

## State of the Third-Year Clerkship

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The CDEM Third-Year Medical Student Curriculum Work Group developed a syllabus of content in 2011 that identified a consensus-based group of knowledge, skills and attitudes thought to be important for third-year medical students rotating in Emergency Medicine.

*Tews M, Wyte C, Heizer, Grekin P, Hiller K, Oyama L, Pandit K, Manthey D. Developing a Third Year Emergency Medicine Medical Student Curriculum: A Syllabus of Content. Academic Emergency Medicine. 2011 Oct;18 Suppl 2:S36-40*

The group identified 6 principles that guided the development of the syllabus:

- Principle 1: The Syllabus Should Be Able to Serve as a Stand-alone Entity at Any School of Medicine
- Principle 2: The Syllabus Should Outline the KSA of EM That Are Vital for Any Medical Student to Possess, Regardless of the Specialty Eventually Chosen
- Principle 3: Students Should Understand the Role of the Emergency Department, in Addition to and Distinct From the Discipline of EM
- Principle 4: Students Should Have Topic Redundancy with Varied Contexts and Different Perspectives
- Principle 5: The Rotation Should Respond to the Evolving Clinical Competence of Students as They Progress in Their Third Year of School
- Principle 6: The Syllabus Should Present Content Conducive to a Four-week Rotation, Regardless of Whether It Is Required or Elective

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.

### “Must” Elements:

Chief Complaints Covered: Chest Pain, abdominal pain, shortness of Breath, altered mental status

The Approach to the Undifferentiated Patient	Emergency Department Procedures
Stabilization of the Acutely Ill Patient	Acute Pain Control
Vital Signs	Documentation
Basic and Advanced Life Support Techniques	Disposition
Focused Chief Complaints History and Physical Examination	EM within the US Healthcare System
Chief Complaint Differential Diagnosis	Professionalism
Diagnostic Testing	Communication
Electrocardiogram/Rhythm Recognition	Motivation

### “Should” and “Can” Elements: (additional)

Chief Complaints Covered: Headache, focal neurologic deficit, GI bleeding, vaginal bleeding/pelvic pain, toxic ingestion

Traumatic and Orthopedic Injuries  
Acute Pain Control  
Bedside Ultrasonography  
Emergency Medical Services

A comprehensive curricular guide based off of the syllabus will be published in 2015 that includes consensus-derived learning objectives, discussion of educational methods, considerations for implementation, and information on feedback and evaluation.