

# **How to succeed on your EM Clerkship**

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## **Quick Tips:**

- Put yourself out there. Try to say “yes” to everything even if you are a little uncomfortable, but don’t be irresponsible with it. AND ask to do stuff - be forward (advocate for yourself) but not annoying. Say something like, “I would love to try \*insert procedure here\*”
- Relax and have perspective. People want to have fun at work too.
- Have an IV start kit stashed somewhere ready to go so when you hear the overhead page out “IV start opportunity in Bed 5” you can get there before the paramedic students.
- Try to think a couple steps ahead. For example, start writing discharge instructions for your patient as soon as you finish putting in initial orders. Most of the patients you see will be discharged home so MAKE SURE YOU ARE NOT the rate-limiting step in getting them out the door.
- Be bold, but know your limits. For example, if you can do a FAST exam, bring the ultrasound machine to the trauma case and express to your resident that you would like to do the FAST. If you don’t know how to do it, bring the machine and ask the resident to show you how and then ask to do the next one.
- Know the H’s and T’s (reversible causes of cardiac arrest).
- As with every clerkship don’t lie, ever. If you missed something on physical exam or otherwise don’t make it up. Fess up, follow up, and find out the information. If you listen, residents do this all the time and it’s ok. I would usually say, “That’s a great question that I didn’t ask.”
- Have the perspective that if people are giving you feedback (no matter how it is delivered) it’s because they care about you and your education.

## **Rotation Preparation/Shelf Advice:**

You want to ideally prepare for your ED rotation before you arrive on scene. This will be best accomplished by working hard during your 3rd year clerkships & trying hard on shelf exams. If possible, read up on how to give good ED case presentations. This will help you stand out from the outset. The paradigm in the ED is distinct from most other practice environments, this video illustrates this point well and is referenced on major EM websites: “How to think like an emergency physician” <https://vimeo.com/14983747>

For the shelf exam, you’ll know the drill. Find a good content book to read through for the rotation and do practice questions. I really liked EM casefiles (good balance of breadth & depth). Though it’s hard to say it was fully necessary, I read EM casefiles before going into my ED

rotation so I could be somewhat “up to speed” on content knowledge by day 1. I read the book again, (a little more selectively) during the rotation. For practice questions, I used EM Pre-test by Rosh (a qbank book, some used online qbank EM Rosh review) and the practice EM shelf questions offered for purchase by the NBME. For most every question I got wrong in EM Pre-test or on the practice NBME, I made flashcards and reviewed them throughout the rotation.

**Be a team player:** Have a great attitude, even when you are several hours into a shift and are feeling exhausted. The energy you give off is palpable. Good interpersonal and communication skills (such as closed loop communication) are essential when communicating with your team and patients. If you are not seeing patients or writing notes, seek out opportunities to learn new skills or look up something you learned in further detail. Be proactive in doing tasks that are helpful to the team. ALWAYS be professional and respectful with patients and colleagues.

Be mindful of the nurses' and other staff's workload, anticipate their needs, and offer to help them out even before you are asked. Emergency Medicine is a team sport and you will better understand how the ED functions, and your role as a student and as a future physician if you get a sense for the work that everyone on the team does.

Communication with nursing is ESSENTIAL. The world doesn't go round without nurses in the ED. As soon as you know the plan (labs, imaging, on the road to discharge or admission) let the nurse know. I would walk over and give them the plan, and this helped to not only be more efficient with my patients' ED course, but also to cultivate good relationships. Those relationships are important in the ED. Many times, the attending would say, “we should let the nurse know,” and when I would tell them it was done, they were impressed. It shows that you're thinking ahead and taking responsibility for your patient. Be someone the nurse wants to work with, and they will help you stand out and excel. No one is above rolling a patient or helping to clean up a patient. If you have time and aren't actively doing something, look around - someone needs help.

**Worst Case Scenarios:** Always think about what can kill the patient: the worst case scenarios. Comment on why you think they are the unlikely etiology when presenting to your senior/attending for *every* patient; do not assume it's obvious that you have considered it and think it is not the likely cause of your patient's presentation. Even if it's an otherwise healthy 25 year old man presenting with chest pain, make a comment on why you don't think it's likely that they are suffering from a heart attack.

### **Patient Presentations:**

In my opinion, one of the best things to get good at to shine on your ED rotation is the oral case presentations. These are distinctly different from the internal medicine patient presentations. These must be concise. Relevant ID/CC, pertinent HPI that includes contributions from Meds/PMH/PSH/FamHx/SHx sections, focused physical exam, and finally concise A&P with EM focused DDx (includes can't miss diagnoses). Aim for 2-3 minutes where possible. There are many great resources out there on how to give great EM patient presentations, one classic is: <https://www.aliem.com/the-3-minute-em-student-presentation/>. .

**Physical Exam:** Always repeat the physical exam and obtain new imaging and labs when a patient is coming from an outside hospital - I discovered a fractured vertebral body in a patient with a ground level fall that was missed by an outside hospital only because I did my own exam of her spine. Focused physical exams work best in the ED; efficiency is key. Also, it is vitally important to circle back and re-evaluate your patients, especially if they have a dynamic process, like an asthma exacerbation for example.

**The 3AM test:** Attendings and residents are NOT looking for the student that knows the answer to every question, the student who scores the highest on every exam, or the student who honors everything. They want someone who is easy to work with, engaged, enthusiastic, reliable and easy to teach. They want someone who can pass the 3AM test, which essentially means: do they get along with you? Are you likeable? How you engage with your team is vital. Honestly, they are looking for someone who is diligent, professional, hard-working, a team player, and someone who they can laugh and joke around with. Remember to always remain professional and respectful when you are “joking around” with the team. I know a few people who got docked on professionalism because they were saying inappropriate things.

**Show up to shifts EARLY.** Show up to your shifts at least 15-30 minutes early. I always showed up 30 minutes before my shift (I understand that not everyone can) and took 5 minutes to get settled in. Then about 25 minutes before my shift started, I would help the person I was replacing so they could leave early. Getting to each shift early helps you to read about your patient list (the ones you are picking up) and shows your team that you are punctual. My motto: Being on time is Late and being early is on Time.

### **Patients:**

As an MS4, you will be treated like an intern. Take patients as your own independently! From the minute you sign up for a patient, it is your responsibility to do everything that needs to be done for them. This includes their history/physical, note, ordering all essential labs/imaging, checking in on them/communicating with them about the plan, writing their discharge paperwork/discharging them, and summarizing their visit (diagnoses, important labs, and medications that were ordered). Most of the time, any procedure required by your patient will be done by you with a supervising resident or attending in the room. If you have never done the procedure before, let the person in charge know you are interested and look it up (google/youtube/etc). This demonstrates that you are willing to put in the work to learn how to do something and not just be told how to do it! We are independent learners. Finally, once you get comfortable, try to either take on more patients, or more complex patients.

Update your patients as frequently as possible. One of the things that patients continually expressed appreciation to me was the updates I provided them. The ED is scary, lonely, and boring for patients. And things don't move quickly. We know why things take so long and what that particular patient is waiting for before their care or disposition can be moved forward. But they often do not. So let them in on this information. Another note on re-eval: I made it my goal to check in on my patients once an hour at minimum - especially if they are waiting for results like an MRI or something that takes a long time. This makes them feel that you haven't forgotten about them and it's good to document re-evals in the chart.

If you find a patient who is struggling, befriend them for the shift. Find the patient who is confused, worried, wanting to leave AMA and give them your time. Often, people who want to leave AMA feel like they aren't being listened to or they don't know what's going to happen next or don't understand why things are taking so long. Seek those patients out and help meet their needs. We, as medical students, have the gift of time to give, so give it!

### **Asking for help:**

Asking for help is NOT a sign of weakness, quite the opposite. Many students are afraid to ask for help or say they do not know something because they don't want to be embarrassed. Knowing when to ask for help (when a patient is coding or looks sicker than you expected) is essential and your attendings and residents will commend you on that. Having a good idea about sick vs not sick will help with this!

### **Feedback:**

Before every shift, especially if I was working with a new attending, I asked what their expectations were of me or how they liked to work with students. Each attending has something different they expect of each student. Then after every shift I would ask the attending or senior resident for constructive feedback. The important thing that helps you stand out is to be receptive to constructive feedback and apply it immediately, especially if you are working with the same attending again. Being eager to seek out feedback from residents & attendings demonstrates genuine interest and commitment, it won't go unnoticed. It can also be helpful to ask for feedback on the fly throughout your shift so you can make adjustments in real time.

**Express interest:** Watch the doctors closely when a trauma code is activated. What equipment do they reliably need? What are the steps that have to happen every time and what is the flow in which they are completed? Anticipate the needs of the team and find ways to help before being asked. For example, get ready to hand over a flush as someone is starting an IV.

Express interest and ask to be involved. If something is happening with a patient who you are not caring for, ask if you can go watch. However, also be mindful of the space you take up and don't get in the way. The ED is an exciting place with lots to see but space can be limited and the issues are urgent - your learning is important but sometimes it will have to take the backseat in emergencies.

### **Rotation Adjuncts:**

- EMRA antibiotic guide
- EMRA ED pocket handbook
- EMRA Decision tool/score pamphlet (laminated)
- Pocket Emergency Medicine (purple cover)
- Quick EM smartphone app
- EM:Rap Podcasts (free for EMRA members)
- ERCast App
- WikiEM.org and WikiEM App
- <https://litfl.com/>

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