

### Emergency Clerkship Schedules

Requests for any Personal Days or Conference Leave during your peri-op rotation in Emergency Medicine, please contact Jane Gordon, Clerkship Curriculum Coordinator at UGME for approval. Her email address is [ugme.clerkship@queensu.ca](mailto:ugme.clerkship@queensu.ca).

The time off form can be found here:

[https://meds.queensu.ca/central/community/clerkship:additional\\_forms?section=view-folder&id=540](https://meds.queensu.ca/central/community/clerkship:additional_forms?section=view-folder&id=540)

Schedules will be posted to Phase III website 1 week prior to start of rotation.

Only one student will be on duty at any given time at either HDH or KGH. There are 7-8 shifts over a 2-week period that the Emergency Medicine rotation will cover. (when only a 1 week rotation 4-5 shifts).

**Shifts are scheduled 7 days a week and include the final Sunday of the block.**

**All requests for shift changes must be submitted to the Program Coordinator for approval. Clerks are not permitted to work "back to back" shifts such as (0800-1600 and 1600-2400) or from an evening shift to day shift.**

## **Clinical Responsibility**

1. Students should report to the Emergency Physician on duty the first day of the rotation. They will be given a brief introduction to the Emergency Department and its operation. They should work in the area that the Senior Resident is working at the Kingston General Hospital (KGH). This will usually mean working in Section D on day shifts and Section A on evening shifts.
2. Students will work under the direct supervision of the duty Emergency Physician. Students will assess patients and present their clinical findings; analysis and management plan to the Emergency Physician or Senior Resident before ordering them.
3. Orders for diagnostic tests or therapy need to be discussed with and approved by the Emergency Physician.
4. History and physical findings are recorded on the Emergency Department chart. It is necessary that the record is clear and concise.
5. Patients assessed cannot be discharged without being seen by the Emergency Physician.
6. Students at all times should behave in a professional manner. This includes the wearing of proper attire (scrubs, lab coat or professional attire – no jeans) and identifying name tag, appropriate communication with the patient's relatives, attention to the patient's safety and confidentiality and the practice of good infection control techniques (ie wash hands after each patient encountered).

## Objectives

1. The student is expected to perform a focused history and physical exam specific to the following clinical presentations, formulate a differential diagnosis and develop a plan for management and disposition. Differential diagnosis should include consideration of potential life threatening pathologies. By the end of the rotation the student should have developed an organized basic approach to assessment and management of these common problems. The student should see at least one each of the following clinical presentations:

- a. Chest pain
- b. Shortness of breath
- c. Acute abdominal pain
- d. Headache
- e. Eye complaints (i.e. eye pain/visual loss)
- f. Ear/nose /throat complaints (i.e. epistaxis/pharyngitis/otitis media)
- g. Fever
- h. Musculoskeletal pain or injury
- i. Psychiatric illness (i.e. depression/anxiety/schizophrenia/ assessment of suicide risk)
- j. Poisoning/overdose
- k. Geriatric assessment (i.e. general weakness/syncope)

2. The student should perform at least one each of the following technical skills during the two week rotation. A log card will be issued on which the student should record that the skill was performed and have the RN or MD that supervised the skill initial the card.

- Record and interpret a 12 lead ECG
- Perform venipuncture for blood sampling
- Perform simple suturing
- Apply a short arm or below knee leg cast or splint
- Assist in the set up of bedside monitoring devices and intravenous infusions
- Perform a slit lamp examination

While the student will receive bedside teaching and a high degree of clinical supervision during the rotation, it is the responsibility of the student to do independent reading around the approach to the above clinical presentations and to have reviewed the appropriate technical skills modules prior to or during the rotation. It is the responsibility of the student to keep track of the types of patients they have assessed and procedures they have done during the rotation. The student should take the initiative to ensure that they have met the specific objectives by the end of the rotation. The end of block OSCE and exam will assess the student's knowledge related to these objectives.

The student is expected to provide an organized oral presentation to the staff physician or senior resident following each clinical encounter. This presentation should include the pertinent historical and physical information as well as a differential diagnosis and proposed plan for investigation and management.

The student is expected to legibly record appropriate information in EDIS.

## **Orientation**

An orientation to the Periop rotation will be held once at the beginning of the block. Questions regarding the EM portion of the rotation can be directed to Susan Holland (Program Coordinator) Department of Emergency Medicine, Victory 3, KGH, ext 3530.

## **Evaluation**

The student will find in both Emergency Departments evaluation forms entitled “PGY1-5 RCPSC Program/Medical Student Daily Evaluation Forms”. The student is responsible for:

- Recording a brief description of the procedures and patient problems encountered over the course of the shift as well as commenting on the shift
- Having the attending physician or senior resident complete their portion of the evaluation form
- **Depositing the completed form in the locked box provided in the Emergency Department at the end of each shift**
- **\*\* Do not take these forms out of the Emergency Departments, they are collected daily for review.**

**All forms must be completed by the end of the two week rotation**

The student’s mark for the Emergency Medicine portion of the Periop rotation will be determined through consideration of the daily assessments by the attending physicians/senior residents in addition to attendance at teaching sessions and the score on the end of block exam and technical skills OSCE.

## **Formal Teaching**

(see EM website <http://meds.queensu.ca/medicine/emergency>)

## **Periop Teaching**

Students are expected to attend all of the Periop block seminars / Periop technical skills sessions and are excused from clinical duties for these seminars. (Casting skills training must be attended which is held usually on the first Wednesday morning of the EM rotation (unless you are notified of a date change).

Emergency Medicine Teaching Shift – held each 2 week block (Check MedTech for the exact dates, times and location)

*Additional teaching during the Emergency Medicine rotation includes:*

Emergency Medicine Grand Rounds – Every Thursday (September-June 30<sup>th</sup>) 8:30  
Richardson Amphitheater Rm L104

Resuscitation Drills – Every Friday 8:00 – 10:00 – New Simulation Centre located on the 2<sup>nd</sup> floor of the new Medical Building 15 Arch Street, Debriefing Room 200

As part of your Emergency Medicine rotation, you are expected to attend these teaching sessions, and to sign-in on the sheets provided. Attendance is not mandatory, but it is strongly encouraged.

Attendance will be tracked and used by the course director in cases of borderline performance.

### **MANDATORY Learning Modules**

Modules for learning a series of undergraduate technical skills may be accessed by:

<http://meds.queensu.ca/education/simulation/undergraduate-medicine>

The following modules are **mandatory** for students and should be completed **prior to the end of your two week EM block**. Material from these modules may be tested at the end of block OSCE. Please hand in test sheets from modules to show that you have completed them either by email or drop off to Susan Holland on Victory 3, room 3-3-226.

- **Module 1: Carpal Bones**
- **Module 2: Radiographic Examination of Ankle Bones**
- **Module 3: Analysis and Interpretation of the Electrocardiogram**
- **Module 4: Pediatric Elbow Radiology**

### **Communication**

Department website: <http://emergencymed.queensu.ca/education/undergrad>

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