



Learning. Caring. Serving. Leading.

PAS 7900: Elective- Emergency Medicine

3.0 Credit Hours

Designated clinical learning site: Clinical Medicine in the Emergency Room

Course Coordinator	Office	Phone	Email
Cynthia C. Bennett, MD	GFC - 219	336-278-6856	Cbennett14@elon.edu
Office Hours: M-F by appointment		336-266-9981 C	

Course Description:

The Elective rotation is intended to provide the student with supervised experiential training in an area that he/she might have a special interest in but was unable to experience during other clinical rotations.

Prerequisites: PAS 5000-6480

Course goals:

The goals for this course are for students:

1. To apply the medical content and principles that define the care of emergency medicine patients.
2. To provide opportunities for each student to develop the core PA competencies in a supervised emergency setting.
3. To expose each student to an experienced and competent medical provider role model for the care of emergency medicine patients.

Learning Outcomes:

The learning outcomes for this course are designated as “LO” with an associated number that corresponds to a program competency (PC) required for all students of Elon PA program. By achieving the course learning outcomes, students are demonstrating progression towards meeting program competencies.

PC1: Clinical and Technical Skills (CTS) PA students will demonstrate proficiency in clinical and technical skills necessary for effective, patient-centered care, including accurate diagnosis, treatment planning, and procedural competence.

- LO1.1 Skillfully conduct personalized patient interviews, ensuring clear communication. (B2.04) (B2.06a-f) (B2.07a)
- LO1.2 Demonstrate proficiency in performing problem-focused physical examinations with thorough recording of findings to support patient-centered care. (B2.07b)
- LO1.3 Utilize diagnostic tools and technologies effectively to support clinical decision-making and enhance individualized patient care. (B2.07d)
- LO1.4 Perform common medical procedures with competence and adherence to safety protocols, prioritizing patient comfort and well-being. (B2.09) (B2.16a,b,d)
- LO1.7 Accurately document patient encounters (demonstrated in this rotation with a SOAP note). (B2.14b)

PC2: Clinical Reasoning and Problem Solving (CRPS) PA students will develop advanced clinical reasoning and problem-solving skills to accurately assess patient conditions and formulate effective treatment plans.



- LO2.1 Integrate patient history and clinical data to formulate accurate differential diagnoses. (B2.07c)
- LO2.2 Identify and perform an appropriate problem-focused physical examination for a given differential diagnosis. (B2.05) (B2.07b)
- LO2.3 Utilize critical reasoning and problem-solving to prioritize care, including
 - o identifying emergencies,
 - o formulating a diagnosis,
 - o ordering diagnostic studies, and
 - o determining the next best steps in treatment. (B2.07e) (B2.05)
- LO2.4 Generate comprehensive patient management plans, addressing acute conditions, to ensure effective and continuous care. (B2.07e)
- LO2.5 Refine diagnostic reasoning by interpreting and synthesizing various diagnostic test results. (B2.07d)

PC3: Interpersonal Skills (IPS) PA students will cultivate strong interpersonal skills to effectively communicate and build therapeutic relationships with patients, families, and healthcare team members

- LO3.1 Demonstrate effective communication skills to build rapport and trust with patients and their families. (B2.04) (B2.06a-f)
- LO3.2 Exhibit active listening and empathy to understand and address patient concerns and needs. (B2.04) (B2.07a)
- LO3.3 Collaborate efficiently with healthcare team members to ensure coordinated and patient-centered care. (B2.10)
- LO3.5 Exhibit cultural humility, providing respectful and individualized care to patients from diverse backgrounds. (B2.06a-f)

PC4: Medical Knowledge (MK) PA students will acquire and apply comprehensive medical knowledge to diagnose and manage a wide range of health conditions effectively.

- LO4.2 Integrate knowledge of pathophysiology and disease mechanisms to diagnose and manage patient conditions effectively. (B2.02c,e)
- LO4.3 Apply principles of pharmacology to select appropriate therapeutic interventions.
- LO4.4 Demonstrate comprehensive medical knowledge in all organ systems pertinent to patients presenting in the emergency medicine setting. (B2.03) (B2.08a-e) (B2.11C)
- LO4.5 Utilize knowledge of preventative medicine to promote patient health and wellness. (B2.08b) (B2.15a-d)

PC5: Professional Behavior (PB) PA students will consistently exhibit professional behavior, including ethical practice, accountability, and adherence to the highest standards of patient care and professional conduct.

- LO5.1 Apply ethical principles in clinical decision-making, maintaining patient confidentiality and integrity in all professional activities. (B2.18)
- LO5.2 Analyze the social, economic, and environmental factors that influence patient health and contribute to health disparities. (B2.06f)
- LO5.6 Maintain an appropriate balance between professional responsibilities and personal wellbeing. (B2.20a-b)

PC6: Professional Development (PD) PA students will develop the ability to create a comprehensive and personalized plan for their continued medical education, ensuring lifelong learning and professional growth



beyond graduation.

- LO6.2 Engage in reflective practice to continuously evaluate and improve clinical skills and knowledge, adjusting plans as necessary. (B2.16c) (B2.20)

Teaching Methodologies: The content of this course will be explored through hands-on supervised clinical practicums in the outpatient, primary care setting, serving primarily adult patients.

Accommodations: Students requiring academic accommodations must follow the “Academic Support” policy in the Elon University DPAS Student Handbook.

Academic Honesty: All Elon PA students acknowledged their commitment to abide by the Elon Honor Code by signing the Honor Pledge during orientation.

Use of Generative Artificial Intelligence in the Program

Becoming a PA requires consistently training one’s critical reasoning skills to problem-solve effectively. The use of generative AI in this context can impede your learning. The assignments in our program typically challenge you to develop skills that AI does not have. Our aim is to help you grow, rather than letting technology limit your capacity.

In many contexts AI-assistance can be used as a tool to support and amplify your own skills, and it can sometimes provide us with new understanding. Together we are all learning to navigate complex interactions with AI technologies as they are becoming a crucial component of practicing medicine in the 21st century.

AI-generated text should not be used as the source of content for any assignment in the PA Program unless clearly specified.

Diversity and Inclusion Statement: Elon University’s physician assistant program strives to create a learning environment where diversity, equity, and inclusion are paramount. The Program values and supports diversity of thought, perspective, and experience. Physician assistant students, no matter their race, ethnicity, gender identity, socioeconomic class, sexuality, religion, or disability, are both welcomed and valued in this program. Our goal is that all students feel included so that they may have the best learning experience and outcomes possible. To help accomplish this:

- Please let the program administrative assistant and your course directors know of your preferred name and/or pronouns if these differ from that in your official school records.
- If your performance in class is affected by outside experiences, please do not hesitate to talk with your course director. Please know that program faculty and staff are happy to be a healthy resource for you. If you prefer to speak with someone outside of the course, please contact your academic advisor, the Program Director, the Elon Health and Wellness Center, and/or CREDE office.
- We, along with many other folx, are still in the process of expanding our learning about diverse perspectives and identities. If something said in class (by anyone) makes you feel uncomfortable, please talk to your course director.
- As a participant in classroom discussions or assignments, please always strive to honor the diversity of your classmates.
- Please let your course director and/or Program Director know if you observe situations in which the above appears to not be the case.

**Resources:****Required:**

1. All required first year textbooks
2. CURRENT Medical Diagnosis & Treatment in Emergency Medicine, 8e

Recommended Resources:

1. Textbooks, reference books, journals, online electronic databases.

Other Helpful Resources:

1. *Moodle and Exxat: Please check sites frequently for new announcements, updated schedules, assignments and other course communication.
2. Practicing physician assistants, physicians, allied health care providers and laboratory teaching aids.

Grade Scale and Grade Points:

Percentage	Letter Grade	Grade points
89.50-100.0	A	4.0
85.50-89.49	B+	3.3
79.50-85.49	B	3.0
75.50-79.49	C+	2.3
69.50-75.49	C	2.0
Below 69.50	U	0

Note: For further information regarding academic standing in the Department of Physician Assistant Studies, please see the DPAS Student Handbook.

Grading Criteria:

1. Demonstrate acquisition of a strong basic science and medical science knowledge base as demonstrated on the written examination/quizzes.
2. Demonstrate satisfactory self-directed learning skills, clinical reasoning skills, commitment to patient-centered care and professionalism as evidenced by satisfactory performance on the preceptor evaluation.
3. Demonstrate a commitment to learning and professionalism by actively participating in all clinical activities and exceeding the professional behavior standards and minimum requirements for clinical rotations available in the Elon PA Student Handbook.

Assessment Activities: Student progress will be assessed in a variety of ways, which include the following:

Assessment component	Outcome(s)	# per course	% each	Total %
Elective Written and Self-Reflective Assignment	6.2	1	35%	
Preceptor Evaluation of Student	1.1-3, 2.1-5, 3.1-3, 3.5, 4.2, 4.4-5, 5.1-2,	1	55%	



	5.6			
Rosh Review Assignments	6.2	1	5%	
Written Documentation Assignment	1.7	1	5%	
Student Evaluation of Site	5.4	1	0 (C/I)	0
Longitudinal Skills Assessment	1.4	1	0 (C/I)	0
		TOTAL		100%

Description of Assessment Activities:

- **Preceptor Evaluation of Students:** The PES is completed by the preceptor of record or their designee. They may choose to submit it based on their singular experience with students or through gathering and reporting team feedback. The evaluation is aligned with the course learning outcomes. An overall average score is provided as well as a “program competency” score per rotation. Passing is set at 70%. Students must receive a 70% on the overall evaluation AND on each program competency average.
- **Rosh Review:** Students receive two grades on their work with the Rosh Review’s PANCE preparatory materials:
- **Mock EOR:** Students complete a mock EOR exam for the rotation to which they are assigned (or a Mock EOR of their choice while on their elective rotation)
- **200 questions:** students complete an additional 200 Rosh Review questions on each 6-week rotation of the curriculum; while on the BH/WH rotation, 100 questions are completed for each.
- **Student Evaluation of Site and Preceptor:** Students complete an evaluation of their clinical site and preceptor during each rotation for a “complete/incomplete” grade.
- **Longitudinal Skills Assessment:** A list of skills/procedures exists for students to complete during the clinical year. The Longitudinal Skills Assessment Book lists all these activities with suggested rotations for the completion of each. During each rotation, students receive a grade for either completing the LSA skills suggested for that rotation or detailing how/when they will complete the skills.
- **Medical documentation assignment:** For each rotation (except the elective), students complete a medical documentation assignment particular to that rotation which is submitted for a grade and feedback.

Late and Makeup Work: The student will contact the Director of Clinical Education to determine the content and due dates for any late or make-up work that may be required.

Exam Review: The PAEA EOR exam provides each test-taker with a summary of their performance to guide learning.

Syllabus Modifications: Every attempt is made to construct a complete syllabus that provides an accurate overview of the course. However, circumstances and events may make it necessary for the instructor to modify the syllabus during the semester. This may depend, in part, on the progress, needs and experiences of the students. In special circumstances and at the discretion of the course director, assignments or the point distribution that is used to determine students' grades may be modified. In these instances, modifications must be for common benefit and thus cannot penalize any students or render evaluation



(i.e., grading) more severe.

Instructional Objectives:

Instructional objectives (IO) are listed below with a mapping designation, the learning outcome (LO) they support, and the program's competency (PC) domain.

Emergency Medicine

PC1: Clinical and Technical Skills

- (LO1.1) Rapidly obtain focused histories from patients across the life span in the emergency department while maintaining patient-centered communication. (B3.04a) (B2.07a, B2.08a, B2.08b, B3.03a, B3.03b, B3.07b)
- (LO1.1) Prioritize and clarify chief complaints for children, adults, and the elderly under time constraints and with limited patient information. (B2.07a, B2.08a, B2.08b, B3.03a, B3.03b)
- (LO1.1) Communicate clearly and concisely with patients, families, and other health care team members in the emergency department. (B2.04, B2.08a, B2.08b, B3.03a, B3.03b) (B3.04a)
- (LO1.1) Use structured communication tools (e.g., SBAR) to ensure accurate information transfer within the healthcare team in the emergency department. (B2.08a, B2.08b, B2.10c, B3.03a, B3.03b) (B3.04a)
- (LO1.1) Demonstrate calm, empathetic communication in high-stress or emotionally charged situations. (B2.04)
- (LO1.2) In the emergency department, perform rapid, focused physical exams for high-acuity presentations (e.g., trauma, mental status change, chest pain, etc). (B2.07b, B2.08a, B2.08b, B3.03a, B3.03b) (B3.04a)
- (LO1.2) Prioritize life-threatening findings in the emergency department using primary and secondary survey techniques. (B2.07b, B3.04a)
- (LO1.2) Modify examination techniques in the emergency department based on patient age, disability status or special health care needs (B2.06a, B2.07b, B3.04a)
- (LO1.2) Communicate findings clearly and concisely to the emergency care team. (B2.10c)
- (LO1.2) Document pertinent positives and negatives to support differential diagnoses. (B2.14b)
- (LO1.2) Accurately document physical exam findings of patients across the life span in the emergency room using standard medical terminology. (B3.04a) (B2.08a, B2.14b, B3.03b)
- (LO1.3) In the emergency medicine setting, select appropriate lab and diagnostic tests (e.g., troponin, lactate, chemistry panels, CT scans) based on presenting symptoms (B2.07d, B2.08b, B3.03a, B3.04a)
- (LO1.3) Educate patients on the purpose and implications of diagnostic tests in the outpatient setting. (B2.04, B2.07f, B3.04a)
- (LO1.3) With supervision, use bedside tools (e.g., ultrasound, pulse oximetry, glucometer) to guide immediate interventions in the emergency department. (B2.09, B3.04a)
- (LO1.3) Prioritize diagnostic testing based on triage and clinical urgency in the emergency department (B2.07d, B3.04a).
- (LO1.3) Communicate critical results effectively to the care team and patients. (B2.10c)
- (LO1.3) Document diagnostic rationale and findings clearly in the EHR. (B2.14b)
- (LO1.4) Perform wound closure using sutures, staples, or tissue adhesives, demonstrating proper wound approximation techniques and sterile handling. (B2.09)
- (LO1.4) Maintain sterile fields during all invasive procedures, including laceration repair and abscess drainage, to prevent infection. (B2.09)
- (LO1.4) Interpret extremity X-rays to identify fractures, dislocations, and joint effusions, and



correlate findings with physical exam results. (B2.07d)

- Interpret chest X-rays to identify chest wall, pulmonary, or cardiac abnormalities and correlate findings with physical exam results (B2.07d)
- (LO1.5) Provide clear, concise explanations of diagnoses, procedures, and discharge instructions under time constraints in the emergency department. (B2.07f, B3.04a)
- (LO1.5) Use teach-back methods to confirm patient and family understanding. (B2.07f, B2.12a)
- (LO1.5) Counsel patients on warning signs that require follow-up or return to care to the emergency department and/or primary care. (B2.07f, B3.04a).
- (LO1.5) Address emotional responses to acute illness or trauma with empathy and clarity. (B2.11d, B2.11e)
- (LO1.5) Provide brief, trauma-informed education to patients experiencing acute stress, injury, or crisis, introducing immediate coping strategies such as grounding techniques or breathing exercises. (B2.12c)
- (LO1.5) Facilitate communication with non-English-speaking patients using interpreters or translation tools. (B2.04, B2.06b)
- (LO1.5) Address cultural, socioeconomic, and personal factors that influence health behaviors in the outpatient setting. (B2.06f)
- (LO1.7) Document problem-focused encounters with attention to time-sensitive details. (B2.14b)
- (LO1.7) Clearly record triage information, interventions, procedures, and response to treatment. (B2.14b)
- (LO2.7) Use structured formats (e.g., medical decision making, ED course) to support rapid clinical decision-making of acute care encounters in the emergency department. (B2.08a, B2.08b, B3.03a, B3.03b) (B3.04a)
- (LO1.7) Document discharge instructions, follow-up recommendations, and patient understanding for patients evaluated in the emergency department. (B2.12a, B2.14b, B3.04a)
- (LO1.7) Ensure documentation supports medical necessity and legal standards. (B2.14b)

PC2: Clinical Reasoning and Problem-Solving Skills

- (LO2.1) Rapidly synthesize history, physical exam, and point-of-care data to generate focused differential diagnoses for patients presenting in the emergency department. (B2.07c, B2.08a, B2.08b, B3.03a, B3.03b, B3.04a)
- (LO2.1) Prioritize life-threatening conditions in the differential diagnosis (e.g., chest pain, altered mental status) of children, adults, and the elderly. (B2.05, B2.07c, B2.08a, B2.08b, B3.03a, B3.03b) (B3.04a)
- (LO2.1) Use clinical scoring systems (e.g., Wells, HEART, PERC) to guide diagnostic thinking in the emergency department. (B2.05, B2.07c, B3.04a)
- (LO2.1) In the emergency department, adjust differential diagnoses dynamically as new data becomes available. (B2.05, B2.07c, B2.08a, B2.08b, B3.03a, B3.03b, B3.04a)
- (LO2.1) Clearly document diagnostic impressions and rationale for emergent interventions for children, adults, and the elderly. (B2.08a, B2.08b, B2.14b, B3.03a, B3.03b) (B3.04a)
- (LO2.3) Rapidly assess and triage patients to identify life-threatening conditions requiring immediate intervention. (B2.05, B2.07c)
- (LO2.3) Use clinical algorithms and scoring systems to guide diagnostic and treatment decisions of children, adults, and the elderly evaluated in the emergency department. (B2.05, B2.08a, B2.08b, B3.03a, B3.03b) (B3.04a)
- (LO2.3) Identify red flags in family or personal history that suggest a genetic predisposition to acute illness (e.g., sudden cardiac death, thromboembolic events). (B2.02e, B2.07c)
- (LO2.3) Order time-sensitive diagnostic studies (e.g., EKG, CT, labs) based on acuity and



presentation in the emergency department. (B2.07d, B3.04a)

- (LO2.3) Recommend empiric treatment when appropriate while awaiting confirmatory data in the emergency department. (B2.02d, B2.07e, B3.04a)
- (LO2.3) Reassess patients frequently and adjust care plans based on evolving clinical status. (B2.07e, B2.08b)
- (LO2.4) Formulate immediate management plans for acute and life-threatening conditions for children, adults, and the elderly encountered in the emergency department. (B2.07e, B2.08a, B2.08b, B3.03a, B3.03b, B3.04a)
- (LO2.4) Stabilize patients and initiate treatment while planning for appropriate disposition (e.g., admission, discharge, referral) from the emergency department. (B2.07e, B3.04a)
- (LO2.4) Provide clear discharge instructions and follow-up recommendations for continuity of care. (B2.07f, B2.12a)
- (LO2.6) Adjust management plans based on evolving clinical data and patient response. (B2.07e, B2.08b)
- (LO2.4) Collaborate with inpatient teams or outpatient providers to ensure safe transitions of care, especially for the medically vulnerable (e.g. disability status or special health care needs, children, the elderly). (B2.06a, B2.08a, B2.08b, B2.10c, B3.03a, B3.03b) (B3.04a)
- (LO2.5) Rapidly interpret critical diagnostic tests (e.g., EKGs, troponin, CT scans) in the emergency department. (B2.07d, B3.04a)
- (LO2.5) Integrate point-of-care testing and imaging into real-time clinical decision-making. (B2.07d)
- (LO2.5) Distinguish between emergent and non-emergent findings to prioritize care of children, adults, and elderly patients encountered in the emergency department. (B2.05, B2.08a, B2.08b, B3.03a, B3.03b) (B3.04a)
- (LO2.5) Reassess and revise differential diagnoses as new diagnostic data becomes available. (B2.07c)
- (LO2.5) Document diagnostic interpretations clearly to support transitions of care. (B2.14b)

PC3: Interpersonal Skills

- (LO3.1) Communicate clearly and efficiently under time constraints and high-stress situations. (B2.04)
- (LO3.1) Provide concise explanations of procedures and interventions to patients and families. (B2.07f)
- (LO3.1) Demonstrate calm and reassuring demeanor to de-escalate anxious or distressed patients. (B2.04)
- (LO3.1) Verify patient understanding while obtaining informed consent rapidly in the emergency department. (B2.04, B2.18, B3.04a)
- (LO3.1) Coordinate communication effectively with interdisciplinary team members during acute care. (B2.10c)
- (LO3.1) Demonstrate empathy and respect when discussing sensitive topics involving lifestyle as encountered in the outpatient setting (e.g. the impact of disability status or special health care needs, ethnicity/race, gender identity, religion/spirituality, sexual orientation, and social determinants of health on lifestyle change). ((B2.06a, B2.06b, B2.06c, B2.06d, B2.06e, B2.06f; B3.04a)
- (LO3.1) Engage patients in shared decision-making by exploring their values and preferences as they relate to ethnicity/race, culture, or religion/spirituality (B2.06b, B2.06d).
- (LO3.2) Maintain focus and composure while actively listening to patients in high-stress or chaotic environments. (B2.04)



- (LO3.2) Acknowledge and validate patient and family fears during acute or traumatic events. (B2.11d, B2.11e)
- (LO3.2) Use concise, compassionate communication to explain urgent interventions. (B2.07f)
- (LO3.2) Demonstrate empathy when delivering difficult news or managing emotionally charged situations. (B2.08a, B3.03b)
- (LO3.3) Participate in rapid team-based assessments and interventions using closed-loop communication. (B2.10c)
- (LO5.3) Share critical patient information during handoffs to inpatient or specialty teams. (B2.10c)
- (LO5.3) Support team debriefings to improve communication and workflow in high-stress environments such as the emergency department. (B3.04a; B2.10c)
- (LO3.5) Provide equitable care by recognizing and addressing cultural factors that may influence care-seeking behavior in the emergency department. (B3.04a, B2.06f)
- (LO3.5) Demonstrate respect for diverse expressions of pain, distress, or urgency. (B2.11a, B2.11d, B2.11e)
- (LO3.5) Use culturally appropriate communication strategies in high-stress, time-sensitive situations. (B2.04)
- (LO3.5) Avoid assumptions about patients' values or decisions based on appearance or background. (B2.06b)

PC4: Medical Knowledge

- (LO4.2) Rapidly assess and prioritize patient conditions based on pathophysiologic severity (e.g., shock, trauma, stroke) in the emergency department. (B2.02c, B2.07c, B3.04a)
- (LO4.2) Apply knowledge of acute disease mechanisms to initiate appropriate emergent interventions for children, adults, and the elderly. (B2.02c, B2.07e, B2.08a, B2.08b, B3.03a, B3.03b) (B3.04a)
- (LO4.2) Interpret abnormal vital signs and lab results in the context of acute pathophysiology. (B2.02c, B2.07b B2.07c)
- (LO4.2) Formulate differential diagnoses for children, adults, and the elderly with undifferentiated presentations using pathophysiologic principles. (B2.02c, B2.07c, B2.08a, B2.08b, B3.03a, B3.03b) (B3.04a)
- (LO4.4) Rapidly assess and manage life-threatening conditions across all organ systems (e.g., chest pain, trauma, sepsis). (B2.07c, B2.07em B2.08b, B3.03a) (B2.08a, B3.03b)
- (LO4.4) Prioritize differential diagnoses in undifferentiated, acute presentations. (B2.07c, B3.04a)
- (LO4.4) Interpret emergent diagnostic studies (e.g., ECGs, point-of-care ultrasound, ABGs). (B2.07d)
- (LO4.4) Initiate appropriate stabilization and disposition planning for patients of all ages. (B2.07e, B2.08a)
- (LO4.4) Recognize and manage toxicologic, environmental, and infectious emergencies. (B2.07c, B2.07e)
- (LO4.4) Given a patient with an undifferentiated complaint, knowledge of anatomy and normal physiology to guide diagnostic reasoning and prioritize differential diagnoses based on the location and nature of symptoms. (B2.02a, B2.07c)
- (LO4.5) Identify opportunities for preventive interventions during acute care visits (e.g., tetanus vaccination, STI screening). (B2.15a)
- (LO4.5) Provide brief interventions for substance use, domestic violence, and mental health crises. (B2.08d, B2.11f, B2.11g)
- (LO4.5) Educate patients on injury prevention (e.g., seatbelt use, fall prevention, firearm safety). (B2.12b, B2.15a, 3.04a)



- (LO4.5) Recognize and address gaps in primary care follow-up and preventive services. (B2.14c)
- (LO4.5) Initiate referrals for preventive care and chronic disease management. (B2.07f, B2.08b)

PC5: Professional Behaviors

- (LO5.1) Prioritize ethical triage and resource allocation in high-acuity, time-sensitive situations. (B2.18)
- (LO5.1) Obtain informed consent when possible and understand exceptions in emergent care. (B2.18)
- (LO5.1) Respect patient privacy in chaotic or crowded environments. (B2.18)
- (LO5.1) Recognize and report suspected abuse, neglect, or violence encountered in the emergency department while maintaining professional integrity. (B2.08a, B2.08b, B2.11g, B3.03a, B3.03b) (B3.04a)
- (LO5.1) Manage ethical challenges in treating intoxicated, incapacitated, or non-adherent patients. (B2.18)
- (LO5.2) Recognize how socioeconomic status and insurance coverage affect emergency department utilization. (B2.06f) (B3.04a)
- (LO5.2) Identify patients at risk for repeat emergency department visits due to unmet social needs. (B2.06f)
- (LO5.2) Provide culturally competent care in high-stress, time-limited situations.
- (LO5.2) Collaborate with case management and social work to address non-medical needs. (B3.04a, B2.10b, B2.10c)
- (LO5.2) Understand the role of environmental exposures (e.g., heat, pollution, violence) in acute presentations of children, adults, and the elderly. (B2.06f, B2.07c, B2.08a, B2.08b, B3.03a, B3.03b) (B3.04a)
- (LO5.3) Work efficiently with physicians, nurses, technicians, and EMS personnel during acute and emergent patient encounters in the emergency department. (B3.04a; B2.10c)
- (LO5.6) Prioritize tasks effectively in a fast-paced, high-acuity environment to reduce stress and fatigue. (B2.16d, B2.20b)
- (LO5.6) Recognize the impact of shift work and acute stress on personal wellbeing and implement coping strategies. (B2.20b, B3.04a)
- (LO5.6) Set appropriate boundaries with patients and colleagues in the outpatient setting while maintaining professionalism. (B2.20b, B3.04a)
- (LO5.6) Debrief after critical incidents or traumatic cases to support emotional processing. (B2.20b)
- (LO5.6) Maintain hydration, nutrition, and rest during long or irregular shifts. (B2.16a, B2.16b, B2.20a, B2.20b)
- (LO5.6) Use downtime in the emergency department constructively for rest, reflection, or brief wellness practices. (B2.16a, B2.16b, B2.20b, B3.04a)

PC6: Professional Development

- (LO6.2) Debrief after high-acuity or complex cases in the emergency department to identify strengths and areas for growth. (B2.16c, B3.07b, B3.04a)
- (LO6.2) Reflect on time management and prioritization in fast-paced settings and adjust strategies accordingly. (B2.16c, B3.04a)
- (LO6.2) Utilize previous personal performance data related to topics commonly encountered in the outpatient family medicine setting (e.g. the “gap map”, EOR feedback reports, PACKRAT feedback report) to self-direct study using approved resources (i.e. Rosh Review, Access Medicine, textbooks, etc.). (B2.13e, B2.16c, B3.04a)
- (LO6.2) Analyze diagnostic and treatment decisions in retrospect to improve future performance.



(B2.16c)

- (LO6.2) Incorporate feedback from interdisciplinary team members from the emergency department to enhance teamwork and communication. (B2.10c, B2.16c, B3.04a)
- (LO6.2) Maintain a log of challenging cases from the emergency department and follow up on outcomes to reinforce learning. (B2.16c, B3.04a)