



**COLLEGE OF MEDICINE  
AND LIFE SCIENCES**

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THE UNIVERSITY OF TOLEDO

*Emergency Medicine Student Handbook*

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THE UNIVERSITY OF TOLEDO

## Emergency Medicine Clerkship Student Handbook

### Contact Information

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## **About the Emergency Department (ED) at The University of Toledo Medical Center:**

We are a 27 bed Level 1 Trauma Center Emergency Department. We have 14 high acuity, 4 lower acuity and 9 fast track patient care rooms.

**Level 1 Trauma:** The University of Toledo Medical Center (UTMC) is a Level One Trauma Center located in south Toledo. Being a Level 1 Trauma Center means UTMC is equipped to handle the most serious type of injury at any time. To receive Level 1 certification, UTMC must undergo a rigorous evaluation and meet precise criteria defined by the American College of Surgeons Committee on Trauma. Annually we see over 1,300 patients who fit Trauma Criteria from Northwest Ohio and Southeast Michigan.

**Door to Balloon Time:** 56 minutes. 'Door-to-balloon' refers to the interval from patient arrival, to inflation of the balloon catheter within the patient's blocked artery. ACC/AHA guidelines recommend a door-to-balloon interval of no more than 90 minutes.

**The Area's First Accredited Primary Stroke Center:** The Stroke Team has been in place since 1994 and performs rapid assessment and treatment.

**Life Flight Services and Ground Transportation Network:** The Critical Care Air Transport Network consists of four Life Flight helicopters and ten mobile intensive care units.

**UTMC ED Patient Volume:** The UTMC ED has an annual patient volume of 37,273 with a 19.3% admission rate.

The Emergency Department (ED) serves as one of the main point of entries for UTMC. Patients arrive with a wide array of complaints including but not limited to, abdominal pain, STI's, chest pain, generalized weakness, headache, dizziness, minor and major lacerations, dental pain, strains and sprains and trauma.

## **About The University of Toledo Emergency Medicine Residency:**

The University of Toledo Medical Center's Emergency Medicine Residency gained accreditation with our first class of residents starting in 2009. Since then we have had 30 residents graduate from our program. Residents have successfully entered fellowships in EMS, Ultrasound, or careers in Emergency Medicine nationwide.

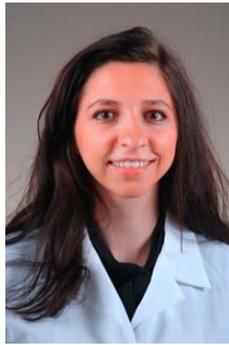
Residency in Emergency Medicine is extremely competitive. During the 2014-2015 interview season we received 1429 applications. Of those 1429 applications we interviewed 90 and filled all 8 spots.

Students interested in pursuing residency in Emergency Medicine are encouraged to meet with Dr. Edward Kakish.

## UTMC ED Staff:



Dr. Michael Abrahams



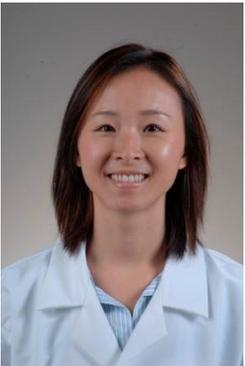
Dr. Shaza Aouthmany



Dr. Nael Bahhur



Dr. Kristopher Brickman



Dr. Mindy Cheng



Dr. Dustin Dean



Dr. Michael Emery



Dr. Stephen Grider



Dr. Michael Guinness



Dr. Rhonda Hercher



Dr. Amegee Jean-Paul



Dr. Edward Kakish



Dr. Marcus Ma



Dr. Walid Mahmoud



Dr. Geoffrey Mitchell



Dr. Mohamad Moussa



Dr. Nicole Payne



Dr. Jay Ryno



Dr. Michael Tricoci



Dr. Christine Smith



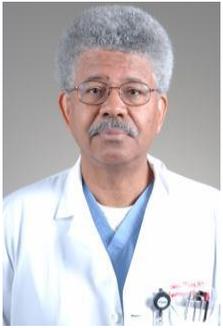
Dr. Paul Rega



Dr. Allen Williams



Dr. Megan Williams



Dr. James Young

# Emergency Medicine Residents

## PGY-3 Residents:



Dr. Peter Fuller



Dr. Glen Saxby



Dr. Matthew Schwartz



Dr. Kruti Shah



Dr. David Solarz



Dr. Christopher Fenzel

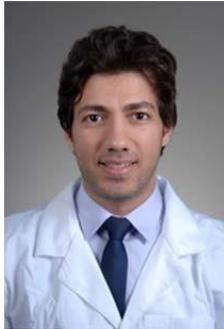


Dr. Kamran Haydar



Dr. Mohammed Alomani

## PGY-2 Residents



Mohammad Alkhunaizi ,MD



Mike Bojrab, MD



Siddharth Bangar, MD



Jason Driggs, MD



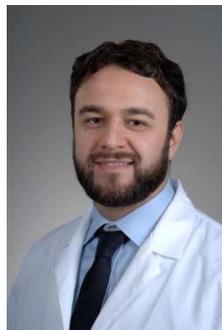
Nasheed Fakhouri, DO



Erica Goldberger, MD



Kevin Nguyen, MD



Najim Ward, MD

## PGY-1 Residents



Susan Akapo, D.O.  
Ohio University



Suha Alshambari, M.D.  
Umm Al-Qura University



Nicolas Deluga, M.D.  
Ohio State



Ryan Johnston, M.D.  
University of Toledo



Fenil Kholwadwala, M.D.  
New Mexico University



Mecca Madhun, D.O.  
Ohio University



Kathleen Rocco, M.D.  
Indiana University



De Ante' Russ, M.D.  
University of Toledo

## **Introduction:**

We would like to welcome you to your EM rotation! You will find your rotation with us beneficial to your educational expectations regardless of what specialty you are considering. The ED at UTMC sees a wide variety of complaints and we have an extremely diverse patient population. The ED serves many different roles throughout our community. It is our hope that the information included in the Student Handbook will help provide you with all the information that you need to complete a successful rotation. If at any time you have any questions or concerns, do not hesitate to contact any member of our staff.

## **Medical Student Conduct**

In accordance with The [Student Code of Conduct Policy, Policy Number 3364-30-04](#), students of The University of Toledo and its affiliates are to conduct themselves in the utmost professional manner. This includes conduct between students, interactions with faculty, staff, patients, visitors and the general public. Students are expected to review the policy prior to starting their Emergency Medicine rotation.

## **Students Requiring Special Accommodations**

The University of Toledo abides by the Americans with Disabilities Act (equal and timely access) and Section 504 of the Rehabilitation Act of 1973 (non-discrimination on the basis of disability). If you have a disability and are in need of academic accommodations but have not yet registered with the Office of Academic Access (OA) (Rocket Hall 1820; 419.530.4981; [officeofacademicaccess@utoledo.edu](mailto:officeofacademicaccess@utoledo.edu)) please contact the office as soon as possible for more information and/or to initiate the process for accessing academic accommodations. We also encourage students with disabilities receiving accommodations through OA to discuss these with us during our office hours, so that we may be better informed on how to assist you during the rotation.

Any student with a documented disability receiving academic accommodations through the Office of Academic Access is requested to speak with us as soon as possible. All discussions will remain confidential and are intended to assist us with ensuring your accommodations are appropriately implemented throughout the course.

## **Rotation Requirements, Goals and Objectives**

The Emergency Medicine Curriculum can be located at: <http://www.utoledo.edu/med/md/curriculum/>. Students rotating in Emergency Medicine are required to read the curriculum prior to the start of the rotation. The curriculum sites list all pre-requisites, recommendations and requirements during your rotation. Grading guidelines are also indicated. Detailed grading rubrics are included in the handbook. Students with any questions on the grading scale should contact either the Program Director or Clerkship Coordinator.

## **Orientation**

Orientation will be held the first day of the rotation immediately following simulation or residency conference, dependent on the start date. Students will attend HEC training (electronic charting), provided a tour of the department, and shown the location of the scrub machines.

## Attendance

Students are required to report directly to the ED on the days they are scheduled. Students will work directly with the attending physicians and residents (consisting of EM and off service residents). You are expected to arrive 5-10 minutes prior to the start of your shift to get settled in and promptly start at your scheduled time. Because we work in shifts versus doing rounds you are not required to log your hours in MedEd. Students should stop seeing patients 15 minutes prior to the end of their shift allowing them time to complete charting, orders, selecting co-signing physicians and report off.

Tardiness: Students who are going to be late for their shift are expected to contact the ED and Clerkship Coordinator. Also, students who are tardy will be expected to stay over to make up the amount of time they were late plus an additional 20 minutes. Absences: Students who will miss an assigned shift or any mandatory educational sessions (weekly didactics and Rega Rounds) are expected to email Clerkship Coordinator prior to the absence. Students are required to complete an excused absence form and submit it to Clerkship Coordinator prior to the absence (if applicable). Absences must be approved by the Program Director or Clerkship Coordinator **PRIOR** to the absence. Clerkship Directors will make the decision if an absence needs to be made up throughout the rotation. If a student fails or refuses to make up additional missed shifts, the students' final grade will be adjusted and a professionalism report filed with the Dean. Any and all missed clinical shifts or education sessions must be made up before the end date of the students' registration. There will be no exceptions to this rule.

## Didactics, Rega Rounds and EM Residency Conference

Students are required to attend weekly didactic sessions as outlined in the Emergency Medicine Checklist (every Monday from 8a-12:00 in the Simulation Center, IISC, Center for Creative Education Bldg, 2<sup>nd</sup> floor). There is an attendance sheet for students to sign in to receive credit. Failure to sign-in constitutes as forfeit of those points towards the final grade. Students are also required to attend their scheduled Rega Rounds session (Rega Rounds are in the ED on Tuesdays from 07:00-11:00). Dr. Rega keeps attendance and failure to report or attend your scheduled Rounds will result in forfeit of those points towards your final grade and a Professionalism Report being filed with the Dean. Students are also required to attend EM Residency Conference which is held every Tuesday (except in July) from 08:00-13:00 1<sup>st</sup> floor, IISC, Center for Creative Education Bldg.

## EMS Ride-Along

First responders are responsible for pre-hospital care and stabilization prior to a patient reaching the Emergency Department. Ride Alongs are a great educational experience for all students, particularly those interested in Emergency Medicine. EMS shifts are part of the student requirements and are coordinated through Clerkship Coordinator and The Toledo Fire Department based on rig availability, departmental volume and number of student learners for each month. Students are required to arrive at the designated location for their ride along 15 minutes before the start of their shift. PLEASE NOTE: Your EMS Ride Along is **STRICTLY** an observership and under no circumstances should students practice invasive clinical skills in the field. If you have any questions contact Clerkship Coordinator prior to your ride along. Students are required to obtain and sign the required paperwork from Clerkship Coordinator to be completed two weeks prior to their rotation. Students should be advised that they are required to provide the EMS staff an evaluation form at the end of their shift to receive credit. Students must also have the fire house staff initial their time in and time out. The station that you are stationed at eats meals together paid for by the fire house. If you would like to eat what they provide students are expected to donate \$15.00 towards their meals (to include lunch and dinner). If the student chooses not to partake in the meal they are eating students are allowed to pack meals.

## **Dress Code**

The dress code for your EM rotation is University of Toledo provided scrubs. All students will wear their lab coats and have their name badge displayed above the waist with their picture and name showing. Visiting students will be provided with access to UT scrub machines and provided with a UT picture ID. Visiting students will wear their home institutions lab coat. Students may also wear professional attire including their lab coat. Dress code for EMS ride along shifts is khaki or dark pants (no jeans or scrubs) and a dark colored polo shirt. Boots or sturdy shoes must be worn (no flip flops, Crocs, Birkenstocks, or sandals).

## **Equipment**

Students are required to provide their own stethoscope, pen light, paper and pen. We do not stock any extra supplies. Students reporting for a shift without any of the above listed supplies will be sent home to obtain these and are expected and required to return.

## **Patient and Procedure Logs**

We do *not* require that patients and procedures are logged using MedEd. PA students will document procedure logs in E-Value as required. Visiting students will use their home institutions documentation process. Verification of completed procedures is documented on your Procedure Check-Off list (will be given to you at orientation) and required to be completed and turned into the Clerkship Coordinator. This will be done before grades are calculated.

## **Evaluations**

Students will be evaluated by all practitioners (residents, off service residents, NP's, PA's and attending physicians) during each shift. Daily and weekly evaluations are to be placed in the Academic mailbox in the break room. In order for the student to complete evaluations on the faculty and staff you are required to fill out the attending physician listing and resident listing on the [Emergency Medicine Clerkship website](#) and submit to the Clerkship Coordinator. All evaluations must be completed before a final grade and evaluation can be submitted.

## **Patient Flow in the ED**

Patients arrive one of three ways to our ED; by private transportation (drove themselves, brought by family or friends, or public transportation), by squad, or by Life Flight. Patients arriving by squad are either taken to triage or directly to a room dependent on their chief complaint, with higher acuity going directly to a room and lower acuity being directed to triage. Flight patients will always go directly to a room, to the Cath Lab, the Intensive Care Unit, or the OR.

Patient triage is a vital step in the flow of patients in the Emergency Department. When a patient arrives they are registered then sent to triage for a skilled and detailed nursing assessment. Patients complaining of SOB and chest pain bypass this step and are routed directly to a room and the attending physician will complete the initial assessment. All other patients are asked detailed questions pertaining to their complaints. From here the nurse will assign a triage level to the patient. Our triage level is based on a number based and color coded system, outlined below:

Patient Acuity	Primary Assignment	Secondary Assignment's (Students)	Supervising Physician
Level 1-Critical-Blue	EM resident	MS3, MS4 or PA	Attending physician
Level 2- Emergent-Red	EM resident	MS3, MS4 or PA	Attending physician
Level 3-Urgent-Yellow	Any resident, MS 3 or MS 4, PA student, or mid-level provider	MS3, MS4 or PA	Attending physician
Level 4-Non-Urgent-Green	Any resident, MS 3 or MS 4, PA student, or mid-level provider	MS3, MS4 or PA	Attending physician
Level 5-Minor-No color	Any resident, MS 3 or MS 4, PA student, or mid-level provider	MS3, MS4 or PA	Attending physician

ed	Name	NAIR	HIPAA	CC	EDRN	EDMD	LOS	RN	SEC	Tech	Lab	XR	CT	IMG	Resp	Location
09A	HECINFANT, ON						94:19:13									
TS01	HEOER, KENN						42:01:14	To Do	Done	To Do	YI				Pend	
XR01	HECCHILD, FOU			MVA			38:13:35	To Do		To Do						
10A	TESTEIGHT, HE			Abdominal	ABIGAIL		103:23:5	To Do	Done	Done						
11A	MORRIS, ONE			Chest Pain		MORRIS	97:22:28	To Do	To Do	To Do			Done		EKG C	
11A	MORRIS, THREE			Abdominal		MORRIS	105:15:0	To Do		To Do						
12A	EDMD, TWELVE			Blood in uri	CHERY		97:21:21	To Do	To Do	To Do						
13A	MORRIS, TWO			Wound /lac		MORRIS	105:15:0	To Do	To Do	To Do			Done		EKG D	
14A	PORTAL, PREST			Abdominal	CHERY		09:51									

Patients with triage levels of 1 (blue), 2 (red), and 3 (yellow) are placed in rooms 1-13, with those having the potential of being an ICU patient and trauma patients being placed in rooms 10, 11A, 11B or 12. Patients with a triage level of 4 (green) and 5 (no color) will be placed in rooms 13-25. During certain times throughout the day patients of any triage level will be placed in rooms 1-16, with rooms 10-12 being held for high acuity patients, ICU, and trauma patients. Please note that room assignments are flexible and do not always follow the above criteria.

Patients with a triage level of 1-3 are managed directly by the attending physician. And those with a triage level of 4-5 are managed directly by the Physician Assistant or Nurse Practitioner on shift. Occasionally depending on coverage in the department Physician Assistants and Nurse Practitioners will assist the attending on duty with all triage levels, with the exception of triage Level 1 (critical, light blue).

In the event of an incoming trauma, only two (2) students are allowed in at a time. Trauma cases are extremely fast paced and the room gets packed and busy so limiting the amount of students per case is necessary. Once a student has completed their trauma requirement, the next set of students will be assigned to the following trauma and so forth. The same assignment guidelines apply to cardiac arrests. In the event that we have limited students (less than 6 per rotation), students are encouraged to get as much exposure as they would like, depending on the approval from the attending physician or senior resident.

Students are encouraged to sign up for patients based on the patient requirements they have left to fulfill. Once a student has completed their requirement for each diagnosis and procedure, students who have not completed that requirement will get the next patient. Once all diagnoses and procedures have been completed by each student patient assignment is a lottery system. There will be no instances when there are patients in the ED and students do not have a patient assignment.

## **Charting**

Students are required to chart all patient encounters in the EMR regardless of level of training. All student charting is to be done as a free text note. Before the start of the rotation students should obtain an h&p notebook from the Clerkship Coordinator. Students will enter the information they receive from the patient on the notebook and then also as a free text note. You must present your patients to the attending and/or resident that you are covering the patient with PRIOR to charting. Students must also ALWAYS select a cosigning attending physician for all charts. No exceptions.

## **Order Entry**

Students are expected to enter patient orders. This includes laboratory studies, imaging studies, medications, and diagnostic testing. Once orders are entered students should notify the attending/resident for review. Once reviewed the practitioner will co-sign the orders entered.

## **Interview Season**

During interview season it may be necessary for MS4's to schedule interviews during your rotation with us. Please provide us with as much notice as possible in regards to your interviews. We will need the date(s) that you will be gone and the location. We will make every effort to accommodate your interview schedule without you forfeiting your spot in the rotation. If you have questions or concerns please contact the Program Director or Program Coordinator.

## **Schedule**

During your Emergency Medicine rotation we will utilize a third party scheduling software for scheduling and time off tracking. Students should monitor their [Rockets.utoledo.edu](mailto:Rockets@utoledo.edu) email daily for emails from the coordinator and the software for login instructions. Once the schedule is published there will be no changes made unless done so through a trade.

## **Blood Borne Pathogen Exposure Protocol**

In the event of a blood borne pathogen exposure while at The University of Toledo Health Science Campus:

1. Flush area thoroughly for 15 minutes; wash with soap if applicable
2. Notify supervising faculty member or preceptor
3. Always report to the UTMC ED for initial assessment of injury and exposure
4. Immediately obtain and submit all lab results from both you and the primary source of contact to Ruppert Health Center, Family Medicine
5. Complete a UTMC employee injury report (found at [utoledo.edu/depts./safety/forms.html](http://utoledo.edu/depts./safety/forms.html)) and send to Safety and Health
6. After hours/weekends report to the ED
7. Notify Clerkship Coordinator of incident.

# Learning Environment, Student Mistreatment and Professionalism

Professionalism or mistreatment issues can also be reported to any Block or Clerkship Director/Coordinator as well as the Dean's Office. Cards with contact information are available from Clerkship Coordinators.

[Website available for anonymous reporting of professionalism issues](#)

Professionalism: Core attributes of Professionalism:

- Altruism
- Accountability
- Excellence
- Duty
- Honor and integrity
- Respect

Selected Institutional Policies Related to the Learning Environment Applicable to the College of Medicine and Life Sciences:

- [Learning Environment and Faculty Professionalism Policy](#) (Policy # 364-81-04-018-00)
- [Professionalism and Standards of Conduct/Disciplinary Actions and Due Process/Appeals](#) (Policy # 3364-81-04-017-02)
- [Sexual Harassment and other forms of Harassment](#) (Policy 3364-50-01)

## Tips for Success:

- Utilize your resources. If you have questions ask someone! The ER staff are more than willing to help you learn and succeed, you just have to ask
- If problems arise during your rotation meet with the Clerkship Coordinator or Director. A majority of the time most problems are due to simple miscommunication
- Know what you are capable of and more importantly what you are NOT capable of, ask for help before it's too late
- Be willing to learn
- Be punctual and proactive
- Present your patients before charting (present to the EM resident first, then to the attending)
- Follow through. With everything
- Be professional with everyone you encounter in the ED. A simple smile can make a huge difference
- GU and pelvic exams must be chaperoned by an attending physician or staff member of the same sex as the patient

## CURRICULUM

Clerkship Website – Curriculum

<https://www.utoledo.edu/med/md/curriculum/curriculum4/index.html>

## Emergency Medicine Checklist

Once the schedule is released, no changes will be made. Students who need additional days off other than the dates submitted will need to do this through a switch with final approval needed from either the Clerkship Director or the Clerkship Coordinator. Schedule requests must be turned in at least 30 days prior to the start of the rotation. Requested dates are not a guarantee.

Didactics are held every Monday from 08:00 to 12:00 in the Simulation Center. Attendance is **MANDATORY**. Students must sign in on the attendance sheet to receive credit. Any missed sessions without prior approval will result in a Professionalism form being filed with the Dean.

At the end of each shift students' are required to check out with the attending(s) and resident(s) on duty. You are required to sign out on your patients in the EMR. To do this, go to Review in the EMR and select the appropriate co-signing physician. Residents are not to be selected in this step, only the attending physician.

## Student Daily Checklist

1. Physically see all of your patients to ascertain how they are doing and to update them.
2. Check all labs, x-rays, and other studies ordered.
3. Insure that you have completed all of your documentation, including, HPI, PMH, PSH, Medications, SH, FH,ROS, and PE. Also procedure notes should be done.
4. Double check to make sure that you have selected a CO-SIGNING MD. No chart should read as the medical student or resident was the primary practitioner.
5. Sign out any incomplete patients to a comparable level provider.
6. Ask the attending physician for permission to leave prior to departing the ED.

## GRADING PROCEDURE:

Third Year	
Clinical Evaluation*	75%
Professionalism**	15%
Simulation Participation	10%

\*Clinical Evaluation consists of clinical skills and class participation

\*\*Professionalism includes behavior, daily preparation, attendance and interdisciplinary communication

Fourth Year and Physician Assistant Students	
Clinical Evaluation*	75%
Professionalism**	15%
Simulation Participation	10%

\*Clinical Evaluation consists of clinical skills and class participation

\*\*Professionalism includes behavior, daily preparation, attendance and interdisciplinary communication

### How Grades are Determined

- Mostly done from evaluations (both daily and simulation lab)
- Quiz – only used to upgrade if in between grades
- Interesting Case Write-up (use H&P format) – only used to upgrade if in between grades
- Procedure Log – **Must be Complete!** Volunteer for every procedure; IV’s, Foley’s, NG’s, etc.
  - If Procedure Log is **not** complete, you **must** give an explanation why it is not complete.
  - If Procedure Log is **not** complete and **no** reasonable explanation given, it will then count against your final grade.
- Must have quiz, interesting case write-up, procedure log, EMS evaluation, and all daily evaluations to coordinator no later than 1 week after rotation ends.
  - If **not** received within 1 week, your grade will be “Incomplete” until received, and could possibly result in a lower grade.



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Emergency Medicine Clerkship  
Coordinator Evaluation

In order to improve the quality of your rotation and the rotation of future students, please complete this survey. It is optional and confidential, however if you would like to include your name at the bottom please do so. Also, any comments you would like to add can be done on page two.

Coordinator Name: Missy Johnson

Registration Term:  Fall  Spring  Summer

1. The coordinator seemed interested in helping my educational goals.  
 Strongly Agree     Agree     Disagree     Strongly Disagree
2. The coordinator created a positive learning environment, e.g. I was oriented to the schedule, I could easily join patient care, the coordinator assisted me when I had questions.  
 Strongly Agree     Agree     Disagree     Strongly Disagree
3. The coordinator demonstrated good interpersonal skills, e.g. I was treated with respect, there were open lines of communication.  
 Strongly Agree     Agree     Disagree     Strongly Disagree
4. This coordinator helped me to the best of her/his capabilities.  
 Strongly Agree     Agree     Disagree     Strongly Disagree
5. This coordinator is an important part of completing this rotation.  
 Strongly Agree     Agree     Disagree     Strongly Disagree
6. This coordinator is knowledgeable about Emergency Medicine.  
 Strongly Agree     Agree     Disagree     Strongly Disagree

Comments on Coordinator:

---

---

Comments for Coordinator:

---

---

Area(s) of Improvement:

---

---

Additional Comments:

---

---

Student Name (optional): \_\_\_\_\_

Date: \_\_\_\_\_



# COLLEGE OF MEDICINE AND LIFE SCIENCES

THE UNIVERSITY OF TOLEDO

## EMS Ride-Along Student Evaluation

*TFD Staff/Personnel: If at any time an issue arises contact the Emergency Medicine Clerkship Coordinator at 419.383.6375 or Clerkship Director 419.383.3888. Students: This form is to be turned into the Clerkship Coordinator upon completion of your ride along shift before the end of your rotation to receive credit.*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Students Name: \_\_\_\_\_

Location:       Station 6                       Station 15                       Station 18

Time Tracking		
Time In:	Student Initials:	TFD Initials:
Time Out	Student Initials	TFD Initials

Total # of Runs Student witnessed: \_\_\_\_\_

Student Evaluation		
	Satisfactory	Unsatisfactory
Arrived on time		
Dressed in appropriate clothing		
Acted in a professional manner		
Asked appropriate questions based on patient's chief complaint		
Comments:		

TFD Personnel Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Week of Rotation: \_\_\_\_\_



**Please note there are two sides to this evaluation.**

**# of Patients Seen** \_\_\_\_\_

**Procedures Completed:** \_\_\_\_\_

**Emergency Medicine Daily Student Evaluation**

<b>H&amp;P</b>	Extremely poor H&P with no organization <b>1</b>	Often Incomplete or inaccurate histories. Poor interviewing skills. Exam is incomplete. <b>2</b>	Usually complete and accurate but occasionally missing information. Exam is generally complete. <b>3</b>	Complete & Accurate. Histories organized and comprehensive. Physical exam is reliable. Presentations are well developed. <b>4</b>	Comprehensive information. Excellent interview skills and technically sound exam. Elicits subtle findings. At the level of a first year resident. <b>5</b>
<b>DDX</b>	Incorrect or inappropriate differential. <b>1</b>	Generates differential diagnosis that is incomplete. <b>2</b>	Can generate short list of appropriate differential diagnosis. <b>3</b>	Synthesizes clinical knowledge into a broad differential. <b>4</b>	Sophisticated and extensive differential appropriate to chief complaint. <b>5</b>
<b>Work-Up</b>	No plan or reason for tests. <b>1</b>	Frequently overlooks basic tests; difficulty interpreting results. <b>2</b>	Understands basic tests and their interpretation. Decisions usually right. <b>3</b>	Has complete plan for tests/consults. Efficient. <b>4</b>	Tests and plans are thorough, comprehensive, precise & cost effective. Can interpret results. <b>5</b>
<b>Medical Knowledge</b>	Very poor recall, no clinical acumen. <b>1</b>	Poor recall of basic knowledge including pathophysiology. <b>2</b>	Has basic knowledge of disease process/events. <b>3</b>	Above average knowledge, uses to help clinically. <b>4</b>	Superior knowledge base with clinical application. At level of first year resident. <b>5</b>
<b>Procedures</b>	Very poor technique. Puts pts. At risk. <b>1</b>	Does not use proper technique. Awkward with equipment. <b>2</b>	Some difficulty using proper technique. Fails to organize all equipment necessary. <b>3</b>	Uses proper technique. Organizes equipment. Knows basic landmarks. Requires some assistance. <b>4</b>	Procedures performed with ease and dexterity. Organizes equipment. Able to put pt at ease. Needs minimal assistance. <b>5</b>
<b>IP Skills</b>	Antagonizes pts and family. No logic to clinical record. <b>1</b>	Communicates poorly with patients. Clinical records incomplete/illegible. <b>2</b>	Utilizes basic communication skills. Written records occasionally incomplete. <b>3</b>	Student utilizes effective communication skills with pts. Written records complete and organized. <b>4</b>	Communicates very well with pts & families. Accurate and thorough written records. Excellent documentation. <b>5</b>

Areas to Develop:

- Differential Diagnosis of \_\_\_\_\_
- Reading about \_\_\_\_\_
- Procedures: \_\_\_\_\_
- Patient Management Plan
- H&P Completeness
- Presentation Delivery
- Patient/Staff Communication
- Comprehensive Patient Management

Strengths Noted this Shift:

- Professionalism
- Communication
- H&P Accuracy (Able to identify a sick patient)
- Differential Diagnosis
- Medical Knowledge
- Interpersonal Skills
- Comprehensive Patient Management
- Procedures

Comments:

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\_\_\_\_\_  
Evaluation Completed By

\_\_\_\_\_  
Date



### Emergency Medicine AI Student Evaluation

Student Name: \_\_\_\_\_

Rotation Dates: \_\_\_\_\_

Time Spent with Student:  Extensive (>10 hours)  Moderate (4-10 hours)  Minimal ( 1-4 hours)  No Contact

For each item in each category, please select a value from 1 to 5, or N/A. A selection of N/A will not impact a student's final evaluation score.

**ER Student Milestone 1:** Student is able to demonstrate basic professional responsibilities such as timely reporting for duty, appropriate dress, conference attendance, and timely completion of clerkship documents.

5       4       3       2       1       N/A

**ER Student Milestone 2:** Student is able to recognize when a patient is unstable and requires immediate intervention.

5       4       3       2       1       N/A

**ER Student Milestone 3:** Student is able to recognize abnormal vital signs.

5       4       3       2       1       N/A

**ER Student Milestone 4:** Student effectively listens and communicates with patients and their families.

5       4       3       2       1       N/A

**ER Student Milestone 5:** The student establishes a rapport with and is able to demonstrate empathy toward patients and their families.

5       4       3       2       1       N/A

**ER Student Milestone 6:** Demonstrates behavior that conveys caring, honesty, patient confidentiality, genuine interest and tolerance when interacting with a diverse population of patients and families.

5       4       3       2       1       N/A

**ER Student Milestone 7:** Is able provide accurate and organized documentation (H&P) when appropriate.

5       4       3       2       1       N/A

**ER Student Milestone 8:** Is able to perform and communicate a focused history and physical exam which effectively addresses the chief complaint and urgent patient issues.

5       4       3       2       1       N/A

**ER Student Milestone 9:** Is able to perform and communicate a reliable, comprehensive history and physical exam.

5       4       3       2       1       N/A

**ER Student Milestone 10:** Is able to construct a list of potential diagnoses based on the chief complaint and initial assessment.

5       4       3       2       1       N/A

**ER Student Milestone 11:** Is able to construct a list of potential diagnoses with the greatest potential for morbidity and mortality and includes the likelihood of occurrence.

5       4       3       2       1       N/A

Student Name: \_\_\_\_\_  
Rotation Dates: \_\_\_\_\_

**ER Student Milestone 12:** Is capable of formulating basic diagnostic and therapeutic plans based on differential diagnosis.

5       4       3       2       1       N/A

**ER Student Milestone 13A:** Recognizes and interpret significant EKG abnormalities (STEMI, A-Fib w/RVR, peaked T-waves).

5       4       3       2       1       N/A

**ER Student Milestone 13B:** Recognizes and interprets significant plain films (fx, CHF, SBO).

5       4       3       2       1       N/A

**ER Student Milestone 13C:** Recognizes and interprets significant laboratory results.

5       4       3       2       1       N/A

**ER Student Milestone 14:** Is able to recognize limit(s) of knowledge in clinical situations and asks for assistance or searches for information.

5       4       3       2       1       N/A

**ER Student Milestone 15:** Reevaluates patient's response to therapeutic intervention and monitors patient.

5       4       3       2       1       N/A

**ER Student Milestone 16:** Revises a differential diagnosis in response to changes in a patient's course over time.

5       4       3       2       1       N/A

**ER Student Milestone 17:** Communicates pertinent information to healthcare colleagues; also communicates with consulting service(s) or admitting team on an uncomplicated patient.

5       4       3       2       1       N/A

Faculty/Resident Comments:


Suggestions for improvement:


Faculty/Resident Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Emergency Medicine Procedure Record**

**Student**

<b>Skill</b>	<b>Date</b>	<b>Patient ID</b>	<b>Supervisor Name Printed and Signature</b>
Abdominal Exam			
Blood Specimen Collection			
CPR - Assist			
Crutch - Walking Instructions			
Fole Catheter Insertion - Female			
Foley Catheter Insertion - Male			
IV Line Insertion			
Level - 1 Trauma - Assist			
Level - 1 Trauma - Witness			
Monitor Leads' Applications			
NG Tube Insertion			
Pelvic Exam - Female: to include speculum & bimanual			
Pelvic Exam - Male: to include prostate			
Splinting			
Suturing			
Triage (Witness)			
Visual Acuity (Snellen Chart)			
Wound Dressing (burns, s/p suturing, etc.)			

Revised 6/2013 (nb)

9/2013 (nb)

5/2014 (nb)

6/2014 (nb)

4/2015 (tb)

9/2015 (mj)

2/2016 (mj)

4/2016 (mj)