



Learning. Caring. Serving. Leading.

PAS 7300a24: Emergency Medicine

3.0 Credit Hours

Designated clinical learning site: Clinical Medicine in the Emergency Room

Course Coordinator	Office	Phone	Email
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Course Description:

The Emergency Medicine clinical rotation is designed to teach students the recognition and treatment of acutely ill patients of all ages. This rotation will require honing of the student's triage skills, and will teach students how to recognize and manage conditions that need immediate attention and prioritize care for those conditions which are less urgent.

Prerequisite: PAS 5000-6800

Course goals:

The goals for this course are for students to:

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:

Upon completion of this course, students will be able to:

A: PA Student Behaviors:

1. Take a patient-centered and problem-focused history for patients in the emergency medicine setting (1.2a) (2.1)
2. Perform a problem-focused exam for patients in the emergency medicine setting (1.2b) (2.1)
3. Recognize medical emergencies and engage with the medical team in patient treatment (1.6) (1.8)
4. Assess the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and attitudes toward care, and identify associated barriers to patient receipt of the necessary emergent care. (2.5)



5. Analyze data collected in the history and physical exam to recommend an appropriate lab or diagnostic study for patients in the emergency medicine setting (1.8) (2.1) (1.6) (2.3) (6.3)
6. Interpret lab and diagnostic studies commonly utilized for patients in the emergency medicine setting (1.5)
7. Develop a differential diagnosis that is broad and deep enough to ensure effective diagnosis when in the emergency setting (1.4) (2.1)
8. Incorporate data obtained in the history, physical, and diagnostic evaluation to formulate a most likely diagnosis (1.7) (2.1)
9. Summarize messaging for successful communication with emergency department patients and their families (1.9) (3.7) (4.1)
10. Generate appropriate plans for the treatment of common medical emergencies (1.8) (6.3)
11. Facilitate effective patient care through recommended plans of follow up and/or referral of emergent and non-emergent conditions common to the emergency department setting (1.10) (2.3) (4.2) (6.2) (7.1) (7.2)
12. Organize findings and details of procedures events into comprehensive, legible documentation (ex: ED SOAP Note) (4.3)
13. Organize and prioritize responsibilities to provide emergency care that is safe, effective, and efficient (1.3)
14. Perform assessments considered essential to the care of patients in the emergency setting (longitudinal skills assessment) (1.1)

B: Professional Behaviors:

15. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to patients with disability or special healthcare needs and patients of diverse ethnicities, races, gender identities, religions/spiritualities, and/or sexual orientations, as well as patients with varying social determinants of health (5.5)
16. Facilitate a climate of mutual respect, dignity, diversity, ethical integrity, and trust within the emergency department setting (7.1)
17. Self-evaluate their own skills, knowledge, and emotional limitations to engage in appropriate help-seeking behaviors during the emergency medicine rotation (8.1)
18. Demonstrate the ability to address conflicts between personal and professional responsibilities (8.3)
19. Apply flexibility and maturity in adjusting to change (8.4)
20. Demonstrate a level of self-confidence that puts patients, families, and/or members of the health care team at ease. (8.5)

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 text books
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
PAEA emergency med EOR Exam	1,2,4,5,7,9	1	35%
Final Preceptor Evaluation	1-4, 6-11, 13, 15-20	1	55%
Rosh Review Assignment	17	1	5%
Written Deliverable (ED SOAP note)	6, 7, 10, 11, 12	1	5%
Student's Evaluation of Site	17, 20 (ACCOUNTABILITY)	1	0 (C/I)
Longitudinal Skills Assessment	12, 14	1	0
		TOTAL	100%

Late/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

Upon completion of the clinical rotation phase physician assistant students will be able to:

1. Clinical Skills:
 - a. Elicit an appropriate complete or partial history from the patient or a third party should the patient be a child or unable to supply a complete history. Determine the need for other resources (e.g., past records, consultation, other members of the health care team) to expand knowledge of the patient's history.
 - b. Perform focused or comprehensive physical examination appropriate for the age and gender of the patient, indication for patient visit, urgency of the problem and patient's ability to participate in the examination.
 - c. Perform a methodical, rapid, comprehensive, and accurate immediate assessment of patients presenting to the emergency department with life threatening emergencies.
 - d. Perform a methodical, rapid, comprehensive, and accurate secondary assessment of patients presenting to the emergency department.
2. Select and interpret the appropriate initial and subsequent laboratory and diagnostic studies based upon initial impressions determined from the history and physical examination and considering the indications and risks for those studies.
3. Be able to diagnose and initiate treatment for the presentations and/or diagnoses listed in the Topic List within a patient scenario or if given appropriate historical, physical and/or laboratory findings, with consideration for variables such as patient age, pregnancy and other factors that would alter the approach to or treatment of a patient.
4. Evaluate severity of a patient's condition in terms of need for medical and/or surgical referral, admission to the hospital or other appropriate disposition.
5. Select the application/technique required for common clinical interventions and identify appropriate monitoring of patients after such interventions, including checking for compliance, adverse events, and effectiveness.
6. Communicate with the supervising physician regarding the patient's emergency status as soon as possible
7. Apply basic techniques of CPR
8. Be trained in ACLS and able to assist the medical team with cases in which advanced life support is required. Know the indications and complications associated with individual ACLS protocols.
9. Understand the indications and use of standard emergency medications, and recommend appropriate administration recognizing situations in which dosing regimens are modified based on individual patient characteristics (as in pediatric and geriatric patients and women of reproductive age). Identify key safety factors related to the administration of medications by any route (oral, topical, sublingual, subcutaneous, intramuscular, rectal, otologic, vaginal, and ophthalmic).
10. Be familiar with triage procedures in mass casualty situations.
11. Perform/Observe/or Assist with the following procedures as available:
 - a. Initiate IV therapy using sterile technique and universal precautions
 - b. Insert and remove a nasogastric tube
 - c. Insert and remove a urinary bladder catheter
 - d. Obtain bacteriologic, viral, fungal and antigen detection cultures
 - e. Participate in the placement of a central catheter



12. Perform the following clinical procedures under responsible physician supervision
 - a. Cleansing and debridement of wounds
 - b. Administration of local infiltrative anesthesia or digital blocks as appropriate
 - c. Determining presence/absence of major vessel, nerve, or tendon involvement in an injury
 - d. Proper suturing of a laceration including using sterile technique and observing universal precautions
 - e. Applying steri-strips or Dermabond
 - f. Draining an abscess
 - g. Applying/changing surgical dressings
 - h. Removing sutures and staples
 - i. Assessing a patient's need for a tetanus booster
13. Given a patient or simulated model, demonstrate the correct manner to splint a fracture or soft tissue injury
14. For each given radiologic study, be able to recognize the following (as available):
 - a. AP/Lateral view of bone: fracture, dislocations, osteolytic and osteoblastic lesions, osteoporosis, degenerative changes
 - b. Flat plate and upright of abdomen: free intraperitoneal air, air/fluid levels within the bowel, intra-abdominal calcification, psoas shadows, nonspecific abdomen, dilated intestine
 - c. Chest PA/Lateral: pulmonary infiltrates, pulmonary nodules, atelectasis, cardiomegaly, rib fractures, widened mediastinum, pleural effusions, normal chest x-ray.
15. Present to the physician a brief synopsis of the patient's present illness, pertinent positive and negative findings and the diagnostic and therapeutic regimen recommended.
16. Select a clinical therapeutic plan that considers the cost, efficacy, possible adverse reactions, contraindications, and drug interactions for medications selected.
17. Identify the risks for, and signs and symptoms of, drug interactions resulting from polypharmacy in a patient's therapeutic regimen.
18. Recognize the appropriate actions to take in response to acute, specific drug toxicity.
19. Counsel a patient and/or their family regarding the patient's health problem including incorporating the patient and family's perspective with the medical explanation of the patient's disease process, therapy and its rationale, therapeutic options, prognosis, and health care services available.
20. Document the patient visit in a problem oriented manner to include
 - a. Presentation and history of present illness
 - b. Pertinent past and family medical history
 - c. Medications and allergies
 - d. Physical examination findings
 - e. Lab and diagnostic study results/interpretation
 - f. Assessment and management plan
 - g. Follow-up plans/appointments
21. Arrange for discharge or transfer from the emergency department
22. Communicate effectively with the patient, the attending physician and the receiving health professional assuring a smooth and complete transfer of care.
23. Prepare for the PAEA EOR exam related to emergency medicine through review of the topics and concepts available in the PAEA exam blueprint and topic list.
 - a. [PAEA EM EOR exam blueprint](#)
 - b. [PAEA EM EOR exam topic list](#)