

# **Emergency Medicine Selective Clerkship**

## **Academic Year 2025-2026**

**Emergency Medicine  
MED MD 320  
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**Clerkship Director: Kelly Mayo  
Assistant Clerkship Director: Christopher Russell  
Clerkship Coordinator: Eliza Mojica**





**Table of Contents**

Clerkship Learning Objectives ..... 3

Contact Information..... 4

Clerkship Description ..... 4

    Focus of clerkship ..... 4

Clerkship Schedules ..... 5

    Didactic Schedule ..... 5

Clerkship Grading..... 5

    Assignments ..... 8

Recommended FOAM..... 8

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## Clerkship Learning Objectives

By the end of this selective, the Chobanian & Avedisian SOM student will be able to:

1. Demonstrate skill in completing a history and physical exam in the emergency department.
  - a. Determine which elements of the history and physical exam are most relevant in the emergency department
  - b. Perform the history and physical exam in a manner that is caring, compassionate and sensitive toward patients of all cultures and backgrounds
  - c. Recognize the impact of social determinants of health on emergency department care
2. Construct a differential diagnosis for the most common emergency department complaints (chest pain, shortness of breath, abdominal pain, trauma, back pain, weakness, and altered mental status) and formulate an evidence-based evaluation and treatment plan for patients with these complaints
  - a. Prioritize the differential diagnosis appropriately for the “undifferentiated emergency department patient:” 1) consider immediate threats to life and limb before common but less dangerous disease processes and 2) incorporate the setting (emergency department) into the estimation of pretest probability, especially for the most dangerous potential diagnoses
  - b. Critique the evaluation and treatment plan of each patient (based on ultimate diagnosis and/or disposition) to formulate an approach to improving the evaluation and treatment of subsequent patients
  - c. Discriminate which patients likely suffer from a life- or limb-threatening disease process and which patients likely do not [Note that is an incredibly difficult skill to master. The third-year student is expected to merely start to judge illness severity—for example, to correctly identify the “sickest of the sick.”]
3. Employ point-of-care ultrasound to evaluate emergency department patients
4. Describe the role of prehospital care in the evaluation and treatment of emergency department patients
5. Practice interdisciplinary collaboration: work with case managers, social workers, and violence and substance abuse counselors to 1) improve the health literacy of emergency department patients, 2) address social determinants of health, and 3) provide continuity of care
6. Demonstrate the ability to resolve interpersonal conflict in the emergency department setting
  - a. Employ essential communication techniques (e.g., active listening, summary statements) to resolve interpersonal conflict in the emergency department
  - b. Analyze emotionally- and morally charged clinical situations (e.g., uncertainty or disagreement about goals of care and life-sustaining treatment) and formulate approaches to facilitating conversation and reaching consensus.

## Contact Information



**Kelly Mayo, MD**  
Clerkship Director  
Telephone: (617) 414-2801  
Email: [kelly.mayo@bmc.org](mailto:kelly.mayo@bmc.org)  
Office: BCD, 1015



**Christopher Russell, MD**  
Assistant Clerkship Director  
Telephone: (617) 414-2801  
Email: [Christopher.Russell@bmc.org](mailto:Christopher.Russell@bmc.org)  
Office: BCD, 1015



**Eliza Mojica**  
Clerkship Coordinator  
Telephone: (617) 414-4072  
Email: [Eliza.Mojica@bmc.org](mailto:Eliza.Mojica@bmc.org)  
Office: BCD, 2<sup>nd</sup> Floor

## Clerkship Description

### Focus of clerkship

The purpose of the Emergency Medicine Selective is to provide the learner the experience of efficient emergency department (ED) care—timely evaluation, management, and disposition of undifferentiated ED patients and its effect on patient safety and subsequent inpatient and ambulatory care.

Students spend four weeks working in the emergency department of Boston Medical Center, the busiest Level 1 trauma center in New England. Working alongside our senior residents, faculty, and nursing staff, students take an active role in the initial evaluation and treatment of patients and gain exposure to a wide variety of illnesses, diagnostic approaches, treatments, and procedures.

For many patients, the emergency department is their first entry into the medical system. Students have the opportunity to follow patients from their initial presentation, through their workup, and on to their diagnosis and treatment.

Students will learn to evaluate undifferentiated patients and manage medical emergencies. These are essential skills for all physicians, and there's no better place to develop them than in the emergency department. Students will also develop an appreciation for how efficient emergency department (ED) care—timely evaluation, management, and disposition of ED patients—affects patient safety and subsequent inpatient and ambulatory care. Nearly all physician either refer to, accept patients from, or consult in the emergency department. All need to understand the role of the emergency department in the hospital and health care system.

## Clerkship Schedules

### Didactic Schedule

- Weekly student conference - Monday from 9:00 am to 12:00 pm
  - Interactive case discussions:
    - Case Discussion Topics (Chief Complaint): Chest pain, Shortness of Breath, Abdominal Pain, Trauma, Altered Mental Status, Peds
  - Skill Sessions: EKG interpretation in the ED
- High-fidelity simulation (2 hours per block).
  - Located in the Solomont Sim Center, Moakley Basement
- Weekly resident conference - Wednesday from 8 am to 1 pm.

## Clerkship Grading

ASSESSMENT OF LEARNING	
Clinical Grade Percentage	100%
CLINICAL GRADE	
Clinical Pass	> 2.5 averaged on the final CSEF
Clinical Fail	< 1.50 on any domain on the final CSEF or < 2.5 averaged on the final CSEF
FINAL GRADE	
Pass	> 2.5 averaged on the final CSEF
Fail	< 1.50 on any domain on the final CSEF or < 2.5 averaged on the final CSEF
<b>ASSESSMENT FOR LEARNING</b>	These items must be done by the deadlines provided at orientation to be eligible to receive final grade of honors. Students will receive one standard all-clerkship email reminder. Email sample shown below.
Completing patient encounter logs by the last Sunday of the clerkship block.	
Completing all FOCuS forms by the last Sunday of the clerkship block.	
Completing all clerkship assignments by last Sunday of the clerkship block.	
Completing mid-clerkship form in advance of the meeting at mid-clerkship, and submitting the form by the final Sunday of the clerkship block	
Requesting supervisor (faculty, resident etc.) evaluations from all evaluators must be completed by the last Sunday of the clerkship block.	
<b>ASSESSMENT OF PROFESSIONALISM</b>	To meet professionalism expectations students must meet the following expectations listed below:
Arriving at clerkship didactic sessions on time.	

Evaluations are requested by the last Sunday of the clerkship block.
Reviewing and responding to e-mail requests from clerkship administration within 2 business days
Returning borrowed clerkship materials (e.g. pager) by the last business day of the clerkship block.
Informing clerkship leadership and supervising faculty/residents of absences in advance of the absence (barring extenuating circumstances).
The following are also expectations of the clerkship and repeated patterns of behavior (after feedback with faculty) will be factored into the professionalism conduct component of the clerkship performance:
Treating and communicating in a respectful manner with all members of the clerkship team, including clinical and administrative faculty and staff.
Engaging in the core curriculum and participating respectfully with peers and colleagues at all times.
<b>Professional Conduct and Expectations</b>
<p>Evaluation of a medical student's performance while on a clinical clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student's professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients' families. Student expectations include those listed above in <a href="#">professional comportment sections</a>.</p> <p>If there are no professionalism concerns, students will receive the following statement in their summative statement: <b>"This student MET the administrative and clinical professionalism expectations of the clerkship."</b></p> <p>A <u>pattern of behavior</u> as reflected (e.g. in more than one narrative comment) in faculty/resident CSEF (clinical professionalism) and/or events noted by clerkship faculty/administration (administrative professionalism) in one or multiple areas, after providing feedback to student, will result in one of the following statements in the final clerkship evaluation:</p> <ol style="list-style-type: none"> <li>1. This student did not meet the <b>administrative professionalism</b> expectations (SPECIFICS PROVIDED FROM LIST OF ADMINISTRATIVE PROFESSIONALISM BEHAVIORS) and was/was not responsive to feedback.</li> <li>2. This student did not meet the <b>clinical professionalism expectations</b>, (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback.</li> <li>3. This student did not meet the <b>clinical and administrative professionalism expectations</b>, (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback.</li> </ol> <p>If there are professionalism concerns as detailed in the assessment of learning, assessment of professionalism, or in the CSEF, <b>the student's final grade will be adjusted down to next grade level (e.g. a student who earns a High Pass will receive the final grade of Pass, or if a student earns a Pass, they will receive the final grade of Fail). In addition, a student with administrative and/or clinical professionalism concerns will not be eligible to receive final grade honors. An email exchange will be provided to document the professionalism concern and feedback exchanged before a summative statement is placed in the final grade. SAO dean will be cc'd to provide ongoing support.</b></p>

[illegible]

## Clinical Evaluation Procedures

1. The CSEF form will be used to numerically calculate your clinical grade: 1 to 5 points (depending on which box is checked) for each domain which will be averaged to give you a final score out of 5. Categories: Needs intensive remediation (1); Needs directed coaching (2); Approaching competency (3); Competent (4) or Achieving behaviors beyond the 3rd year competency criteria (5) to get a final number in each domain. This can be rounded to the nearest number using standard rounding for the CSEF domain and this is the box that should be checked (e.g., if an average of 2.4 then the student should have needs directed coaching (2) checked off). Each CSEF will be weighted based on how long the student worked with each evaluator.

>2.50 = Pass

2. The CSEF clinical score is converted to a final 2-digit percentage that is counted towards the final grade. For example, the final CSEF clinical score average of 4.45 would get converted to 90%. The Final CSEF percentage is used towards the final grade calculation, weighted as indicated in the table above as “Clinical grade percentage” (varies by clerkship).

3. Primary preceptors at sites with multiple preceptors will collect evaluation data from the other clinicians with whom the student works. The primary preceptor will collate this data and submit the final clinical evaluation.

#### **Clerkship Failure & Remediation**

If a student fails a third- or fourth-year clerkship, the student will receive a Fail grade and will be required to repeat the clerkship. The grade for the repeated clerkship will be calculated based on the grading criteria outlined in the syllabus for Pass, High Pass, or Honors independent of the prior Fail. The original Fail grade will remain on the transcript. The original summative evaluation narrative will be included in the MSPE, in addition to the summative evaluation from the repeated clerkship.

If a student fails the remediated clerkship again and the SEPC allows for another remediation, the grade for the repeat clerkship will still be calculated based on the grading criteria outlined in the course syllabus for (Pass, High Pass, or Honors). The original two failures will remain on the transcript. The repeated course will be listed again, and the word (Repeat) will appear next to both course names.

#### **Grade Review Policy**

The School's Grade Reconsideration Policy is located in the Policies and Procedures for Evaluation, Grading and Promotion of Chobanian & Avedisian School of Medicine MD Students:

<https://www.bumc.bu.edu/camed/faculty/evaluation-grading-and-promotion-of-students/>

## **Assignments**

Students' grades are entirely based on clinical performance. There is no OSCE, no SHELF exam, and no oral presentation. Students will be expected to fill out at least one faculty evaluation during their clerkship.

## **Recommended FOAM**

- SAEM CDEM MS3 Curriculum <http://saem.org/cdem/education/online-education>
- Life in The Fast Lane <https://litfl.com/>
- Wikem [https://wikem.org/wiki/Main\\_Page](https://wikem.org/wiki/Main_Page)
- EM:RAP Podcast <https://www.emrap.org/>
- EM Clerkship <https://www.emclerkship.com/>
- Foundations EM <https://foundationsem.com/>
- ECG Weekly <https://ecgweekly.com/>
- REBEL EM <https://rebelem.com/>