

Advanced Core Curriculum  
Emergency and Undifferentiated Care  
Cleveland Clinic  
Main Campus and Hillcrest Campus

Contacts:

Discipline Leader  
Rakesh Engineer, M.D., F.A.C.E.P.

Subcommittee members  
Laura Holmes, M.D.  
Ann Marie McMullin, M.D.  
Don Moffa, M.D.  
Mark Rodkey, M.D., F.A.A.P. (Hillcrest)

**Description of Rotation**

The focus of this 4-week advanced core curriculum in Emergency and Undifferentiated Care is to provide each student with the knowledge, skills, and attitudes that are necessary for any physician to evaluate patients presenting with acute medical and surgical conditions, develop differential diagnoses, develop management plans, and demonstrate the ability to carry them out.

*Cleveland Clinic:*

Each student will spend four weeks in the Emergency Department working 8-12 hour shifts that cover day, evening, and night shifts that may occur on weekdays and weekends. Shifts will take place at both the Cleveland Clinic - Main Campus and Hillcrest Hospital. They will occur in the main Emergency Department, the Fast Track / Pediatrics area, or in the Pediatric Emergency Department at Hillcrest Hospital. Hillcrest Hospital will also offer Level II trauma experience as part of their shifts. The number of clinical shifts will vary by clinical site, depending on the length of the shift. There will be no “call” responsibilities.

The rotation will be able to accommodate 10-12 students per month.

## **Staff Responsibilities**

### **Faculty Development:**

Faculty will be responsible to attend faculty development prior to precepting students in the new curriculum.

### **Clinical:**

Staff will primarily be responsible for teaching and evaluating the students in this rotation, with possible assistance provided from senior Emergency Department residents. They will be responsible for providing attention and day-to-day consistency for the learning objectives outlined below.

### **Evaluation:**

1. Staff will be responsible for completing the CCLCM web-based Clinical Assessment System on a timely basis.
2. Staff will be responsible for evaluating the student's performance on a shift-by-shift basis. Students will send an email to the staff through the CWRU Web Portal requesting an evaluation. Staff will give formative evaluation (description of areas to improve and areas of strength) for each clinical shift. They will not be required to fill out evaluations on an individual patient level unless requested by the student or desired by the staff.
3. When a student has requested multiple shift evaluations from a staff, the CWRU Web Portal will automatically send a request for a summative evaluation. (Did this student meet the objectives of the rotation?) With each subsequent shift evaluation, the system will allow you to revisit the summative evaluation to note progress on their learning objectives.
4. Students will also send the attending staff requests for evaluations of procedures observed or performed for evaluation.

## **Student Responsibilities**

### **JCAHO:**

1. All visiting students are required to have HIPPA and Universal Precautions training completed at the home institution *prior to starting the rotation*. They will be required to sign as verification at Medical Education.
2. CCLCM students are required to complete training for JCAHO requirements through the COMET online training program as outlined by Medical Student Education.

### **Attendance:**

1. Students are expected to be present and on time for each of their scheduled shifts. Students are expected to stay for their entire shift, unless excused by all of the attendings working in the department at that time.
2. Students are to remain in the Emergency Department during their entire shift.

3. Meals: Meals should be taken when all of the active work on their patients has been completed, i.e. all orders written, radiology/consults called, patients informed of their progress, discharge papers written, etc. A refrigerator is available for your use, located in the canteen/kitchen area. If you wish to go to the cafeteria, please review your patients with the responsible attending prior to leaving the department. All meals should be eaten in the Emergency Department / break-room. (This is how the attendings and residents take their meals. Someone knowledgeable about the patient should always be available. In addition, the best way to pick up critical patients requiring procedures is to be present when they arrive.) Per JCAHO policy, no food is to be eaten in patient care areas.
4. End of Shift: Students should review all of their patients with the responsible attending prior to completing a shift.
  - a. Students should sign out **ALL PATIENTS**, regardless of disposition status, to another student or intern (if another student is not available). Even if a patient has been discharge (or admitted) and is still in the ED, s/he should be endorsed to another student or intern just in case problems arise. **All documentation must be completed prior to the end of a shift!**
5. Conferences: Conferences are scheduled from 7am – 11am, Thursday mornings. Conferences will rotate between Cleveland Clinic, MetroHealth, and University Hospitals. Attendance at all conferences is mandatory. Parking should be free at each of the respective sites (this will be arranged by each site). One conference day may be scheduled in the Simulations Labs at the Veteran’s Administration campus (parking is free in the adjacent garage).
  - a. *Cleveland Clinic*: ED conference room either in the downstairs Library/Conference room or on the first floor of the E-building depending on the size of the group.
  - b. *MetroHealth*: Rammelkamp 172-B.
  - c. *University Hospitals*: Location to be announced.

Block	Date	Location
3-2	4/9 – 5/4/2007	MetroHealth
3-3	5/7 – 6/1	CCF
3-4	6/4 – 6/29	MetroHealth
4-1	7/2 – 7/27	CCF
4-2	7/30 – 8/24	UH
4-3	8/27 – 9/21	UH
4-4	9/24 – 10/19	CCF
4-5	10/22 – 11/16	MetroHealth
4-6	11/19 – 12/14	UH
4-7	12/17 – 1/11/2008	MetroHealth
4-8	1/14 – 2/8	CCF
4-9	2/11 – 3/7	UH
4-10	3/10 – 4/4	MetroHealth
4-11	4/7 – 5/2	CCF
4-12	5/5 – 5/30	UH

4-13	6/2 – 6/27	MetroHealth
------	------------	-------------

6. Absences:
  - a. Students may NOT miss orientation day under any circumstance
  - b. In the event of illness, death in the family, etc., please notify the rotation coordinator (see contacts for phone and email). After 5pm, please notify the Emergency Department attending and contact the rotation coordinator in the morning. (See contacts, last page.)
  - c. The rotation will adhere to the Case Absence policy, which states there is a maximum allowable time of three days absence. The rotation cannot be started early or extended to allow a greater number of days off. Students may not miss more than one day of lecture, and must attend all other lectures in their entirety.
  - d. Students may not miss more than one lecture day during the rotation.
7. Planned absences: In the event of planned absences, i.e. interviews, weddings, etc., please notify the rotation coordinator. This should occur at least 30 days in advance of the rotation in writing. (The schedule is usually written 30-45 days in advance).
8. **Schedules Requests: Students are given one weekend off per rotation. Any specific requests must be made to the Rotation Coordinator (Barbara Rhoades, [RhoadesB@ccf.org](mailto:RhoadesB@ccf.org)) 30 days in advance!**
9. Schedule switches: Only the rotation coordinator may approve any schedule switches. Neither the ED Attending, the Discipline Leader (Clerkship Director), nor the Department Chairman is allowed to approve switches!
10. Students must satisfactorily complete the required number of shifts to complete the rotation.

### Cleveland Clinic / Hillcrest Rotation Structure

Assignment (Example)				
	Week 1	Week 2	Week 3	Week 4
Medical Student One	Emergency Department	Fast Track / Pediatrics Area	Hillcrest Pediatric Dept.	Emergency Department
Medical Student Two	Fast Track / Pediatrics Area	Emergency Department	Emergency Department	Hillcrest Pediatric Dept.
Medical Student Three	Hillcrest Pediatric Dept.	Emergency Department	Fast Track / Pediatrics Area	Emergency Department
Medical Student Four	Emergency Department	Hillcrest Pediatric Dept.	Emergency Department	Fast Track / Pediatrics Area

## Conferences

Every Thursday morning there will be mandatory conferences from 7-11 am. (Times and topics may vary depending on lecture site and attending staff scheduling.)

Day	Topic	Speaker
Monday: 7:00 – 8:30 Med Student Ed	Expectations, Attendance, Assessments. Intro to Web portal	Neides
	EPIC Log-in/passwords	Debbie Krall
8:45 – 10:00 Eb-126 ED Library	Orientation	Engineer
10:00 – 11:00	ED Work Down / How to Succeed	Holmes
Thursday: 7-10 am  (Topics, order, and staff may vary)	<ol style="list-style-type: none"> <li>1. Abdominal Pain</li> <li>2. Airway Problems</li> <li>3. Back Pain</li> <li>4. Cardiac arrest</li> <li>5. Chest Pain</li> <li>6. Dyspnea</li>   <li>7. Ear Ache, Sore Throat, Dental</li> <li>8. Fever, adult</li> <li>9. Fever, pediatric</li> <li>10. Gynecologic complaints</li> <li>11. Headache</li> <li>12. Musculoskeletal Injuries / Orthopedic Injuries</li> <li>13. Neurologic complaints</li> <li>14. Pre-Hospital issues</li> <li>15. Procedures</li> <li>16. Rash</li> <li>17. Suicidality and Psychosis</li> <li>18. Toxicology / Overdose</li> <li>19. Visual complaints</li> <li>20. Wound Care</li> </ol>	Lukens Glauser, Smith Dezelon Dorsey Anderson, Lubin, Smith Emerman, Totten, Jois-Bilowich Witt Engineer, Patel Nicholson, Myslenski Jones, Kralovic Garber, Leung, Resnick Dezelon, N. McMullin  Echevarria, Leung Lubin Brenner Nicholson, Myslenski Binder Maloney, Queen Najarian Manzon
Second Thursday:	Mid Rotation Feedback	Discipline Leader
Last Thursday: 9-10 am Eb-126 ED Library	End of rotation evaluation Return of materials	Rotation Coordinator

**Reading:**

1. Students should find a textbook that they are comfortable with in style at the beginning of the rotation.
  - a. Current Emergency Diagnosis and Treatment by Charles E. Saunders (editor) and Mary T. Ho., Lange Series. Free online access through CWRU & CCF at:  
<http://www.accessmedicine.com/resourceTOC.aspx?resourceID=55>.  
Recommended by Dr. Vicken Totten (UH).
  - b. Emergency Medicine: An Approach to Clinical Problem-Solving by Glenn C. Hamilton, Arthur B. Sanders, Gary R. Strange, and Alexander T. Trott. Philadelphia, PA: W. B. Saunders Company, 2003, 891 pages, \$69.95 (soft cover). Recommended by Drs. Lynn Dezelon & Mike Smith (MetroHealth).
2. Students are expected to develop a daily reading plan to cover breadth. (i.e. Read one chapter or x number of pages per day.) Students should focus on areas not covered on other rotations and that may not be routinely seen at their clinical site.
3. Students are also expected to do patient-oriented reading after each shift. (i.e. Read about pulmonary embolism the day after working it up, regardless of whether the patient was actually found to have it.)

**Documentation:***Cleveland Clinic:*

1. Students are to document in the electronic medical record. (EPIC, using department-approved SmartTexts only. (\*\* ED Med Stud Note \*\* was specially designed to meet coding & billing requirements and still allow students to develop their documentation skills. Students should not use their own SmartTexts or free-text their entire notes!)
2. All notes should be completed prior to completion of your shift. Students should not use abbreviations or shortcuts in their notes.
3. The Emergency Department Record should include the following:
  - a. Chief Complaint (CC)
  - b. History of present illness (HOPI). You may need to free-text here.
  - c. Past medical history (PMH), Social History (SH), and Family History (when applicable and on all patients admitted to the CDU).
  - d. Review of Systems (10 parts)
  - e. Physical Exam, including documented vital signs and eight systems.
  - f. Emergency Department Course – This section is unique to the E.D. It should include the following information:
    - i. Triage notes, nursing notes, and old medical records reviewed.
    - ii. Monitoring, oxygen, and IV
    - iii. Fluid administration
    - iv. Medications administered
    - v. Labs, specifically your interpretation – the actual numbers are already available in the EMR. Be a physician, interpret what it means!

- vi. Radiographs, again, include your interpretation and that you reviewed it with radiology!
- vii. Consultants – document they saw the patients (whether or not they wrote a note!) and what they recommended.
- viii. Medical decision making – what has been ruled out by history, physical examination, labs/radiographs, and use of your consultants. This shows the complexity of the case.
- ix. Admitted patients – document that you spoke with the admitting physician and his/her name.
- g. Assessment – after the entire E.D. course has been completed, what is your assessment?
- h. Plan – what should happen after the patient has been discharged or admitted?
- i. Condition – improved, stable, deteriorated, deceased.
- 4. Sign-out – if a patient is endorsed to another student or physician, complete the chart to the point of sign-out. State that “The patient is endorsed to [name] who will follow-up on *labs, radiographs, consultants, etc.*” Sign your name. The receiving student is responsible for completing the chart and arranging disposition. Forward the chart to the person receiving sign-out.
- 5. Reread the entire record and make sure it READS WELL AND MAKES SENSE! Pay particular attention to the HOPI and the E.D. Course.
- 6. Make sure you forward the chart to all attendings that have cared for the patient. Do this when you first open the chart!

### Learning Objectives

Learning Objective	How they will be met
1. Perform a focused history and physical examination pertinent to the patient’s chief complaint.	Emergency Department
2. Recognize characteristics of critically ill patients requiring emergent management.	Emergency Department Didactics
3. Demonstrate the ability to develop and prioritize a differential diagnosis	Emergency Department Didactics
4. Demonstrate the ability to develop, prioritize and interpret a diagnostic plan to evaluate the differential diagnosis.	Emergency Department Didactics
5. Describe the indications for obtaining diagnostic testing, including laboratories, radiographs, computer tomography, ultrasound, and procedural testing within an evidence based medicine framework.	Emergency Department Didactics
6. Recognize and manage common emergency room presentations	Emergency Department Didactics
7. Become familiar with common	Emergency Department

emergency procedures	Didactics Computer / Simulations
8. Describe and/or demonstrate the appropriate use of consultants	Emergency Department
9. Develop and carry out a management plan, based on the patient's current physical condition.	Emergency Department
10. Determine appropriate disposition for patients based on the patient's response to therapy and the availability of social support systems.	Emergency Department
11. Communicate appropriately with the patient, family, nurses, and consultants.	Emergency Department
12. Describe resources and options for disposition within the community and the health care system	Emergency Department Didactics
13. Develop an understanding of factors that influence patient flow through the Emergency Department in the broader context of hospital care.	Emergency Department
14. Describe health insurance coverage options, the costs of emergency care, and the impact of emergency care on health care systems	Emergency Department

### Student Assessment

The student assessment package will incorporate multiple components into the student's portfolio to provide a thorough and well-rounded evaluation.

1. Patient case log – to assure adequate breadth and depth of patient encounters. This information will be used in the evaluation process.
2. Procedure log – to assure adequate technical skill is developed during the rotation. This information will be used in the evaluation process.
3. Students will be required to submit one evaluation per shift through the web portal to the attending with whom s/he had the most significant interaction during the shift. Requests for two or more shift-based evaluations (formative evaluations) from an individual attending staff will trigger an automatic request for a summative evaluation by the system.
4. Self assessment (see attachment for example)
  - a. Students will review learning objectives to identify learning needs/goals. Students will then be responsible to create a plan of action to meet the learning goals and then to assess whether the goals have been achieved.
  - b. Students will create a learning grid, on the first Thursday of the month.

- c. Students will make updates (assessments of the measurable goals and new learning goals, plan of action, and measurable outcomes) to the learning grid on each subsequent Thursday.
5. Mid-rotation feedback to assess progress on the rotation and future goals.
  - a. To occur at approximately two weeks into the rotation with the coordinator of the first two weeks, the Discipline Leader, or his/her designee.
  - b. Review of the patient log, procedure log, self assessments, and performance assessments
  - c. Students will reflect on their Emergency Department experience to determine how to get more education / experience from the remainder of the rotation.
6. Evidence Based Medicine / Research
  - a. Research Study – if a study is currently in progress, students may be assigned to recruit patients and complete case report forms. Details will vary per study and will be available from the Discipline Leader when applicable.
  - b. Research Question
    - i. Students will evaluate a clinical question from their patient care experiences in the Emergency Department and frame it within a PICO format.
    - ii. Students will perform a literature search using both filtered and unfiltered sources.
    - iii. Students will present the abstract to the attending with whom the question was generated and reflect how the information may affect patient care.
7. ACGME core competencies will be assessed through the CCLCM web-based Clinical Assessment System (below).

### Clinical Assessment Template

Competence	Targeted Areas for Improvement	Areas of Strength
<b>Patient Care</b>		
• Patient interviewing skills		
• History taking		
• Physical exam		
• Data retrieval		
• Developing differential diagnosis		
• Diagnostic plan		
• Treatment plan		
• Procedures		
<b>Medical Knowledge</b>		
• Demonstrates initiative in acquiring and sharing knowledge		

<ul style="list-style-type: none"> <li>• Applies the following knowledge in clinical settings: <ul style="list-style-type: none"> <li>- Anatomy / Physiology</li> <li>- Pathophysiology</li> <li>- Interpretation of diagnostic testing</li> <li>- Risks, benefits, complications of diagnostic and therapeutic interventions</li> <li>- Pharmacology</li> </ul> </li> </ul>		
<b><u>Communication Skills</u></b>		
<ul style="list-style-type: none"> <li>• Oral case presentations</li> </ul>		
<ul style="list-style-type: none"> <li>• Written case presentations</li> </ul>		
<ul style="list-style-type: none"> <li>• Communication with patient and family</li> </ul>		
<ul style="list-style-type: none"> <li>• Communication with other professionals</li> </ul>		
<ul style="list-style-type: none"> <li>• Listening skills (including feedback)</li> </ul>		
<b><u>Professionalism</u></b>		
<ul style="list-style-type: none"> <li>• Interactions with medical team (doctors, nurses, others)</li> </ul>		
<ul style="list-style-type: none"> <li>• Interactions with patients and patient's families</li> </ul>		
<ul style="list-style-type: none"> <li>• Dependability (timeliness, completing assignments)</li> </ul>		
<ul style="list-style-type: none"> <li>• Honesty, integrity, ethical behavior</li> </ul>		
<ul style="list-style-type: none"> <li>• Compassion / Empathy</li> </ul>		
<ul style="list-style-type: none"> <li>• Incorporates feedback into practice</li> </ul>		
<ul style="list-style-type: none"> <li>• Assumes responsibility for learning</li> </ul>		
<b><u>Practice-based Learning</u></b>		
<ul style="list-style-type: none"> <li>• Identifies and addresses areas for improvement</li> <li>• Searches medical literature</li> <li>• Appraises scientific evidence</li> <li>• Awareness of patient safety considerations</li> </ul>		
<b><u>Systems-based Practice</u></b>		
<ul style="list-style-type: none"> <li>• Transitions of care <ul style="list-style-type: none"> <li>- Arranges timely, appropriate discharges</li> <li>- Considers socioeconomic factors in discharge planning</li> <li>- Arranges &amp; discusses admission with admitting physicians/services</li> </ul> </li> </ul>		
<b><u>Research</u></b>		
<ul style="list-style-type: none"> <li>• Applies basic principles of the scientific method to formulate a hypothesis in the context of patient care</li> </ul>		

<ul style="list-style-type: none"><li>• Demonstrates habit of generating research questions to test hypotheses in clinical practice</li></ul>		
<ul style="list-style-type: none"><li>• Analyzes research literature</li></ul>		

## Contacts

Cleveland Clinic  
Emergency Department  
(216) 445-4500

Rotation Coordinator  
Barbara Rhoades  
Cleveland Clinic  
Department of Emergency Medicine / E-19  
9500 Euclid Avenue  
Cleveland, Ohio 44195  
(216) 445-4590  
[RhoadesB@ccf.org](mailto:RhoadesB@ccf.org)

Discipline Leader  
Rakesh S. Engineer, M.D., F.A.C.E.P.  
Cleveland Clinic  
Department of Emergency Medicine / E-19  
9500 Euclid Avenue  
Cleveland, Ohio 44195  
(216) 444-2158  
[EngineR@ccf.org](mailto:EngineR@ccf.org)

Hillcrest Hospital  
Mark Rodkey, M.D., F.A.A.P.  
Medical Director, Pediatric Emergency Medicine  
Pediatric Emergency Department  
Hillcrest Hospital  
6780 Mayfield Road  
Mayfield Heights, OH 44124  
(440) 312-7337 – Pediatric ED  
(216) 849-7337 - cell  
[MarkRodkeyMD@aol.com](mailto:MarkRodkeyMD@aol.com)

MetroHealth  
Emergency Department  
216-957-6190

Rotation Coordinator  
Denise Catalano  
MetroHealth  
2500 MetroHealth Drive  
Cleveland, Ohio 44109  
(216) 778-5088  
[DCatalano@MetroHealth.org](mailto:DCatalano@MetroHealth.org)

Discipline Leader  
Mike Smith, M.D.  
MetroHealth  
2500 MetroHealth Drive  
Cleveland, Ohio 44109  
(216) 778-5747 (office)  
[MSmith2@MetroHealth.org](mailto:MSmith2@MetroHealth.org)

University Hospitals  
Emergency Department, via transfer center  
(216) 844-4111

Rotation Coordinator  
Kathleen McGaw  
University Hospitals  
11100 Euclid Avenue  
Cleveland, Ohio  
(216)844-3610  
[Kathleen.Mcgraw@uhhospitals.org](mailto:Kathleen.Mcgraw@uhhospitals.org)

Discipline Leader / Clerkship Director  
Monique Ice M.D.  
University Hospitals of Cleveland  
11100 Euclid Avenue  
Cleveland, Ohio  
(216)844-3610  
[Monique.Averill@uhhospitals.org](mailto:Monique.Averill@uhhospitals.org)

UH Pediatrics  
Pediatrics Coordinator:  
Toni Franza  
[antonia.franza@uhhospitals.org](mailto:antonia.franza@uhhospitals.org)

Pediatrics Attending Contact:  
Gregg DiGiulio MD  
[gregg.digiulio@uhhospitals.org](mailto:gregg.digiulio@uhhospitals.org)

UH Urgent Care / Chagrin Highland Rotation  
Lee Resnick M.D.  
Discipline Leader  
Chagrin Highlands Urgent Care  
3909 Orange Place, Suite 2100  
Orange Village, OH 44122  
(216) 896-1800  
(216) 287-6742 (Mobile)  
[Lee.Resnick@UHhospitals.org](mailto:Lee.Resnick@UHhospitals.org)

Veterans Administration  
Emergency Department

Rotation Coordinator  
Shirl Hammons  
[shirl.hammons@va.gov](mailto:shirl.hammons@va.gov)  
216-791-3800 ext 3249

Attending Contact:  
Anne Tomolo MD  
[anne.tomolo@va.gov](mailto:anne.tomolo@va.gov)