



Education



IMPLEMENTING A THIRD-YEAR EMERGENCY MEDICINE MEDICAL STUDENT CURRICULUM

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Abstract—Background: Emergency medicine (EM) is commonly introduced in the fourth year of medical school because of a perceived need to have more experienced students in the complex and dynamic environment of the emergency department. However, there is no evidence supporting the optimal time or duration for an EM rotation, and a number of institutions offer third-year rotations. **Objective:** A recently published syllabus provides areas of knowledge, skills, and attitudes that third-year EM rotation directors can use to develop curricula. This article expands on that syllabus by providing a comprehensive curricular guide for the third-year medical student rotation with a focus on implementation. **Discussion:** Included are consensus-derived learning objectives, discussion of educational methods, considerations for implementation, and information on feedback and evaluation as proposed by the Clerkship Directors in Emergency Medicine Third-Year Curriculum Work Group. External validation results, derived from a survey of third-year rotation directors, are provided in the form of a content validity index for

each content area. **Conclusions:** This consensus-derived curricular guide can be used by faculty who are developing or revising a third-year EM medical student rotation and provide guidance for implementing this curriculum at their institution. © 2015 Elsevier Inc.

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INTRODUCTION

Emergency medicine (EM) offers medical students a variety of clinical experiences that are directly applicable to their future careers, regardless of specialty choice (1,2). Students completing an EM rotation encounter acutely ill and injured patients with complaint-based presentations. They learn the evaluation and management of the

undifferentiated patient in addition to learning how to handle common and life-threatening medical problems.

A fourth-year rotation has traditionally been the most common EM experience for medical students (3). A recent survey has shown that EM is also incorporated into the third year at many institutions (4). When situated in the third year, the goals of an EM rotation are fundamentally different than for more senior students. While a fourth-year EM experience focuses on creating diagnostic and management plans for patients, the third-year rotation provides exposure to EM principles and practice, teaching the approach to the undifferentiated patient and basic emergency management skills (5,6). The literature provides a number of resources relating to the fourth year, but there are few resources with a focus on the third-year experience (3,6–12).

For all of these reasons, EM educators would benefit from a uniform curricular approach to the education of students in the third year. To address this need, this article provides a comprehensive curricular guide that expands on a previously published syllabus of content to include consensus-derived learning objectives, discussion of educational methods, considerations for implementation, and information regarding feedback and evaluation (5). It provides the rotation director with the core content and resources needed to implement or revise a third-year rotation. External validation results, derived from a survey of third-year rotation directors across the country, are provided in the form of a content validity index (CVI) for each of the content areas (13). This curriculum was developed using the six-step Kern model for curriculum development and is presented in this fashion (14).

DISCUSSION

Step 1: Problem Identification and General Needs Assessment

There is currently a significant emphasis on competency-based education, as evidenced by initiatives like the American Council on Graduate Medical Education's next accreditation system or "Milestones" and the American Association of Medical Colleges' document on Entrustable Professional Activities (EPAs) (15,16). EPAs are observable and measurable descriptors of what all medical school graduates should be expected to perform on day 1 of residency without direct supervision. Among these, medical school graduates are expected to be able to recognize and initially manage patients requiring urgent or emergent care. This underscores the importance of EM competencies as core foundational skills for all medical students, and reinforces the role of EM in helping medical schools meet Liaison Committee on Medical Education (LCME) requirements (17,18).

Despite the recognition of emergency management as a core competency for all physicians, medical schools have variable integration of EM into their existing curricula (4,12). While there is no evidence supporting the optimal placement of EM in the medical school curriculum, many institutions offer EM during the fourth year of medical school because of a perceived need to have more experienced students in the complex and dynamic environment of the emergency department (ED). To address this need, a fourth-year EM medical student curriculum was published and recently updated to provide a consistent clinical experience for the senior medical student (6).

However, a number of institutions offer third-year rotations either in place of or in addition to a fourth-year rotation. In a recent survey of EM clerkship directors in the United States, 28% have an elective third-year rotation and 14% have a required third-year EM experience at their institution (4). These experiences are variable with differences in the type and length of clinical experience, content taught, assessment methods and types of resources used (12). Due to this variability, as well as the growing prevalence of third-year EM rotations, the Clerkship Directors in Emergency Medicine (CDEM) Third Year Curriculum Work Group was formed in 2010 with the goal of promoting uniformity of the third-year EM experience and developing a curriculum that addresses the core knowledge, skills, and attitudes essential for third-year EM students.

Step 2: Targeted Needs Assessment

In 2011, the Work Group published a syllabus of content for a third-year EM rotation using the National Institute of Health model for consensus building (5). The publication was the result of a targeted needs assessment conducted by 17 EM rotation directors and experienced educators. The group compiled a broad list of content areas that was further refined via a series of online surveys, emphasizing the approach to the undifferentiated patient, the ability to differentiate patient acuity, the ability to perform simple procedures, and the basic management of critical life-threatening emergencies.

The syllabus content was compiled into a "Must-Should-Can" framework. In this model, "Must" indicates essential components to be provided by all institutions, regardless of rotation length. "Should" indicates highly desirable elements, and "Can" indicates elements that can be taught depending on the institution's strengths and resources. This framework provides flexibility to EM educators within their individual institutions, while ensuring that critical "Must" elements are taught universally in the third year. Although this curriculum is recommended for a four-week clerkship, the "Must-

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