Course Details & Information

Course Name: Emergency Medicine III
Course Number: 17/YR-D.O. 3109
Graduating Class Year: D. O. 19
Discipline: D.O.
Course Option Type: Required

Course Administration & Duration

Department: Family & Internal Medicine
Method: 1 on 1 instruction
Co-Directors: Dr. Tom Benzoni, D.O.
Credit Hours: 4
Dates: July 31, 2017 to May 21, 2018

General Course Description

The clinical rotation in emergency medicine is a four (4) week experience structured to develop the student's decision-making, cognitive skills and to apply didactic material in a clinical setting. All students will be required to complete this rotation in either their third or fourth year of osteopathic medical school. By the nature of emergency department staffing, students may be required to work evenings, nights, or weekend shifts. It is an expectation that students will staff the emergency department for no less than thirty-six hours, and no more than sixty hours per week.

Roles and Support

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<tr>
<th>Role</th>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
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<tr>
<td>Clerkship Director – Emergency Medicine</td>
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Course Goals, Objectives & Competencies

Clinical experiences are intended to assist the students’ transition from didactics to integrated clinical evaluation, decision-making, and management of patients with emergency medical problems. In addition to gaining specific skills in emergency medicine during this rotation, the student should also continue to develop skill in systematic medical problem solving and patient management abilities, establish or reinforce patterns of independent learning and self-evaluation, and improve skills in communication and medical record keeping.

At the completion of this rotation, the student should have enhanced broad educational goals, including:

• development of systematic medical problem solving and patient management abilities in the emergency setting;
• expanded knowledge of common emergencies, their diagnosis and management
• improved emergency clinical skills, including both diagnostic and therapeutic procedures

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<tr>
<th>AOA/AACOM Competencies</th>
<th>Course Objectives</th>
<th>Assessment Types</th>
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<tr>
<td>I.4.a I.4.b I.4.c I.4.e II.1.h III.1.g III.3.h III.3.i IV.1.a IV.1.c IV.2.a V.6.b</td>
<td>Rapidly assess emergency department patients, recognizing the signs and symptoms that distinguish a trauma from a medical patient, and a significantly ill patient from one with a minor illness.</td>
<td>Oral Patient Presentation</td>
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<td>I.1.f I.3.a I.4.a I.4.b III.1.b III.1.c III.1.e III.1.f III.1.h IV.1.f IV.1.m IV.2.b V.1.b V.1.d V.2.b V.7.c</td>
<td>Obtain and accurately record a succinct patient history, with attention to significant underlying history such as substance abuse, psychosocial/socio-cultural factors, etc.</td>
<td>Oral Patient Presentation</td>
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<td>I.2.f I.3.c I.3.g I.4.b III.1.a III.1.d III.1.e III.1.f III.1.g III.1.j III.3.a III.3.b</td>
<td>Perform an appropriate, rapid or focused physical examination based upon key attributes of the patient presentation.</td>
<td>Clinical Documentation Review Oral Patient Presentation</td>
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<td>I.4.b I.4.c I.4.g III.1.g III.1.k III.2.a III.2.c IV.2.d V.3.c VI.1.a VI.2.c VI.3.a VI.3.b VI.3.c VI.3.d VI.4.a VI.4.c VI.4.d</td>
<td>Develop a working differential diagnosis and management plan to track patient progress across the EM continuum of care, modifying as necessary based upon emergent lab and radiology results and remaining sensitive to the potential influence of cognitive biases.</td>
<td>Clinical Documentation Review Oral Patient Presentation</td>
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<td>III.6.a III.6.c III.6.f IV.2.e IV.3.a IV.3.b IV.4.e IV.4.f IV.4.g V.3.m V.6.c VII.2.a VII.2.c VII.4.a VII.5.a VII.5.e VII.5.f</td>
<td>Apply EMTALA regulations to the admission and medical screening, transfer and disposition of a patient.</td>
<td>Exam - Institutionally Developed, Written/ Computer-based</td>
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<td>I.2.d II.1.f II.1.g II.1.h III.4.a III.4.b</td>
<td>Accurately interpret the underlying pathophysiology associated with shock, fluid imbalance, cardiopulmonary distress and other presenting conditions commonly-encountered in an emergency setting.</td>
<td>Clinical Documentation Review Oral Patient Presentation</td>
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<td>I.2.b I.4.i III.1.k III.6.d VI.1.b VI.3.a</td>
<td>Interpret laboratory tests using knowledge of pathophysiology to support clinical reasoning.</td>
<td>Exam - Nationally Normed/Standardized, Subject Oral Patient Presentation</td>
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<td>I.7.c II.3.b III.4.e III.4.i IV.4.e IV.4.f IV.4.g IV.4.i IV.4.k IV.4.m V.3.g V.3.i V.3.m V.4.c VI.3.f VII.2.a VII.4.e VII.5.e VII.5.f</td>
<td>Outline and implement an appropriate treatment/referral plan using consultations (as relevant) to support decision making.</td>
<td>Narrative Assessment Oral Patient Presentation</td>
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Implementation
Course objectives are to be accomplished in a university-affiliated hospital or clinical facility, under supervision. Basic objectives must be covered during the rotation to assure adequate student preparation for the end of rotation exam (COMAT) as well as Board examinations. The use of diverse methods appropriate to the individual and the clinical site are encouraged, but patient-centered teaching is optimal.

Didactic methods to achieve required objectives include:

- reading assignments
- lectures, including those prepared and given by the student
- computer-assisted programs (if available)
- student attendance at/participation in formal clinical presentations by medical faculty
- emergency medicine case study assignments

Clinically oriented teaching methods may include:

- supervised and critiqued clinical workups of patients admitted to the emergency medical service
- assignment of limited co-management responsibilities under supervision
- assigned, case-oriented reading case presentations

Three levels of achievement are identified:

- familiarity with a variety of medical procedures through observation and assisting
- proficiency in clinical procedures through actual supervised performance
- Awareness of the availability of various medical procedures and their use.

Evaluation of student should be completed on the E*Value on-line system within one week from completion of the rotation. On the last day of service, the supervising physician should review the student's performance with the student. A student’s signature simply indicates that the student has received a grade directly from the attending; it does not indicate agreement with the grade received.

TEXTS AND RESOURCES

Required Assignment Text

REQUIRED REFERENCE TEXTS

Johns Hopkins, Harriet Lane Handbook, W.B. Saunders.

Manual of Medical Therapeutics, Washington University, Lippincott Williams and Wilkins.

Hall, B., Sauer’s Manual of Skin Diseases, Lippincott, Williams and Wilkins.

ADDITIONAL HELPFUL READING RESOURCES

Lang Series:
1. Current Emergency Diagnosis and Treatment
2. Current Medical Diagnosis and Treatment
3. Current Pediatric Diagnosis and Treatment
4. Current Surgical Diagnosis and Treatment
Assignments
1. From the assignment text, read the appropriate sections for each of the core areas.
2. Supplement readings for patients seen each day from the required reference texts. Be prepared for daily discussion at the direction of the preceptor physician.

Emergency Medicine POST-ROTATION EXAMINATION
Des Moines University Department of Specialty Medicine requires the completion of the NBOME-COMAT Emergency Medicine subject examination with a passing standard score of 80 or greater. The NBOME-COMAT Emergency Medicine exam is a web-based exam administered by the NBOME. This exam is accessed via the NBOME website consists of 125 test items, with a 2.5 hour time limit and a 5 minute tutorial prior to starting the exam. A DMU approved proctor at your rotation site must proctor your exam. This exam will provide the student an opportunity to be informed of his or her progress nationally. The emergency medicine examination must be taken on the Thursday or Friday of the last week of the required emergency medicine rotation. However, if this is not possible, you must contact the department via phone or email for consideration of an extension in completing this exam. In addition, the student’s first emergency medicine rotation (will be their required rotation) and as such, this is the time when they will be required to take the NBOME-COMAT in Emergency Medicine.

This examination is based on the objectives in this syllabus, the material learned in the required readings, and the lectures delivered during the first two years of classroom, laboratory and simulation experiences that each student has completed prior to beginning the clerkship. The breakdown of topics for this post rotation exam can be found at the following link http://www.nbome.org/comat-pd.asp. The post rotation exam should be arranged, by the student, through the DMU Specialty Medicine Department and the approved DMU proctor at the site. This exam will provide the student an opportunity to be informed of his or her progress in the clerkship.

Any student that fails the COMAT examination will be required to meet with the Clerkship Director to develop a remediation plan and the student will then be allowed to re-take the exam one-time. The emergency medicine retake exam is to be taken within two-weeks of the exam failure email notification. Those failing the retake (by not receiving a standard score of 80 or above) will fail the rotation and thus be required to re-take the rotation. The student will be notified by the Specialty Medicine Department Academic Assistant once the grades are received.

For any passing score on the retake exam, a standard score of 80 will be reported to the office of Clinical Affairs. The student is responsible for making all arrangements including: scheduling of the exam time with the Division of Specialty Medicine, scheduling time away from their rotation that they are presently on, and all travel arrangements and expenses.

Failure to complete the required examinations within the specified time period will result in failure of the rotation.