

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

EM Rotation # \_\_\_\_\_

## Emergency Medicine Rotation Checklist

- ☐ Remember to submit evaluation requests for each clinical shift worked in New Innovations
- ☐ Complete the required Procedures Consult self-study modules (there are 23 of them)
- ☐ Complete all logs: Patient Follow-Up (at least 10), Patient (shift) and Procedure
- ☐ Complete your end of Rotation M4 Exam
- ☐ Complete the end of rotation and resident as teacher evaluations

### Required activities

- ☐ Attend all Tuesday student sessions:

- Attend the Suture/Ortho Labs

Sign off Signature : \_\_\_\_\_ Date: \_\_\_\_\_

- Attend the EBM Lecture

Sign off Signature : \_\_\_\_\_ Date: \_\_\_\_\_

- Ultrasound core lecture

Sign off Signature : \_\_\_\_\_ Date: \_\_\_\_\_

- Attend Critical Care Simulation Rounds

 Lumbar Puncture Sign off Signature : \_\_\_\_\_ Date: \_\_\_\_\_

 Airway Sign off Signature : \_\_\_\_\_ Date: \_\_\_\_\_

 Central Line Sign off Signature : \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ Attend your "Day with a Nurse" shift

Sign off Signature : \_\_\_\_\_ Date: \_\_\_\_\_


- ☐ Attend Thursday Grand Rounds (1 of these weeks will be the trauma simulation)

**\*\*Virtual lectures do not require a sign off**

 Week 1 Sign off Signature : \_\_\_\_\_ Date: \_\_\_\_\_

 Week 2 Sign off Signature : \_\_\_\_\_ Date: \_\_\_\_\_

 Week 3 Sign off Signature : \_\_\_\_\_ Date: \_\_\_\_\_

 Week 4 Sign off Signature : \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ Present your assigned student case presentation

Title of Presentation: \_\_\_\_\_

Sign off Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Optional activities**

- ☐ Attend an EMS “ride-along” shift:

EMS Provider Sign off Signature : \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ Attend an Autopsy

Sign off Signature : \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ Attend an educational with our ultrasound fellow:

Sign off Signature : \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ Attend a toxicology lecture:

Sign off Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**Items needed to be turned in**

- ☐ Submit one T-chart for each shift worked (13 shifts=13 T-charts)
- ☐ If applicable, submit SLOE waiver (either hard copy or email)
- ☐ Submit school evaluation
- ☐ Submit this signed checklist to the Residency Administrative Office, located on the 5<sup>th</sup> floor at LVH-Muhlenberg or by email to [dawn.yenser@lvhn.org](mailto:dawn.yenser@lvhn.org)

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