

# CORE EMERGENCY MEDICINE – EMED 401 Syllabus

Kansas City University  
College of Osteopathic Medicine



## COURSE DIRECTOR(S)

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**CREDIT HOURS: 4.0**

## COURSE DESCRIPTION

This clerkship provides the student with clinical exposure, observation and training to further their understanding of emergency medicine. Students focus on the care, treatment and diagnosis of a variety of acute and sub-acute problems in the adult emergency medicine patient. Learning highlights how to stabilize and correctly triage critically ill patients to prepare for more advanced study of the discipline.

### Course Goals

#### [COURSE GOALS](#)

## INSTRUMENT(S) OF STUDENT EVALUATION AND ASSESSMENT

- *Students will be evaluated through a combination of one or more of the following assessment modalities*
  - *Clinical Competency Assessment from Preceptor*
  - *End of Clerkship Reflections from the Student*
  - *Online Society for Academic Emergency Medicine (SAEM) CDEM Readings*
  - *Standardized Case Checklist*
  - *Online SAEM Tests*
  - *EMED COMAT Subject Exam*

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## Clerkship Requirements

### Didactic Conferences and Reading Assignments

While the focus of the clinical years is hands-on experience, didactic conferences and reading assignments are often provided as an aide to this learning process. Completion of reading assignments and attendance at didactic conferences scheduled by KCU, the Regional Assistant Deans, DMEs, the core site hospital, clerkship service or preceptor is required without exception.

### SAEM/CDEM Readings

Required SAEM/CDEM Readings have been added to core clerkship curriculum. Students are provided readings in Emergency Medicine to help them prepare for their subject exam and learn clerkship-specific didactic material. **10 readings** are required to be completed by the end of the last day of the clerkship.

### SAEM/CDEM Readings

1. Abdominal Pain
2. Chest Pain
3. Headache
4. Hyperglycemia
5. Hyperkalemia
6. Ischemic Stroke
7. Agitation
8. Pneumonia
9. Abdominal Trauma
10. Chest Trauma

### Completion of SAEM/CDEM Practice Tests

Required SAEM/CDEM Practice Tests have been added to core clerkship curriculum and must be completed prior to receiving a final grade and credit. Students are provided practice tests in Emergency Medicine to help access learning from the clerkship-specific didactic material. **6 practice tests** are required to be completed by the end of the last day of the clerkship, scoring a minimum 70%.

### SAEM/CDEM Practice Tests

1. Practice Test – 2017 Trauma
2. Practice Test – 2017 Pulmonary
3. Practice Test – 2017 Psychiatry
4. Practice Test – Abdominal Pain
5. Practice Test – Endocrine
6. Practice Test – 2015 Chest Pain

## Case Checklist

In order to reasonably standardize the women's health experience for all KCU students across many sites, **students will be required to complete a case checklist of common acute and chronic problems, and health maintenance visits.** If a student has been unable to see a patient with a particular problem, the student can supplement their experience with content from SAEM, or receive case-based instruction about that problem or visit type from their preceptor. The preceptor will sign off the list, acknowledging that the student has completed the expected encounters, and understands the principles presented.

## Subject (End of Clerkship) Exam

Students must pass a National Board of Osteopathic Medical Examiners (NBOME) Comprehensive Osteopathic Medical Achievement Test (COMAT) upon completion of each 4<sup>th</sup> year core discipline.

Students are expected to study for these exams with similar rigor as all other high stakes examinations.

## Exam Blueprint

Students may be awarded Honors (H) for excellent performance on a Subject Exam. Passing (P) and Honors (H) are benchmarked against the NBOME academic-year norms for all students in that discipline. Honors may not be awarded or may be removed if the student receives marks demonstrating below expectations ratings, recommendation of failure, or professionalism concerns in the Clinical Competency Assessment.

Students are allowed to remediate any subject exam without it being considered a failed clerkship. The highest subject exam score and clerkship grade achieved after a remediation is Pass. If student fails the remediated subject exam, the clerkship and the subject exam must be repeated. After successful completion of remediated clerkship and remediated subject exam the clerkship grade earned is Fail/Pass (F/P). Student may be referred to Student Progress Committee (SPC) and required to present their case if two [2] or more subject exam failures occur during the same academic year.

## Evaluation & Grading

To be successful in this course the student must achieve the minimum score required in each component listed below. The final grade of Pass/Fail for the core rotation is derived from the following components:

Component	Evaluation Tool	Minimum Score Required
Clinical Competency Assessment from Preceptor	Clinical Clerkship Evaluation via E*Value	Upon completion of this clerkship students should perform the behaviors outlined within the "expected" level of each competency rated on the clinical clerkship evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in failure.
Standardized Case Checklist	Case Checklist via CANVAS	Upon completion of this clerkship, student is responsible for completing

		the case checklist in CANVAS with preceptor confirmation.
End of Clerkship Reflections <i>from the Student</i>	Evaluation of Clerkship Evaluation of Preceptor Evaluation of Self Via E*Value	Upon completion of this clerkship student is responsible for completing evaluations of clerkship, preceptor, self via E*Value.
Online Readings	SAEM/CDEM Readings	Completion on each required reading
Practice Tests	SAEM/CDEM Practice Tests	Completion on each required practice test
Standardized Assessment	Subject Exam (COMAT)	Scaled Score of 82 or greater

All of above items are mandatory for successful course completion. Clinical Performance is assessed by each attending with whom the student has contact. Professionalism and work habits are a significant portion of the clinical assessment. These include the student attitude, demeanor, and interaction with attendings, peers, and staff. Character qualities and behaviors such as punctuality, teachability, honesty, bedside manner, and integrity are important for your professional development.

Please note, at the discretion of the clerkship director, points may be deducted from the final grade or may result in failure of rotation for non-professional student conduct, i.e. issues with attitude, absenteeism, participation.

## Course Structure

Clerkships occur in various settings across the country and provide a wide variety of educational experiences giving students an opportunity to understand how context influences the diagnostic process and management decisions. Physicians routinely address complexities, including patients with multiple concerns, various psychosocial issues, and different, sometimes conflicting behaviors that influence their health and health care. Due to the breadth of care provided by physicians it is not possible to list all potential patient presentations that physicians competently manage. The required elements within the clinical curriculum are progressive and accomplished across the continuum of the required clerkships.

Students will rotate in assigned clinical settings in order to complete the required clerkships. Preceptors will specify site requirements for the clerkship and will see that students are provided with an appropriate level of clinical and didactic experience. To ensure consistency among clerkships, this standardized curriculum is provided. In order to successfully complete the required clerkships, students must fulfill requirements specified by their preceptor and complete the required elements of the standardized curriculum.

The KCU-COM standardized core curriculum has been designed for the purpose of ensuring that students understand expectations and work to achieve competency in the diagnosis and management of common illnesses. In so doing, students will gain an appreciation for appropriate utilization of a variety of treatment modalities.

## Core Competencies

The AACOM has identified competencies that all osteopathic students should develop during their training. These help ensure that students are able to demonstrate and/or develop specific skills. These overarching competencies and objectives are specifically addressed in the clinical clerkship syllabi and specific topics we anticipate students will be exposed to in this course are labeled with the corresponding competency. The competencies are:

**Competency 1: Osteopathic Philosophy & Osteopathic Manipulative Medicine**

Graduates are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT). The education goal is to train a skilled and competent osteopathic practitioner who remains dedicated to lifelong learning and to practice habits consistent with osteopathic principles and practices.

**Competency 2: Medical Knowledge**

Graduates are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in lifelong learning activities, including research.

**Competency 3: Patient Care**

Graduates must demonstrate the ability to effectively treat patients, providing medical care that incorporates osteopathic principles and practices, empathy, awareness of behavioral issues, preventive medicine and health promotion.

**Competency 4: Interpersonal & Communication Skills**

Graduates are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of health-care teams.

**Competency 5: Professionalism**

Graduates are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, lifelong learning, and sensitivity to diverse patient populations. Graduates should be cognizant of their own physical and mental health in order to effectively care for patients.

**Competency 6: Practice-Based Learning & Improvement**

Graduates must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

**Competency 7: Systems-Based Practice**

Graduates are expected to demonstrate an understanding of healthcare delivery systems, provide effective and qualitative patient care with the system, and practice cost-effective medicine.

**Competency 8: Health Promotion/Disease Prevention**

Graduates are expected to coordinate preventive health care across providers. Collaborate within a patient-centered team and demonstrate preventive health principles by modeling a healthy lifestyle.

**Competency 9: Cultural Competencies**

Graduates are expected to demonstrate an understanding of the scope of culture and the elements that form and define it. Understand the public health implications of cultural competence in health care. Demonstrate familiarity with basic religious and cultural beliefs that affect patients' understanding of the etiology of their illness and/or the efficacy of their treatment.

**Competency 10: Evaluation of Health Sciences Literature**

Graduates are expected to Utilize current technologies, e.g. websites, online search engines, PDA-based programs, information services, and journals to locate health science literature. Apply critical concepts from statistics, epidemiology, and research design to evaluate health science literature.

**Competency 11: Environmental and Occupational Medicine (OEM)**

Graduates are expected to understand the policy framework and major pieces of legislation and regulations related to environmental and occupational health (i.e. regulations essential to workers' compensation, accommodation of disabilities, public health, worker safety, and environmental health and safety, etc.).

**Competency 12: Public Health Systems**

Graduates are expected to apply understanding of the interaction of public health and health care systems in the practice of osteopathic medicine as it affects health promotion and disease prevention. Recognize differences among public health systems, epidemiological systems, and individual systems in the utilization of resources and in the practice of osteopathic medicine.

**Competency 13: Global Health**

Graduates are expected to identify and treat individual patients with varying cultural beliefs regarding health, disease, and patient care. Compare and contrast differing non-U.S. health care systems.

**Competency 14: Interprofessional Collaboration**

Graduates are expected to respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care. Act with honesty and integrity in relationships with patients, families, and other team members. Engage other health professionals (appropriate to the specific care situation) in shared patient centered problem solving for effective team-based care.

[Osteopathic Core Competencies for Medical Students](#), American Association of Colleges of Osteopathic Medicine, in conjunction with all U.S. Osteopathic Medical Schools (2012)

**Core Entrustable Professional Activities for Entering Residency**

Just as the anticipated topics a student will see are tagged to the correlating Osteopathic Competency, we also will label the EPA associated. Over the past several years, program directors have increasingly expressed concern that some medical students are not prepared for residency. While both allopathic and osteopathic medical schools must show that their students' meet specific competencies to maintain accreditation, this alone was not ensuring that the students were able to assume the increased responsibility inherent with starting residency programs as graduates of medical or osteopathic medical schools. For this reason, in 2013 ten schools were chosen to pilot the initial institution of EPA requirements and in 2016 a report was issued by AACOM that, with the unified pathway for residency match, osteopathic schools should include EPAs in their curriculum.

**Core Entrustable Professional Activities for Entering Residency are:**

1. Gather a history and perform a physical examination
2. Prioritize a differential diagnosis following a clinical encounter
3. Recommend and interpret common diagnostic and screening tests
4. Enter and discuss orders and prescriptions
5. Document a clinical encounter in the patient record
6. Provide an oral presentation of a clinical encounter
7. Form clinical questions and retrieve evidence to advance patient care
8. Give or receive a patient handover to transition care responsibly
9. Collaborate as a member of a professional team
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management

11. Obtain informed consent for tests and/or procedures
12. Perform general procedures of a physician
13. Identify system failures and contribute to a culture of safety and improvement

[Core Entrustable Professional Activities for Entering Residency: Curriculum Developers' Guide](#), American Association of Medical Colleges (2014)

## Course Expectations

Students learn the fundamentals of an approach to the evaluation and management of frequently occurring, complex, concurrent, and ill-defined problems across a wide variety of acute and chronic presentations. The expectation for these required clerkships *includes progressive competency in performance of:*

- Application of basic sciences **Medical Knowledge (MK)**, including anatomy, microbiology, pharmacology, physiology, biochemistry, as well as **Osteopathic Principles and Practices (OPP)** into the diagnosis and intervention of common medical conditions in the course of **Patient Care (PC)**.
- Effective **Interpersonal and Communication Skills (ICS)** incorporating knowledge, behaviors, critical thinking, and decision-making skills related to:
  - Historical assessment
  - Physical examination
  - Osteopathic structural exam
    - Application of osteopathic manipulative medicine when clinically indicated
  - Outlining a differential diagnosis for presenting complaints
    - Devising an evidence-based, cost-effective diagnostic approach
    - Appropriate interpretation of diagnostic studies
  - Discriminating between available therapeutic modalities
- Understanding **Practice-Based Learning and Improvement (PBLI)** and the impact of epidemiology, evidenced-based medicine, best clinical practices, clinical guidelines, and the delivery of quality health care on **PBLI**.
- Appropriate use of technology (e.g., web-based, handheld computer) to support patient education and disease prevention activities.
- Demonstrating **Professionalism (P)** in upholding the highest moral and ethical standards in interactions with members of the health care team and with patients.
- Awareness of and responsiveness to **Systems-Based Practices (SBP)** in the context of the health care systems including the critical role of emergency physicians within the health care system, and identifying system resources to maximize the health of the individual and the community.



## Course Objectives

### Student Learning Objectives for Acute and Chronic Presentations

Topic	Topic-Specific Objectives	Common	Emergent/ Serious	Osteopathic Clinical Skills	AOA Comp	EPA
<b>Determination of Stability of Patient</b>	<ul style="list-style-type: none"> <li>Understand what it means for a patient to be stable or unstable.</li> <li>Know in detail how to determine, through history and physical findings, whether or not a patient is stable or unstable.</li> <li>Be able to identify and prioritize life threats and initiate treatment to stabilize the unstable patient.</li> </ul>	<ul style="list-style-type: none"> <li>Stable</li> </ul>	<ul style="list-style-type: none"> <li>Unstable</li> </ul>		2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12,13
<b>Emergency Department Procedural Skills</b>	<ul style="list-style-type: none"> <li>Understand common procedural skills needed to care for patients in the emergency department.</li> <li>Know in detail the indications, contraindications, preparation, informed consent, alternatives, and techniques for common procedures utilized in caring for ED patients.</li> </ul>	<ul style="list-style-type: none"> <li>Foley Catheter Placement</li> <li><a href="#">Incision &amp; Drainage of Abscesses</a></li> <li>IV Placement</li> <li>Nasogastric tube Placement</li> <li>Wound Care and Suturing</li> </ul>	<ul style="list-style-type: none"> <li>Arterial Line Placement</li> <li>Central Line Placement</li> <li>Chest Tube Insertion</li> <li>Endotracheal Intubation</li> <li>Lumbar Puncture</li> <li>Pericardiocentesis</li> </ul>	1a, 1b, 6, 7	1, 2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12,13
<b>Abdominal Pain</b>	<ul style="list-style-type: none"> <li>Understand the broad differential for a patient presenting with abdominal pain.</li> <li>Know in detail the clinical presentation, physical findings, workup and treatment of specific causes of abdominal pain.</li> </ul>	<ul style="list-style-type: none"> <li>Cholelithiasis,</li> <li>Constipation</li> <li>Diarrhea</li> <li>Gastroenteritis</li> <li>GERD</li> <li>Obstipation</li> </ul>	<ul style="list-style-type: none"> <li>Aortic Aneurysm</li> <li>Appendicitis</li> <li>Bowel Obstruction</li> <li>Cholecystitis / Cholelithiasis</li> <li>Pancreatitis and Diverticulitis</li> </ul>	1a, 1b, 2, 3, 4, 5, 6, 7, 8	2, 3, 4, 5, 6, 7	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12,13
<b>Mental Status Changes and Weakness</b>	<ul style="list-style-type: none"> <li>Understand the broad differential for a patient</li> </ul>	<ul style="list-style-type: none"> <li>Hypoglycemia</li> <li>Syncope</li> </ul>	<ul style="list-style-type: none"> <li>Cerebrovascular Disease</li> <li>Infection</li> </ul>	1a, 1b	2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5, 6, 7, 8,

	<p>presenting with mental status changes and/or weakness.</p> <ul style="list-style-type: none"> <li>Know in detail the clinical presentation, physical findings, workup and treatment of specific causes of mental status changes and/or weakness.</li> </ul>		<ul style="list-style-type: none"> <li>Metabolic Disorders</li> <li>Seizure</li> </ul>			9, 10, 11, 12,13
Topic	Topic-Specific Objectives	Common	Emergent/ Serious	Osteopathic Clinical Skills	AOA Comp	EPA
<b>Environmental Disorders</b>	<ul style="list-style-type: none"> <li>Understand the broad differential for a patient presenting with an environmental illness or injury.</li> <li>Know in detail the clinical presentation, physical findings, workup and treatment of specific environmental illness or injury.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Chemical and Thermal Burns</a></li> <li>Envenomations</li> <li><a href="#">Hypothermia</a></li> <li><a href="#">Hyperthermia</a></li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Chemical and Thermal Burns</a></li> <li>Envenomations</li> <li>Hypothermia</li> <li>Hyperthermia</li> </ul>	1a, 1b, 2, 6, 7	2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12,13
<b>HEENT Disorders</b>	<ul style="list-style-type: none"> <li>Understand the broad differential for a patient presenting with HEENT disorders.</li> <li>Know in detail the clinical presentation, physical findings, workup and treatment of specific HEENT disorders.</li> </ul>	<ul style="list-style-type: none"> <li>Epistaxis</li> <li>Migraine Headache</li> <li>Trauma</li> </ul>	<ul style="list-style-type: none"> <li>Epistaxis</li> <li>Glaucoma</li> <li>Headache including Subarachnoid Hemorrhage</li> <li>Infection</li> <li>Trauma</li> </ul>	1a, 1b, 2, 3, 4, 5, 6, 7	2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12,13
<b>Gastrointestinal Bleeding</b>	<ul style="list-style-type: none"> <li>Understand the broad differential for a patient presenting with G.I. bleeding.</li> <li>Know in detail the</li> </ul>	<ul style="list-style-type: none"> <li>Gastritis</li> <li>Hemorrhoids</li> <li>Peptic Ulcer Disease</li> </ul>	<ul style="list-style-type: none"> <li>Diverticulosis</li> <li>Malignancy</li> <li>Variceal Bleeding</li> </ul>	1a, 1b, 2, 3, 4, 5, 6, 7	2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12,13

	clinical presentation, physical findings, workup and treatment of specific causes of G.I. bleeding					
<b>Resuscitation and Shock</b>	<ul style="list-style-type: none"> <li>Understand the broad differential for a patient presenting with shock or in need of resuscitation.</li> <li>Know in detail the clinical presentation, physical findings, workup and treatment of specific causes of shock for patients in need of resuscitation.</li> </ul>		<ul style="list-style-type: none"> <li>Basic Airway Management</li> <li>Cardiopulmonary Resuscitation</li> <li>Dysrhythmia: <ul style="list-style-type: none"> <li>Identification</li> <li>Treatment</li> </ul> </li> <li>Managing patients in the first stages of a code</li> <li>Treatment of shock states: <ul style="list-style-type: none"> <li>Anaphylactic</li> <li>Cardiogenic</li> <li>Hypovolemic</li> <li>Septic shock</li> </ul> </li> </ul>	1a, 1b, 6, 7	6, 7, 8, 9, 10	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12,13
<b>Topic</b>	<b>Topic-Specific Objectives</b>	<b>Common</b>	<b>Emergent/Serious</b>	<b>Osteopathic Clinical Skills</b>	<b>AOA Comp</b>	<b>EPA</b>
<b>Shortness of Breath</b>	<ul style="list-style-type: none"> <li>Understand the broad differential for a patient presenting with shortness of breath.</li> <li>Know in detail the clinical presentation, physical findings, workup and treatment of specific causes of shortness of breath.</li> </ul>	<ul style="list-style-type: none"> <li>Asthma/COPD</li> <li>Bronchitis</li> <li>Heart Failure</li> <li>Pneumonia</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Airway obstruction</a></li> <li>Asthma/COPD</li> <li>Heart Failure</li> <li>Infections: <ul style="list-style-type: none"> <li>Pneumonia</li> <li>Bronchitis</li> <li>Epiglottitis</li> </ul> </li> <li>Pulmonary Embolism</li> </ul>	1a, 1b, 2, 3, 4, 5, 6, 7, 8	11, 12, 13	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12,13
<b>Traumatic Injuries</b>	<ul style="list-style-type: none"> <li>Understand the broad differential for a patient presenting with traumatic injuries.</li> <li>Know in detail the clinical presentation, physical findings, workup and treatment of specific traumatic injuries</li> </ul>	<ul style="list-style-type: none"> <li>Contusions</li> <li>Fractures and <a href="#">Splinting</a></li> <li>Lacerations</li> </ul>	<ul style="list-style-type: none"> <li>Chest injuries: <ul style="list-style-type: none"> <li>Hemothorax</li> <li>Pneumothorax</li> <li>Tension Pneumothorax</li> <li><a href="#">Compartment Syndrome</a></li> </ul> </li> <li>Head Injuries: <ul style="list-style-type: none"> <li>Intraparenchymal bleeds</li> <li>Epidural and Subdural Hematoma's</li> </ul> </li> <li>Neck Injuries: <ul style="list-style-type: none"> <li>Cervical Fractures</li> <li>Spinal Cord</li> </ul> </li> </ul>	1a, 1b, 2, 3, 4, 5, 6, 7, 8	2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12,13

Topic	Topic-Specific Objectives	Common	Emergent/ Serious	Osteopathic Clinical Skills	AOA Comp	EPA
<b>Musculoskeletal Disorders</b>	<ul style="list-style-type: none"> <li>Understand the broad differential for a patient presenting with a musculoskeletal disorder.</li> <li>Know in detail the clinical presentation, physical findings, workup and treatment of specific causes of musculoskeletal pain.</li> </ul>	<ul style="list-style-type: none"> <li>Back Pain</li> <li>Musculoskeletal Strains</li> <li>Neck Pain</li> <li>Sprains</li> </ul>	<ul style="list-style-type: none"> <li>Compartment Syndrome</li> <li>Dislocations</li> <li>Fractures</li> </ul>	1a, 1b, 2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13
<b>Rashes and Diseases of the Skin</b>	<ul style="list-style-type: none"> <li>Understand the broad differential for a patient presenting with rashes and diseases of the skin.</li> <li>Know in detail the clinical presentation, physical findings, workup and treatment of specific causes rashes and diseases of the skin.</li> </ul>	<ul style="list-style-type: none"> <li>Allergic</li> <li>Connective Tissue Disorders</li> <li>Infectious</li> <li>Rashes Secondary to Vascular</li> </ul>	<ul style="list-style-type: none"> <li>Allergic</li> <li>Connective Tissue Disorders</li> <li>Infectious</li> <li>Rashes Secondary to Vascular</li> </ul>	1a, 1b, 6, 7	2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13
<b>Poisoning / Overdose</b>	<ul style="list-style-type: none"> <li>Understand the broad differential for a patient presenting with poisoning and/or overdose.</li> <li>Know in detail the clinical presentation, physical findings, workup and treatment of specific causes of poisoning and/or overdose.</li> </ul>	<ul style="list-style-type: none"> <li>Acetaminophen Overdose</li> <li>Carbon Monoxide Poisoning</li> <li>Decontamination</li> <li>Opioids</li> <li>Salicylates</li> <li>TCA's</li> <li>Toxic Alcohol</li> </ul>	<ul style="list-style-type: none"> <li>Acetaminophen Overdose</li> <li>Anion Gap Acidosis</li> <li>Carbon Monoxide Poisoning</li> <li>Decontamination</li> <li>Opioids</li> <li>Salicylates</li> <li>TCA's</li> <li>Toxic Alcohol</li> </ul>	1a, 1b, 6, 7	2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

<b>Special Patient Populations</b>	<ul style="list-style-type: none"> <li>Understand the difficulties associated with caring for patients presenting from a variety of ethnic, socioeconomic, cultural, religious backgrounds, and patients with special physical needs who present to the emergency department.</li> <li>Recognize and address the unique needs associated with diverse people groups.</li> </ul>	<ul style="list-style-type: none"> <li>Jehovah's Witnesses</li> <li>Prison Patients</li> <li>Transplant Patients</li> <li>Patients with autism</li> <li>Deafness</li> <li>Blindness</li> <li>Patients who have special physical needs</li> </ul>			2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12,13
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## Resources

The student may use any of the resources listed below, to any degree in order to complete the required elements of the standardized curriculum, and pass the NBOME COMAT EXAM.

- The “Flipped ED Classroom” is suggested as the main self-directed learning resource with Roberts and Hedges and Tintinalli being used as supplemental resources.
- The Rosch Review should be used to help prepare for the end of clerkship ER COMAT Exam. However, it is acknowledged that all students learn differently, and a student may use any combination of the resources listed below, to any degree in order to successfully complete the required elements of the standardized curriculum, and pass the NBOME COMAT EXAM.
- [EM Podcast- “EM Clerkship”](#). This is a free podcast by Dr. Zach Olson, M.D.

## Required Textbooks

[Roberts and Hedges' clinical procedures in emergency medicine and acute care](#) / editor-in-chief, James R. Roberts; senior editor, Catherine B. Custalow; illustration editor, Todd W. Thomsen. Publication Philadelphia, PA: Elsevier, c2019. 7<sup>th</sup> Ed

[Tintinalli's emergency medicine: a comprehensive study guide](#) / editor-in-chief, Judith E. Tintinalli; co-editors, J. Stephan Stapczynski, O. John Ma, David M. Cline, Garth D. Meckler, Donald M. Yealy. New York : McGraw-Hill Education, c2016. 9<sup>th</sup> Ed.

[An osteopathic approach to diagnosis and treatment](#) / [edited by] Eileen L. DiGiovanna, Stanley Schiowitz, Dennis J. Dowling ; illustrated by Dennis J. Dowling. Philadelphia: Lippincott Williams and Wilkins, c2005. 4<sup>th</sup> Ed.

Kuchera ML, Kuchera WA: Osteopathic Considerations in Systemic Dysfunction. Revised 2<sup>nd</sup> edition, Original Works Books, 1994. Especially, tables on pages 192-193; Chapman’s reflexes on pages 232-233.

## **Programmatic and Course Research**

As a part of the ongoing mission of Kansas City University to improve teaching excellence, there may be research conducted in this class in regards to student study strategies, student views on learning, and the efficacy of classroom pedagogy. Other activities for which performance will be measured (i.e., assignments and exams) are no different from those that would be completed by students in a class where research was not being conducted. Any pedagogical interventions used in this class as a part of the research study will be consistent with professional standards for responsible teaching practices. Throughout the research process student data will be collected anonymously and securely. Final data values will not contain personal identifiers. Upon request, student data can be withheld from the research study.

## **Policies & Procedures**

Students are expected to present and conduct themselves in a professional manner at all times. Students are required to read, understand, and adhere to all the policies and procedures as outlined in the [Clinical Education Guidelines](#).

## **Department of Clinical Education Contacts**

Contact information for faculty and staff of the Department of Clinical Education can be accessed [here](#).