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**Course Syllabus**

**General Course Information**

**Course # & Title**: CCE 4001: Critical Care/Emergency Medicine Required Clerkship

**Contact Hours:**  Clinical Courses: 4 Credits = 150 hrs. to complete all activities

**Semester(s) & Year:** Fall and Spring 2025-2026

**Grading Scale:** Honors/Pass/Fail

**Delivery Mode:** Clinical, live in-person

**Clinicals:** The Preceptor's schedule will determine the location and average workday, including hospital rounds, clinic, and call schedule etc. RVU recommends a minimum of 35 hours and maximum of 70 hours of service per week to maintain patient safety and allows for self-learning.

**Faculty Contact Information**

**Student Inquiry Contact:** Johnny Cheng, DO. Interim Clerkship Director for and CC and EM

Jcheng@rvu.edu

In order to make an appointment or to contact someone with an urgent clerkship issue, please email [cherkshipdirectorshelpline@rvu.edu](mailto:cherkshipdirectorshelpline@rvu.edu)

**Additional Faculty:** Credentialed Clinical Faculty (Preceptors)

**Course Details**

**Course Description**:

The Critical Care & Emergency Medicine Required Clerkship will provide students with clinical exposure to high-demand, life-threatening conditions requiring immediate intervention. Students will develop the knowledge, experience, and competencies necessary to deliver high-quality, evidence-based care for patients with acute medical and traumatic conditions. This required clinical clerkship includes experiences in diverse critical care settings, including, but not limited to: Medical ICU (MICU), Surgical ICU (SICU), Neuro ICU (NICU), Cardiac ICU (CICU), Burn ICU, Trauma ICU, Pediatric ICU (PICU), Neonatal ICU (NICU), Respiratory ICU (RICU), or emergency medicine settings including but not limited to General ER, Pediatric ER, Trauma Center ER, Cardiac ER, Urgent Care, Express or Fast-Track ER, Psychiatric ER, Observation Unit or Clinical Decision Unit. Audition rotations completed in these settings can also fulfill this requirement.

**Prerequisite:** Preclinical coursework completion and passing the COMLEX Level 1. OMS III core, required, and selective clerkships must also be completed prior to enrollment in CCE 4001. No student may be assigned to a family member for the purpose of assessment or evaluation of performance. If the student is inadvertently assigned to a family member, the student must report the relationship to the Assistant Director of Clinical Education Resources.

**Learning Outcome Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Learning Objectives/Outcomes and Observed Behaviors**  When Mapping, please use a competency-based progression of learning:  I= Introduce; R= Reinforce; C= Competent | | | | |
| **Upon Successful completion of the course,**  **the student will be able to:** | ILOs | PLOs | Clinical Skills | Assessment Method |
| Apply clinical reasoning and judgment skills in the practice of medicine through observed behaviors of:   1. Gather a history and perform a physical examination, including structural, pertinent to the given history. 2. Create a differential diagnosis meaningful to the clinical situation. 3. Recommend and interpret common testing within the context of a given clinical situation. 4. Generate treatment plans relevant to the clinical situation. 5. Document encounters appropriately 6. Perform an oral presentation of a clinical encounter concisely. 7. Ask questions that lead to the acquisition of clinical knowledge that advances a patient's care which includes informatics and evidence-based medicine (EBM)   10. Ability to triage patients appropriately | 1c, 2c, 4c, 5c | 1c, 2c, 3c, 6c | 1c, 2c, 3c, 4c, 5c, 6c,  7c, 10C | * Preceptor Assessment Questions 1-8, 10-12, 14, 17 * Student Portfolio |
| Demonstrate interpersonal communication and relationship skills with patients, care team members, and others through observed behaviors of:   1. Handoff and receive patients in the transition of care appropriately and with empathy. 2. Work collaboratively and respectfully with all care team members, patient families, and others. 3. Triage a patient to appropriate levels of care. | 1c, 2c, 3c, 4c | 4c, 5c | 8c, 9c, 10c | * Preceptor Assessment Questions 7, 9, 13, 15 * Student Portfolio |
| Conduct patient and condition-appropriate physical exams and procedures with compassion and empathy through observed behaviors of:   1. Can articulate appropriately the requirements for a typical informed consent. 2. Perform procedures and physical exam skills, including OMT, recognized as necessary for an entry-level resident physician. | 1c, 2c, 4c, 5c | 1c, 3c, 4c, 6c | 11c, 12c | * Preceptor Assessment Questions 2- 4, 10, 12, 15 * Student Portfolio |
| Evaluate systems-based practices to contribute to quality improvements through observed behaviors of:   1. Recognize system failures and can contribute to improvements. | 1c, 2c, 5c | 7c | 13c | * Preceptor Assessment Questions 17 |
| Act in a professional manner that meets the standards of the osteopathic profession through observed behaviors of:   1. Practice lifelong learning consistently (practice-based learning) 2. Self-reflect honestly, consistently, and openly with supervisors. 3. Consistently act to meet the Preceptor's expectations of a colleague in training. 4. Consistently exhibit a quiet, compassionate hand of tolerance towards others | 1c, 2c, 3c, 4c | 1c, 5c | 14c, 15c, 16c, 17c. | * Preceptor Assessment Questions 9, 13, 15, 16 * Student Portfolio |

**Recommended Learning Resources:**

[**AccessEmergency Medicine**](https://accessemergencymedicine-mhmedical-com.proxy.rvu.edu/)from McGraw-Hill Medical helps meet the immediate needs of the emergency department (ED) – all in one place. Updated regularly, this comprehensive online emergency medicine resource provides quick diagnosis and treatment answers for a broad spectrum of complaints encountered in the ED, ranging from neurologic and pediatric emergencies, to poisoning and trauma.

Marino's The ICU Book: (ICU Book (Marino)

[Marino's the ICU Book](https://oce-ovid-com.proxy.rvu.edu/book?SerialCode=01762486&lang=null)

Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 9th Edition 9th Edition by Judith E. Tintinalli

[Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 9e](https://accessmedicine-mhmedical-com.proxy.rvu.edu/book.aspx?bookid=2353)

Rosen's Emergency Medicine - Concepts and Clinical Practice, 2-Volume Set: Expert Consult Premium Edition - Enhanced Online Features and Print 7th Edition by John Marx MD

[Rosen's Emergency Medicine - Concepts and Clinical Practice, 2-Volume Set](http://proxy.rvu.edu/login?url=https://www.clinicalkey.com/dura/browse/bookChapter/3-s2.0-C20181032357)

Clinical Procedures in the Emergency Department:

[Clinical Procedures in the Emergency Department](http://proxy.rvu.edu/login?url=https://www.clinicalkey.com/dura/browse/bookChapter/3-s2.0-C20140019958)

Manual of Airway Management:

[The Walls Manual of Emergency Airway Management, 5th](https://oce-ovid-com.proxy.rvu.edu/book?SerialCode=01996178&lang=null)

An Introduction to Clinical Emergency Medicine 2nd Edition by S. V. Mahadevan: <https://www.amazon.com/Introduction-Clinical-Emergency-Medicine/dp/0521747767/ref=tmm_pap_swatch_0?_encoding=UTF8&qid=&sr=>

Emergency Department Resuscitation of the Critically Ill:

<https://www.amazon.com/dp/0983428808?tag=emcrit-20&linkCode=ogi&th=1&psc=1>

Trauma:

<https://www.amazon.com/dp/0071663517?tag=emcrit-20&linkCode=ogi&th=1&psc=1>

**Assignments and Due Dates:**

**Student Portfolio (Due by 11:30 p.m. the last day of the clerkship - Friday)** (See Rubric at Appendix C)**:**

* **Learning Objectives:** 
  + Outline of personal and clerkship-specific goals
  + Self-assessments evaluating progress toward learning objectives and identification of areas for improvement
* **Evidence-Based Practice Assignments:**
  + Research or case study demonstrating application of evidence-based medicine, such as literature reviews or critical appraisals relevant to cases encountered.
  + Documentation of any research conducted, particularly if related to Emergency Medicine or Critical Care.
* **Reflection on a Clinical Encounter:**
  + Reflection on two complex or unique cases, focusing on differential diagnosis, management decisions, and learning points.

**Patient Logs** – Due weekly. Submit your patient logs to New Innovations, download the document showing your logs for the week, upload it into the Patient Log Assignment, and complete the Key Clinical Skills count.

**Preceptor Assessment** – The clerkship preceptor submits the Preceptor Assessment following the completion of the clerkship (See Appendix E).

**Grading Scheme**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Domain | Assessment | Percent of Total Grade | Exemplary | Meets Expectations | Below Expectations/ Needs Improvement |
| Professionalism  (0-28 course points) | Preceptor Evaluation  Questions 9, 13, 15 | 12% | 12 | 9 | 0 |
| Portfolio Learning Objectives | 16% | 16 | 12 | 0 |
| Clinical Care  (0-28 course points) | Preceptor Evaluation  Questions 1, 2, 6, 7, 11, 12, 17 | 12% | 12 | 9 | 0 |
| Evidence-Based Practice Assignments | 16% | 16 | 12 | 0 |
| Knowledge Application  (0-44 course points) | Preceptor Evaluation  Questions 3, 4, 5, 8, 10, 14, 16 | 12% | 12 | 9 | 0 |
| Reflection on a Clinical Encounter (2) | 32% | 32 | 25 | 0 |
| Final Grade | | | Honors | Pass | Fail |
| Course Points | | | 85-100 | 76-84 | 0-75 |

**Student Portfolio for Emergency Medicine/Critical Care**

* **Due Date:** by 11:30 pm. the last day of the clerkship (Friday). Throughout your Critical Care/Emergency Medicine Required Clerkship you will be compiling a portfolio that highlights your growth, learning, and application of clinical skills and knowledge. The portfolio will showcase your development as a future physician in a high-stakes environment and demonstrate your ability to integrate evidence-based practice with patient-centered care. The assignment has three main components: Learning Objectives, Evidence-Based Practice Assignments, and Reflection on a Clinical Encounter (see the rubric on Appendix C). The portfolio is submitted using the Fillable PFD Template in the Assignment Description of MyVista (see an example on Appendix D)

### **Learning Objectives**

* 1. **Personal and Clerkship-Specific Goals:**
     1. At the start of your clerkship, outline 2-3 personal SMART goals and 2-3 clerkship specific SMART goals. These should reflect your interests, skills you aim to develop, and areas you hope to improve or explore within Emergency Medicine and Critical Care.
     2. Consider goals that align with ACGME or [AACOM core competencies](https://www.aacom.org/docs/default-source/med-ed-documents/corecompetencyreport2012.pdf?sfvrsn=53bed24b_1), such as improving clinical reasoning, procedural skills, teamwork, or patient communication in urgent care settings.
  2. **Self-Assessments:**
     1. At the end of your clerkship submit a self-assessment that evaluates your progress toward these goals. Reflect on the following:
        1. How have you progressed in meeting your goals, and what specific experiences or challenges contributed to this growth?
        2. What areas do you still need to improve, and what steps will you take to achieve continued development in these areas?

### **Evidence-Based Practice Assignments**

* 1. **Case Studies and Literature Reviews:**
     1. Identify a complex or unique clinical case that you encountered during the clerkship. Conduct a brief literature review or critical appraisal related to this case, focusing on best practices and recent advancements in treatment or diagnosis.
     2. Discuss how evidence-based guidelines influenced your understanding and management of the case. Consider including a comparison of different treatment options, with attention to the strengths and limitations of each.
  2. **Documentation of Research and Case Studies (optional):**
     1. Provide summaries of any additional research you conducted, especially if related to Emergency Medicine or Critical Care. This could include small projects, case studies, or in-depth analyses of medical literature.
     2. For each piece, provide a brief summary describing the relevance of the research or case study to your clinical experience and how it contributed to your understanding of evidence-based practice.

1. **Reflection on a Clinical Encounter**
   1. **Reflections on Two Complex or Unique Cases:** Choose two cases that were particularly challenging or educational. For each case, write a reflection covering the following points:
      1. **Differential Diagnosis:** Describe the patient presentation and the initial differential diagnosis you developed. What factors were most important in narrowing down the diagnosis?
   2. **Management Decisions:** Explain the treatment plan you developed or contributed to, including any diagnostic tests, procedures, or medications. Discuss how you balanced patient needs, clinical evidence, and situational factors in your decision-making.
      1. **Learning Points:** Summarize key takeaways from the case. Consider what you learned about patient care, the integration of evidence-based practice, and any aspects of teamwork or communication that were significant.
   3. **Reflections on Personal and Professional Development:** Conclude each reflection by addressing how the encounter contributed to your growth as a clinician. Reflect on how you handled any challenges, how you might approach a similar situation differently in the future, and how this experience shaped your perspective on working in high-acuity care.

**Clinical Clerkship Faculty Assessment of Student Doctors on Clinical Rotation (Preceptor Assessment)**

A Clinical Clerkship Faculty Assessment of Student Doctors on Clinical Rotation **(see Appendix E)** must be completed and submitted by the Preceptor of record for each clerkship for a grade for the course to be posted. The response to each question of the Assessment will be reviewed by the Clerkship Director, who will assign a final grade based on all Assessments received.

Students who do not meet expectations on the Assessment must meet with the Clerkship Director to mitigate the identified problems during the clerkship. Unsuccessful mitigation will result in failure of the course. The failed clerkship course will be remediated at a clinical training site assigned by the Department of Clinical Education. Successful remediation will result in a course grade of Px. Unsuccessful remediation will result in a second course failure and referral to SPC.

**Patient Logs**

Students must show that adequate direct patient care experience has been achieved by demonstrating adequate patient log support of an average of at least four outpatients or two inpatients per day. Students will log each virtual or direct patient care encounter and essential skills performed into New Innovations. The log will include the patient's age, diagnosis, procedures performed with Preceptor, and whether the patient encounter was conducted via direct patient care or telehealth. The logs will serve multiple purposes, including as a contact tracer if needed, documented proof of quality and quantity of patient experiences, and in preparation of students for residency portfolio recordkeeping. The patient logs portion of the clerkship is graded as Complete or Incomplete. A grade of Complete will be achieved if the student achieves and logs the minimum number of patient encounters, and patient logs are complete and are submitted to New Innovations by 11:30 p.m. the last day of the clerkship (Friday). Failure to submit the patient logs on time will result in the student not being eligible to receive a grade of Honors for the course.

To fulfill the minimum expectations needed to complete the course, students should submit in New Innovations:

* Outpatient – 120+ logs, or
* Inpatient – 60+ logs, or
* Combination of Outpatient and Inpatient – 90+ logs

**NOTE:** Students are responsible for notifying their Clinical Coordinator or Regional Director if they think they cannot fulfill the course's patient contact requirements. If students cannot meet the minimum requirements for patient contact, they may be required to complete additional days of clerkship with the same or a new Preceptor.

**Final Grade Calculation:**

The Course Director awards final grades for the course as:

* Honors – 85-100 points
* Pass – 76-84 points
* Fail – 0-75 points
* Px – Pass with Remediation

Students must complete all assignments by 11:30 p.m. on the last day of the clerkship (Friday) to pass the clerkship.

**Course Policies:**

Please refer to the RVU Student Handbook and COM Student Handbook and Catalog for policies including, but not limited to:

* Email and MyVista Utilization
* Academic Integrity
* Academic Accommodations Process
* Health and Technical Standards
* OPP and PCM Laboratory Policies
* Biosafety, Universal Precautions, and Bloodborne Pathogens
* Academic Grievances Policy (Grading Disputes)
* Attendance Policy
* Excused Absences
* Course Adjustment Policy
* Holidays

Please note course syllabi are subject to change as necessary at the discretion of the Clerkship Director.

**Specific Course Policies**

**Absences**

***Clinical Education***

The focus of the clinical experience in years 3 and 4 is patient care and interaction. Therefore, one hundred percent attendance is required to ensure continuity of care is maintained. However, it is understood that certain situations may arise that will result in an absence from required daily participation. In such instances, the following policies will be observed, and the Absence Request on iNet must be completed and approved:

* Absences for any reason must be approved by both the Preceptor and Clinical Dean.
* Preplanned absences - Submit the Clinical Education Excused Absence Request form in iNet for preplanned absences as soon as event dates and details are known.
* Emergency absences - Submit the Clinical Education Excused Absence Request form on iNet on the same day as any emergency absence.

**Hours of Duty**

To provide educational continuity and patient care experience, RVU requires at least 140 clinical contact hours in Emergency Medicine. The Preceptor's schedule will determine the average workday, including office hours, hospital rounds, clinic or nursing home visits, and call schedule. RVU recommends a maximum of 70 hours of service per week to maintain patient safety and allows for didactics and self-learning. Students shall be assigned activities on or related to their current service clerkship only. A physician licensed to practice medicine in that state will supervise any duties assigned to students. Whether students receive a holiday off is determined by the assigned Preceptor. RVUCOM does not exempt students from working on holidays. Students are excused from clinical clerkship on the day of their subject exam. The clerkship will end at 5:00 p.m. on the last calendar day of the clerkship.

**Professional Conduct Policy**

Students are expected to always adhere to the highest level of professional conduct. Students will always treat *all* employees of Rocky Vista University and those in clinical training sites with respect and courtesy. Students will demonstrate ethically responsible behavior; act honestly and with integrity to patients, their representatives, faculty/preceptors, and coworkers. Students will preserve confidentiality and not discuss patients publicly or with unauthorized persons. No documents with patient-identifying information will leave the clinical setting. Compliance with all institutional regulations, including state and federal HIPAA laws, is expected.

The Preceptor has the authority to dismiss a student from the clerkship for violations of the student's duties and responsibilities as delineated in this manual, a threat to public health or safety, or as deemed appropriate for the continued operation of the clinical site. Any such action will result in evaluation by the Department of Clinical Education and the Student Progress Committee, which may result in a failing grade for the clerkship and/or dismissal from the University. In addition, any problems or concerns affecting students not adequately resolved at the site should be referred to the Department of Clinical Education and the appropriate Dean of Clinical Education. Students should read and comply with the Student Level of Supervision available in the Clinical Education Manual.

In the case of any student suspected of having a substance abuse or mental health problem, the Preceptor must report this situation to both the Dean and Senior Associate Dean of Clinical Education to direct the student to evaluation assistance and further action.

**Conflicts of Interest & Student Confidentiality in The Clinical Setting Policy**

Rocky Vista University College of Osteopathic Medicine (RVUCOM) is committed to ensuring the prevention of any type of conflicts of interest for students regarding academic advancement and the protection of student confidentiality in the clinical setting.

Students seeking healthcare should not be placed in a position in which they could potentially interact with any faculty or staff that have authority over their educational pursuits. Authority over a student's educational pursuits is defined by any person who determines final grades, ongoing status of academic standing, and academic advancement within the college. This may include deans, directors, or any faculty involved in grading or determining student academic promotion. Any of the health professionals providing health services to a student must be and will be recused from any academic assessment or promotion of the student if professional services have been rendered.

Further, RVUCOM students participating in any clinical training experience will not be involved in the medical care of other students unless expressed permission is individually obtained from the student patient. Patient confidentiality will be guaranteed for all RVUCOM students in all clinical settings.

**Student Success & Support Resources**

**Policies**

**Academic Integrity Policy:** <https://catalog.rvu.edu/academic-integrity>

**All RVU Policies:**  <https://policies.rvu.edu/> (must be logged into inet.rvu.edu)

**Program Handbook:** <https://catalog.rvu.edu>

**Research & Writing Support**

**Frank R. Ames Memorial Library:** <https://library.rvu.edu/framl/home>

**Plagiarism:**  <https://library.rvu.edu/researchguide/researchethics/plagiarism>

**Writing Center:** <https://www.rvu.edu/writing-center/>

**General Student Support**

**Diversity, Equity, & Inclusion:**                 <https://www.rvu.edu/about/diversity-equity-and-inclusion/>

**Financial Services:**                                 <https://www.rvu.edu/admissions/financial-aid/>

**IT Help Desk:**                                                <https://myvista.rvu.edu/ics/Help_Desk/> (must be logged into inet.rvu.edu)

**Mental Health & Wellness:**                                <https://www.rvu.edu/mental-health/>

**Services for Students with Disabilities-CO:**     <https://www.rvu.edu/co/student-affairs/disability-services/>

**Services for Students with Disabilities-UT:**<https://www.rvu.edu/ut/student-affairs/disability-services/>

**Student Affairs:**                                                  <https://www.rvu.edu/student-affairs/>

Disclaimer

All assignments, scheduling, curriculum delivery method, course parameters, and assessments within this course are subject to change.

**Appendix A: Patient Care Course Design**

Critical Care/Emergency Medicine Required Clerkship is designed to be completed in four weeks at one or more clinical venues consisting of direct patient care (care delivered live at the bedside or in another clinical area). It may also include a virtual telehealth/ telemedicine patient care component. The didactic portion of the course is conducted online and via synchronous virtual presentations. The clinical venue component allows students to develop and apply **key clinical skills (EPAs)** through their discharge of patient care activities observed and assessed by their Preceptor. Performing these skills consistently and accurately is universally recognized as a requisite for a resident physician to be entrusted at an entry level into Graduate Medical Education. These Key Clinical skills are grouped into specific skill sets that students must perform as sets. These include *Clinical Reasoning and Judgement Skills; Interpersonal Communications and Relationship Skills; Physical Exam and Procedural Skills; Systems-based Practice Thinking Skills;* and *Professional Behavior* to demonstrate the competence necessary to practice as an Osteopathic Resident Physician. Thus, recognizing which aspects of patient care pertain to and enhance student-applied learning in these skill sets is vital to a successful clinical curriculum. Each patient care experience will be tracked via a patient log and documented as either direct patient care or virtual telehealth patient care.

Telehealth patient care delivery models, which can replace, or augment limited direct patient care opportunities whenever direct patient care activity is halted or curtailed, have been reviewed and approved for their service, educational, and assessment value. Telehealth rotations can position students to learn and contribute to patient care in all areas of patient care participation except physical exams and procedures. Some aspects of physical exams and procedures can be discussed and practiced virtually or as self-teaching but assessing these skills should include face-to-face checkoffs. Skills needing face-to-face checkoff are listed in Appendix B.

**Key Clinical Skills**

*Clinical Reasoning and Judgement skills*

1. Gather a history and perform a physical examination, including structural, pertinent to the given history.
2. Create a differential diagnosis meaningful to the clinical situation.
3. Recommend and interpret common testing within the context of a given clinical situation.
4. Generate treatment plans relevant to the clinical situation.
5. Document encounters appropriately
6. Perform an oral presentation of a clinical encounter concisely.
7. Ask questions that lead to the acquisition of clinical knowledge that advances a patient's care which.

includes informatics and evidence-based medicine (EBM)

10. Ability to triage patients appropriately

*Interpersonal Communications and Relationships skills*

1. Handoff and receive patients in the transition of care appropriately and with empathy.
2. Work collaboratively and respectfully with all care team members, patient families, and others.
3. Triage a patient to appropriate levels of care.

*Physical Exam and Procedural Skills*

1. Can articulate appropriately the requirements for a typical informed consent.
2. Perform procedures and physical exam skills, including OMT, recognized as necessary for an entry-level resident physician.

*Systems-based Practice thinking skills.*

1. Recognize system failures and can contribute to improvements.

*Professional Behavior*

1. Practice lifelong learning consistently (practice-based learning)
2. Self-reflect honestly, consistently, and openly with supervisors.
3. Consistently act to meet the Preceptor's expectations of a colleague in training.
4. Consistently exhibit a quiet, compassionate hand of tolerance towards others.

RVU has identified the following patterns of student training within its community-based preceptor network to enhance training opportunities and properly focus assessments:

|  |  |  |  |
| --- | --- | --- | --- |
| ***Student Assessment Organized by Clinical Venue and Patient Care Activity*** | | | |
| **Patient Care Activity** | **Clinical Skillsets Practiced and Assessed** | **Where and How Assessed by Preceptor** | **Preceptor and Student Engagement Strategies by Venue** |
| Preceptor and student setting care plan objectives together | * Clinical Reasoning and Judgement Skills * Interpersonal Communications and Relationship Skills * Professional Behavior | * Bedside * Chart rounds * Team rounds * Verbal live feedback * Written formal evaluation | * Student with Preceptor, patient live or telehealth. * Student, Preceptor, and patient virtually, if the usual dialog between student and Preceptor that occurs outside of a patient room still occurs. |
| Daily H&P and oral presentations and procedures, including OMT | * Clinical Reasoning and Judgement Skills * Interpersonal Communications and Relationship Skills * Physical Exam and Procedural Skills * System-based Practice Thinking Skills * Professional Behavior | * Bedside * Chart rounds * Team rounds * Verbal live feedback * Written formal evaluation | * Student with Preceptor and patient live. * Student, Preceptor, and patient engage in the usual execution of H&P, and the usual dialog between student and Preceptor occurs both at and away from the bedside regardless of whether the visit is live or via telehealth. |
| End-of-day or rounds review of cases; student performance | * Clinical Reasoning and Judgement Skills * Interpersonal Communications and Relationship Skills * System-based Practice Thinking Skills * Professional Behavior | * Student one-to-one interaction with Preceptor, the team * Verbal live feedback * Written formal evaluation | * Student with Preceptor, patient live or telehealth. * Student, Preceptor, and patient virtual, if the usual dialog between student and Preceptor that occurs outside of a patient room still occurs. |
| End-of-clerkship summative evaluation | * Review of student performance in all skillsets | * Student one-to-one interaction with Preceptor, the team * Written formal evaluation | * Student with Preceptor and patient live. * Student, Preceptor, and patient virtual, for all except Physical Exam and Procedures |

**Appendix B: Key Clinical Skills Expected for this Course.**

|  |  |  |
| --- | --- | --- |
| **Skills** | **Direct-Patient Care** | **Telehealth** |
| **History** |  |  |
| Competent History Taking Including Motivational Interviewing | Performance and assessment of ability to complete | Performance and assessment of ability to complete |
| Domestic Abuse Screening | Performance and assessment of ability to complete | Performance and assessment of ability to complete |
| Evaluate Health Determinants from the Perspective of Age and Gender | Performance and assessment of ability to complete | Performance and assessment of ability to complete |
| Psycho-social History | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Psychological Aspects of Care Appropriately | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Sexual Function Screening | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Gun Safety Screening and Counseling | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| **Physical** |  |  |
| Focused Physical Examination | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Sex-, Gender and Age- Appropriate Physical Examination | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Osteopathic Structural Examination | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Digital Rectal Exam | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Breast Exam | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Complete Musculoskeletal Exam | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Complete Neurologic Exam | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| **Procedures** |  |  |
| Basic ECG Interpretation | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Incorporate Images and Labs into Differential Discussion | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Airway Management: Intubation, Advanced Airways, NIV, Oxygen | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Cardiopulmonary Resuscitation, BLS, ACLS algorithm | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Bladder Catheterization | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| IV, Subcutaneous and Intramuscular Injections | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| NG Tube Placement | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Osteopathic Manipulative Treatment | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Peripheral and Central Venous Access | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Scrub and Gown to Assist in Procedures | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Laceration Repair with Tissue Glues, Staples, and/or Suture | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Skin Staples and/or Suture Removal | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Central Venous Catheter Placement with US guidance | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Correctly Adhere to Universal Precaution Technique | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |

**Appendix C: Student Portfolio Rubric** This rubric assesses the quality and completeness of each portfolio component based on three performance levels: Honors, Pass, and Fail. Each criterion aligns with the assignment requirements, and performance at each level reflects depth of analysis, insight, professionalism, and engagement with the clerkship’s learning objectives.

**1. Learning Objectives**

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Honors** | **Pass** | **Fail** |
| **Personal and Clerkship -Specific SMART Goals**  **Self-Assessment** | - Develops clear, insightful SMART goals that are well-aligned with ACGME or AACOM competencies.  - Self-assessment reflects deep insight into personal growth, challenges, and areas for improvement.  (16 points) | - Sets appropriate SMART goals with general alignment to competencies but may lack depth.  - Self-assessment provides a basic reflection on progress and acknowledges some challenges and growth areas.  (12 points) | - Goals are vague, incomplete, or misaligned with competencies.  - Self-assessment is superficial or lacks meaningful reflection on progress or growth areas.  (0 points |

### **2. Evidence-Based Practice Assignments**

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Honors** | **Pass** | **Fail** |
| **Case Studies and Literature Review** | - Selects complex, relevant cases; performs comprehensive, critical literature review with clear clinical relevance.  - Integrates evidence-based guidelines thoughtfully and critically into case discussions.  (16 points) | - Identifies suitable cases; performs literature review that meets basic requirements with some relevance to cases.  - References guidelines but with limited depth or critical analysis.  (12 points) | - Case selection is superficial or irrelevant; literature review is incomplete or lacks clear relevance.  - Fails to integrate or cite evidence-based guidelines effectively.  (0 points) |

### **3. Reflection on Clinical Encounter**

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Honors** | **Pass** | **Fail** |
| **Differential Diagnosis and Management Decisions** | - Reflections on cases are insightful, demonstrating critical thinking and deep understanding of differential diagnosis and management.  - Thoughtfully addresses personal and professional development with insightful growth reflections.  (32 points) | - Reflections on cases show understanding of key aspects of differential diagnosis and management.  - Provides basic reflection on growth with some indication of personal development.  (25 points) | - Reflections lack critical analysis or fail to address core components of cases.  - Limited or no reflection on personal or professional growth in clinical contexts.  (0 points) |

Appendix D: Example of the Portfolio Fillable Template for Submission to MyVista

**Learning Objectives:**

At the start of your clerkship, outline 2-3 personal SMART goals and 2-3 clerkship specific SMART goals. These should reflect your interests, skills you aim to develop, and areas you hope to improve or explore within Critical Care or Emergency Medicine.

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**Self-Assessment:**

At the end of your clerkship submit a self-assessment that evaluates your progress toward these goals. Reflect on the following:

* + - 1. How have you progressed in meeting your goals, and what specific experiences or challenges contributed to this growth?
      2. What areas do you still need to improve, and what steps will you take to achieve continued development in these areas?

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**Case Studies and Literature Review:**

1. Identify a complex or unique clinical case that you encountered during the clerkship. Conduct a brief literature review or critical appraisal related to this case, focusing on best practices and recent advancements in treatment or diagnosis.
2. Discuss how evidence-based guidelines influenced your understanding and management of the case. Consider including a comparison of different treatment options, with attention to the strengths and limitations of each

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**Reflection on a Clinical Encounter**

1. Choose two cases that were particularly challenging or educational. For each case, write a reflection covering the following points:
   * 1. Describe the patient presentation and the initial differential diagnosis you developed. What factors were most important in narrowing down the diagnosis?
2. Explain the treatment plan you developed or contributed to, including any diagnostic tests, procedures, or medications. Discuss how you balanced patient needs, clinical evidence, and situational factors in your decision-making.
   * 1. Summarize key takeaways from the case. Consider what you learned about patient care, the integration of evidence-based practice, and any aspects of teamwork or communication that were significant.
3. Conclude each reflection by addressing how the encounter contributed to your growth as a clinician. Reflect on how you handled any challenges, how you might approach a similar situation differently in the future, and how this experience shaped your perspective on working in high-acuity care.

Reflection on a Clinical Encounter #1

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Reflection on a Clinical Encounter #2

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**Appendix E: Clinical Clerkship Faculty Assessment of Student Doctors on Clinical Rotation (Preceptor Evaluation)**

**1\* Obtains an appropriate history.**

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| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**2\* Performs an appropriate physical examination.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**3\* Formulates an appropriate differential diagnosis.**



|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**4\* Recommends and interprets common diagnostic and screening tests.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**5\* Recommends an appropriate treatment or management plan.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**6\* Documents an acceptable clinical encounter note.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**7\* Provides an organized oral presentation of the clinical case.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**8\* Demonstrates the ability to access appropriate resources to gather medical information and evidence as needed.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**9\* Participates and collaborates as a respectful and helpful member of an interprofessional team.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**10\* Recognizes a patient requiring urgent or emergent care and provides appropriate recommendations when able to discuss with preceptor.**

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| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**11\* Performs general procedures of a physician.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**12\* Approaches patient care with a whole person approach (body, mind, and spirit) as part of managing patient's medical issues.**

* Student Doctor does not use a whole person approach with patient care.
* Student Doctor uses a whole person approach with constant prompting.
* Student Doctor uses a whole person approach with minimal prompting.
* Student Doctor uses a whole person approach without prompting.

**13\* Demonstrates high level of professionalism expected of a medical student.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**14\* Demonstrates appropriate medical knowledge in their current year of education.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**15\* Demonstrates excellent interpersonal and communication skills (phone calls, emails, conversations).**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**16\* Demonstrates self-directed learning on a regular basis.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**17\* Contributes to a patient care culture of quality and safety.**

|  |  |  |  |
| --- | --- | --- | --- |
| Below Expectations/Need Improvement | Meets Expectations | Exceeds Expectations | Exemplary |

**18\* Based on the Student Doctor’s performance during this clerkship:**

* This individual demonstrates knowledge and abilities BELOW what is expected of an incoming third year student.
* This individual demonstrates knowledge and abilities expected of an incoming third year student.
* This individual is advancing and demonstrates additional knowledge and abilities but is not yet performing at the level of an incoming fourth year student.
* This individual continues to advance and demonstrates additional knowledge and abilities, consistently including the majority of those targeted for an incoming fourth year student.
* This individual has advanced so that he or she now substantially demonstrates the knowledge and skills targeted for medical school. This level is designated as the graduation target.
* This individual has advanced beyond performance targets set for medical school and is demonstrating 'aspirational' goals which might describe the performance of a resident. This is an honors designation that only applies to the top 10% of graduating medical students.

**19\* Looking at the Student Doctor’s global performance, which of the four categories best reflects how your student interacted with you?**

* Reporter - Reporters can accurately and reliably gather clinical information on each of their patients. Reporters can communicate clearly (both verbally and in writing) the clinical information they have obtained. Reporters can distinguish important information from unimportant information and are able to focus data collection and presentation on central issues.
* Interpreter - Interpreters can identify problems independently and prioritize problems, including new problems, as they arise. Interpreters can develop a differential diagnosis independently and make a case for and against each of the important diagnoses under consideration for a patient’s central problem(s).
* Manager - Managers can develop and defend a diagnostic and a therapeutic plan for each of their patients’ central problem(s). Managers can utilize their growing clinical judgment to decide when action needs to be taken. Managers can analyze the risk/benefit balance of specific diagnostic and therapeutic measures based on an individual patient’s circumstances.
* Educator - Educators have mastered the fundamental skills described above. Educators have the insight to define important questions to research in more depth, the drive to seek out the evidence behind clinical practice, and the skills to scrutinize the quality of this evidence. Educators take a share in educating the rest of the team.

**20\* Did the Student Doctor attend the rotation as expected (35+ hours per week)?**

* Yes
* No
* Unknown

**21\* Did the Student Doctor share and discuss their Clerkship SMART goals with you?**

* Yes
* No
* Unknown
* Not applicable for Elective Clerkships

1. **Additional feedback for growth and improvement. Please include feedback that provides evidence of the student’s strengths and weaknesses (consider skills listed in the syllabus) and give examples of achievement or deficiencies.**
2. **Comments from you or your team in this section are your opportunity to communicate with the Dean on this student's readiness for residency. If your assessment is submitted prior to September 1st of the student's graduation year, then your comments will be added to the student's MSPE/Dean's Letter. If your assessment is submitted after September 1st of the student's graduation year, then your comments will help inform the Dean of the student's eligibility for special awards recognition for graduation.**