

Emergency Medicine Selective Clerkship

Academic Year 2026-2027

**Emergency Medicine
MED MD 320**

**Clerkship Director: Kelly Mayo, MD
Clerkship Coordinator: Ki'Ara Gunter**





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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 physicians 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 Changes Made Based on Feedback

Didactics is now delivered mostly by our Emergency Medicine Faculty and not Residents. Only one student is assigned per ED pod to allow more optimal on-shift teaching. There is storage space available in the BCD building and the BMC basement for medical students.

Medical Education Program Objectives

A Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
Establish and maintain medical knowledge necessary for the care of patients (MK)	MK.1	Demonstrate knowledge of basic, clinical, pathophysiologic, biopsychosocial, health systems sciences, and humanities, needed for clinical practice.
	MK.2	Apply foundational knowledge for clinical problem-solving, diagnostic reasoning, and decision-making to clinical scenarios.
	MK.3	Demonstrate knowledge of research design, interpretation, and application of research outcomes to clinical questions.
Demonstrate clinical skills and diagnostic reasoning needed for patient care (CSDR)	CSDR.1	Gather complete and hypothesis driven histories from patients, families, and electronic health records in an organized manner.
	CSDR.2	Conduct complete and hypothesis-driven physical exams interpreting abnormalities while maintaining patient comfort.
	CSDR.3	Develop and justify the differential diagnosis for clinical presentations by using disease and/or condition prevalence, pathophysiology, and pertinent positive and negative clinical findings.
	CSDR.4	Develop a management plan and provide an appropriate rationale.
	CSDR.5	Deliver an organized, clear, and focused oral presentation
	CSDR.6	Document patient encounters accurately, efficiently, and promptly including independent authorship for reporting of information, assessment, and plan.
	CSDR.7	Perform common procedures safely and correctly, including participating in informed consent, following universal precautions, and sterile technique while attending to patient comfort.
	CSDR.8	Identify common cognitive biases and implement mitigation strategies to reduce the impact of cognitive biases on decision making and patient care.
Effectively communicate with patients, families, colleagues and interprofessional team members (C)	C.1	Demonstrate the use of effective communication skills and patient-centered frameworks in history taking and physical examination
	C.2	Explain common diagnostic and therapeutic interventions, assessment, plan, and underlying rationale to patients, families and caregivers and provides counseling and education with attention to patient centered language and health literacy.
	C.3	Communicate clearly and effectively with colleagues within one's profession and team, consultants, and other members of the interprofessional team.
	C.4	Communicate effectively using digital technology, including EMR and telehealth, to optimize decision making and treatment of individuals and across the health care system.
Practice relationship centered care to build therapeutic alliances with patients and caregivers (PCC)	PCC.1	Demonstrate humanism, integrity, respect, honesty, compassion, accountability, cultural humility, and responsiveness
	PCC.2	Demonstrate a commitment to ethical principles pertaining to autonomy, confidentiality, justice, equity, and informed consent.
	PCC.3	Explore patient and family understanding of well-being, illness, concerns, values, and goals in order to develop goal-concordant treatment plans across settings of care.

A Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
Exhibit skills necessary for personal and professional development needed for the practice of medicine (PPD)	PPD.1	Demonstrate trustworthiness and responsible behavior needed for the care of patients, including completing duties and tasks in a timely, thorough, and reliable way.
	PPD.2	Demonstrate awareness of one's own limitations, seek additional help when needed, display professionalism and flexibility needed to manage the uncertainty inherent to the practice of medicine.
	PPD.3	Identify opportunities for growth in one's performance through informed self-assessment and reflective practice, goal setting and actively seeking and incorporating feedback to improve.
	PPD.4	Locate, critically appraise, and synthesize information to support evidence-informed, patient-centered clinical decisions while implementing new knowledge, guidelines, and technologies demonstrated to improve patient outcomes.
Demonstrate knowledge of health care delivery and systems needed to provide optimal care to patients and populations (HS)	HS.1	Work with the interprofessional team, demonstrating respect for the unique cultures, values, roles/responsibilities, and expertise of team members to address the needs of patients and coordinate patient care across healthcare systems.
	HS.2	Describe patient safety interventions and continuous quality improvement methods that enhance care for patients and populations
	HS.3	Explain how the healthcare system, health policy, economic factors, prevention efforts, health programs, and community organizations influence the health of individuals and communities.
Exhibit commitment to promoting and advancing health equity for all patients (HE)	HE.1	Demonstrate understanding of the historical and current drivers of structural inequities, their impact on healthcare, research, medical decision making and disparities in health outcomes.
	HE.2	Explain how one's own identity, lived experiences, privileges, and biases influence their perspectives of colleagues, patients, and clinical decision making.
	HE.3	Identify and explain potential strategies to reduce health disparities in patients and communities at the individual, local, community, and systems-based levels.

Third Year Learning Objectives

(Linked to relevant Medical Education Program Objectives in parentheses)

A third-year clerkship student will:

- Apply discipline specific knowledge within the context of clinical care (MK.2)
- Gather an organized and hypothesis driven clinical history while being attentive to the patient's needs (CSDR.1, C.1, PCC.1)
- Perform a pertinent and accurate physical examination, accurately identifying any common abnormalities while demonstrating sensitivity to the patient (CSDR.2, C.1, PCC.1)
- Analyze clinical data to formulate an assessment including a prioritized differential diagnosis supported by disease prevalence, pathophysiology, and relevant positive and negative clinical findings using strategies to minimize cognitive bias (CSDR.3, CSDR.8)
- Formulate an evidence based management plan that shows comprehension of the underlying disease process (CSDR.4)

- Deliver an accurate, well-structured, and synthesized oral presentations appropriate for the clinical setting (CSDR.5)
- Document in the medical record in an accurate, organized and timely manner (CSDR.6)
- Communicate effectively with the interprofessional healthcare team (C.3, HS.1)
- Demonstrate an ability to perform common procedures safely and correctly, including participating in informed consent, following universal precautions and sterile technique while attending to patient comfort (CSDR.7)
- Counsel and educate patients and families using patient-centered language that addresses patient concerns and clearly communicates plans of care (C.2, PCC.3)
- Elicit feedback, communicate learning needs, demonstrate self-directed learning, and take opportunities to improve knowledge and skill gaps (PPD.2, PPD.3)
- Treat all patients and team members with compassion, respect, and empathy (PCC.1)
- Display trustworthiness and an understanding of the responsibilities of a clinical student (PPD.1)
- Apply an understanding of the social and structural determinants of health to clinical care and initiate steps towards addressing the individual needs of patients (HE.1, HE.3)
- Use electronic decision support tools and point-of-care resources to apply the best available evidence in supporting and justifying clinical reasoning (PPD.4, HS.2)
- Practice inclusive and culturally responsive spoken and written communication that ensure equitable patient care (PCC.1, C.3)

Pre-requisite knowledge and skills

Students must have completed the pre-clerkship curriculum and the Transitional Clerkship and have taken the Step 1 exam prior to entering the core clerkship phase of the curriculum.

Clerkship Learning Objectives

(Linked to Medical Education Program Objectives in parentheses)

1. Conduct effective patient interviews and perform effective patient exams to gather complete and hypothesis-driven histories in a patient-centered manner that is sensitive and responsive to patient concern. (CSDR.1, CSDR.2, PCC.3)
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. (CSDR.3, CSDR.4)
3. 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. (CSDR. 3)
4. Discriminate which patients are likely to suffer from a life- or limb-threatening disease process and which patients likely do not. (CSDR.3)
5. Integrate initial and evolving diagnostic data to prioritize patient problems and adjust the differential diagnosis and management plan accordingly. (CSDR.3, CSDR.4)
6. Apply point-of-care ultrasound to the evaluation and management of emergency department patients. (CSDR.2, CSDR.3, CSDR.4)

7. Describe the role of prehospital care in the evaluation and treatment of emergency department patients. (HS.3)
8. Collaborate with and apply the expertise of 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. (HS.1, HE.3)
9. Employ essential communication techniques (e.g., active listening, summary statements) to resolve interpersonal conflict in the emergency department. (C.1, C.3 PPD.1)
10. Communicate clinical information accurately and demonstrate your understanding of the patient's problems, through concise, convincing, well-organized patient presentations, that are appropriately focused for the audience, purpose and time available for the communication. (CSDR.5, C.3)
11. Accurately document emergency department patient encounters by clearly recording relevant history, physical exam findings, assessment, and initial plan in the EMR., (CSDR.6, C.4)
12. Identify common cognitive biases in emergency department decision-making and apply practical strategies to mitigate their impact on clinical reasoning and patient care (CSDR.8)

Clerkship Schedules

Schedules

Block schedule dates for all clerkships can be located on the Medical Education website:

<https://www.bumc.bu.edu/camed/education/medical-education/academic-calendars/>

Holidays

- Juneteenth: Thursday, June 19, 2026
- Thanksgiving: Wednesday, November 25, 2026 at 12PM – Sunday, November 29, 2026
- Intersession: Monday, December 21, 2026 – Sunday, January 3, 2027

Other holidays that occur during specific blocks will be communicated by the clerkship director.

Holidays by Clerkship can be viewed on the Medical Education website at:

<https://www.bumc.bu.edu/camed/education/medical-education/academic-calendars/#clerkhols>

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, Toxicology, Environmental
 - 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%
"Other" Components Percentage	
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
ASSESSMENT FOR LEARNING	These items must be done by the deadlines provided at orientation to be eligible to receive final grade of honors (n/a in Pass/Fail rotations). 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 mandatory FOCuS/SOCS forms by the last Sunday of the clerkship block.	
Completing all clerkship assignments by due date 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.	
ASSESSMENT OF PROFESSIONALISM	To meet professionalism expectations students must meet the following expectations listed below:
Complete onboarding paperwork for all clerkship sites in a timely fashion, by deadlines provided by site	
Arriving at clerkship obligations on time (e.g. clinical shifts, didactics, orientation, OSCEs, meetings etc)	
Requesting supervisor (CSEF of and by faculty, resident etc.) evaluations from all evaluators must be completed by clerkship specified deadlines	
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). Absences should be reported to course directors & coordinators, supervisors <u>and</u> in the absence portal.	
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.	
80% of all assigned evaluations to students in MedHub must be completed by 2 weeks* after clerkship ends	
Professional Conduct and Expectations	
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 professional comportment sections .	
If there are no professionalism concerns, students will receive the following statement in their summative statement: "This student MET the administrative and clinical professionalism expectations of the clerkship."	

A pattern of behavior 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:

1. This student did not meet the **administrative professionalism** expectations (SPECIFICS PROVIDED FROM LIST OF ADMINISTRATIVE PROFESSIONALISM BEHAVIORS) and was/was not responsive to feedback.
2. This student did not meet the **clinical professionalism expectations**, (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback.
3. This student did not meet the **clinical and administrative professionalism expectations**, (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback.

If there are professionalism concerns as detailed in the assessment of learning, assessment of professionalism, or in the CSEF, **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.**

Sample Email Example

[illegible]

Standard Clerkship Clinical Grade Procedures/Policies

Clinical Evaluation Procedures

Preceptors will provide clinical evaluations that contain the “raw data” on the student’s clinical performance. You are encouraged to regularly ask for specific behaviorally-based feedback on your clinical skills from your preceptors. However, do not ask them what word grade you will get, as that is a multifactorial process of which the clinical evaluation is one component. Preceptors DO NOT determine the final “word” grade.

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.

CSEF Clinical Grade Calculations should be made using the 0.01 decimal point in each domain (though the rounded number will be checked off on the final CSEF form) to give a final number.

Any average of <2.5 in any domain = an automatic fail for the clerkship and overall:

<2.50 = Fail

≥2.50 = Pass

The clinical grade will be reported in the CSEF final narrative

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.

Patient Encounters/Case Logs

Across the third year, there are required patient encounters and procedures that must be logged whenever they are seen. To log the patient encounter, students must have participated in the history, physical exam, assessment and plan development of the patient.

Required Patient Encounters (The Core)

Each core clerkship has a list of patient encounters and procedures that students are required to see before the end of the rotation. Students should log every time they see any patient with the required patient encounter and continue to log throughout all clerkships.

The full list of encounters and the clerkship-specific lists are available at

<https://www.bumc.bu.edu/camed/education/medical-education/faculty-resources/>

Alternative Patient Encounters

If a student has not been able to experience all patient encounters required for the clerkship, students must address any gaps in their patient encounters through an alternative experience. Alternative experiences may be simulation, videos, etc., depending upon the clerkship requirement.

Patient Encounter Log

Students are expected to log their patient encounters in MedHub (<https://bu.medhub.com/>). Patient logs help the clerkship ensure that each student is seeing a diagnostically diverse patient population, an adequate number of patients, and performing a sufficient number of required procedures and diagnoses. Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.

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
- 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/>