

PART C. REQUIRED CLERKSHIP FORM

Clerkship title:	BASIC EMERGENCY MEDICINE CLERKSHIP		
Sponsoring department or unit:	Department of Emergency Medicine		
Name of clerkship director:	Julianna Jung, MD		
Duration (total # of weeks):	4		
Offered in:	(check) <input type="checkbox"/>	<input checked="" type="checkbox"/> Year Three	<input checked="" type="checkbox"/> Year Four

Rotations

List the required rotations that are part of the clerkship, and the average amount of time spent in each (if there are variations across sites, provide a range).

Course Sessions

Session Name	Grad Class			
Basic Emergency Medicine-Johns Hopkins Bayview Medical Center	2005			
	Session Elements			
	Element Name	Category Name	Hours	Weight
	Count: Faculty per Rotation	Clerkship Clinic Resources	6.0	0
	Count: Residents per Rotation	Clerkship Clinic Resources	8.0	0
	Count: Students per Rotation	Clerkship Clinic Resources	3.0	0
	Methods: Conference Hrs/Week	Clerkship Clinic Resources	4.0	0
	Methods: Lecture Hrs/Week	Clerkship Clinic Resources	6.0	0
	Methods: Residents participate in teaching	Clerkship Clinic Resources		0
	Patients: Patient Logs are kept	Clerkship Clinic Resources		0
Site: Ambulatory / Outpatient	Clerkship Clinic Resources		0	
Site: Inpatient	Clerkship Clinic Resources		0	
Basic Emergency Medicine-Johns Hopkins Hospital	2005			
Session Elements				

Element Name	Category Name	Hours	Weight
Count: Faculty per Rotation	Clerkship Clinic Resources	6.0	0
Count: Residents per Rotation	Clerkship Clinic Resources	15.0	0
Count: Students per Rotation	Clerkship Clinic Resources	6.0	0
Methods: Conference Hrs/Week	Clerkship Clinic Resources	4.0	0
Methods: Lecture Hrs/Week	Clerkship Clinic Resources	6.0	0
Methods: Residents participate in teaching	Clerkship Clinic Resources		0
Patients: Patient Logs are kept	Clerkship Clinic Resources		0
Site: Ambulatory / Outpatient	Clerkship Clinic Resources		0
Site: Inpatient	Clerkship Clinic Resources		0

What is the average percentage of clerkship time spent in an ambulatory setting?

70-75%

Clerkship Objectives

Are there written objectives for the clerkship?

Yes | X | No |

Describe the process used to specify the number and kind of patients and the clinical settings needed to meet the clerkship objectives. How are students' clinical experiences verified to assure that objectives are being met?

Preparation for Teaching

If resident physicians teach in the clerkship or otherwise supervise medical students, how are they informed about the clerkship objectives and prepared for their teaching role?
Residents and faculty are given copies of the clerkship objectives and information about their role in the course in both electronic and written form once per year.

How are faculty members across instructional sites oriented to the clerkship objectives and the evaluation system?

Students do shifts at two locations: Johns Hopkins Hospital, and Johns Hopkins Bayview Medical Center. Course objectives are disseminated electronically and in writing to all faculty at both sites each year. Faculty at both sites are also given a memo explaining the clinical evaluation process for students, and evaluation forms include directions. All faculty members at both sites are responsible for acting as clinical preceptors for students during their shifts, and all faculty are given course updates, student evaluation information, and feedback from course evaluations on a monthly basis. This information is disseminated electronically. Issues regarding the student program are also discussed at both joint and separate faculty meetings as needed. All faculty members at both sites who are involved with the didactic program remain in regular communication regarding planning and implementation of the lecture and lab series. Most of this communication is electronic, although the course director regularly “touches base” with all lecturers in person on lecture days. Johns Hopkins offers faculty development programs in Teaching Skills and Curriculum Development. These courses are available to all faculty at both sites, and are covered by tuition remission. Students fill out detailed course evaluations at the end of each clerkship. These are reviewed by the course director each month, and the results disseminated to faculty as above. As the patient populations are quite different across the two sites, the two clinical settings complement one another and broaden the students’ overall experience.

Methods for Evaluating Clerk Performance

What methods are used in the clerkship to evaluate students’ core clinical skills? How do you ensure that such observation occurs for all students?

- *Observation by faculty*
- *Observation by residents*
- *Structured observation by faculty*

List all contributors to the final clinical evaluation of the clerk (full-time faculty, volunteer attending physicians, resident physicians, others).

If NBME subject (shelf) examinations are used, give mean scores for the last three years.

Year			
Score			

Is a narrative evaluation of student performance submitted in addition to the clerkship grade?

Yes	X	No	
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Clerkship Outcomes/Evaluation

Comment on the adequacy of faculty (full-time, part-time, and volunteer), patients, and other resources for this clerkship. There are plenty of faculty and patients available in terms of absolute numbers. The limiting factor for clinical education in EM is the high acuity and volume of patients. Patient care responsibilities often limit the amount of time that educators are available to supervise and instruct students.

Provide a summary of student feedback on the clerkship (and any other evaluation data) for the past two years. Note any recent changes in the clerkship. If problems have been identified by the evaluations,

describe how these are being addressed. Students generally like the clerkship and comment favorably on both the lectures and the clinical experience. Students also enjoy the ED environment, noting that it provides a rare opportunity to evaluate truly undifferentiated patients. Students in the past have complained that they do not have the opportunity to learn from attending physicians as much as they would like, so we have instituted Teaching Observation Shifts in our observation unit. These shifts (two per rotation for each student) give students the opportunity to work one-on-one with attendings, and receive direct observation and feedback on their clinical and communication skills. Students have commented favorably on this program, although day-to-day variations in volume and acuity continue to impact on the quality of this experience.

Identify major successes and challenges still to be overcome. The foremost success of the EM clerkship is the quality of the clinical experience for students. Students report again and again that they love the variety of patients that they encounter, and that they value the opportunity to see “fresh” patients with disease processes being evaluated for the first time. Another success of the clerkship is the lecture series, which has been very well-received by students. The lectures are designed to be extremely practical and interactive, and students routinely comment that they are among the best that they encounter during their clinical years. A third success is in the evaluation arena. Evaluation of students in EM is very difficult, as students rarely work with the same team for more than one or two shifts. Changes in our evaluation system have drastically improved the number and quality of evaluations submitted for each student.

The primary challenge that remains to be overcome is in standardizing the clinical experience and ensuring that students receive adequate bedside teaching. Students often have difficulty seeing all the types of patients that they should, and it is difficult to give them the opportunity to participate meaningfully in critical care. Possible solutions to this problem include use of standardized patients, oral exam exercises, or dedicated faculty teaching shifts. These possibilities are all being actively explored. Another challenge is ensuring fair and appropriate testing, as there is no national “shelf” exam in EM. We are currently in the process of scrutinizing our test item-by-item, as well as building a question bank to improve test security.