Effectiveness of Emergency Medicine Experience in Third Year Integrated Longitudinal Medical Student Programs

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Introduction

The LCME have raised concerns about the quality of learning afforded to medical students in traditional block clerkships. Longitudinal models have become prevalent in undergraduate medical education models as a way to improve continuity with both faculty and patients. The LCME’s update also includes many new directives that could be addressed by emergency medicine (EM). The undifferentiated emergency patient allows students to develop their diagnoses and treatment plans and acquire skills of critical judgment. At UCSF integrated longitudinal models of third year curriculum exist that include a defined emergency medicine component.

Impact

Students overwhelming thought their emergency medicine component was consistent with their longitudinal program goals (4.07, p<0.05). They agreed it helped them develop critical judgment (4.36, p<0.05) as well as differential diagnosis and treatment plans (4.70, p<0.05). Students also became more interested in pursuing EM as a career (3.41, p<0.05). Emergency medicine can be effectively incorporated into a longitudinal integrated curriculum adding to students’ skills and increasing interest in EM.

My emergency medicine experience: Scale of 1 to 5

A) was consistent with longitudinal goals  4.07
B) helped develop critical judgment    4.36
C) helped me form diff dx and tx plans      4.70
D) increased my interest in pursuing EM  3.41

Importance

- Longitudinal experiences are increasing in medical school to combat fragmented learning and allow patient and faculty development
- New medical school
- Most medical schools either have no required emergency medicine experience or only offer traditional block rotations

LCME 2010 Updates Pertaining to Emergency Medicine

ED-6. The curriculum of a medical education program must incorporate the fundamental principles of medicine and its underlying scientific concepts; allow medical students to acquire skills of critical judgment based on evidence and experience; and develop medical students’ ability to use principles and skills wisely in solving problems of health and disease.

ED-13. The curriculum of a medical education program must cover all organ systems, and include the important aspects of preventive, acute, chronic, continuing, rehabilitative, and end of life care.

ED-15. The curriculum of a medical education program must prepare students to enter any field of graduate medical education and include content and clinical experiences related to each phase of the human life cycle that will prepare students to recognize wellness, determinants of health, and opportunities for health promotion; recognize and interpret symptoms and signs of disease; develop differential diagnoses and treatment plans; and assist patients in addressing health-related issues involving all organ systems.

ED-17. Educational opportunities must be available in a medical education program in multidisciplinary content areas (e.g., emergency medicine, geriatrics) and in the disciplines that support general medical practice (e.g., diagnostic imaging, clinical pathology).