

## **ABSTRACT: 2019 ELAM Institutional Action Project**

**Project Title:** Emergency Medicine Education Integration into the Medical School Curriculum

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**Collaborators and Mentors:** Jonathan Amiel MD, Daniel Egan MD, Rachel Gordon MD, Kiran Pandit MD

**Topic Category:** Education

**Background, Significance of project:** Currently the majority of Columbia University medical students do not have exposure to emergency medicine (EM) unless they choose the sub-internship rotation during their fourth year. The emergency department (ED) is one of the key places where medical education is experiential for all types of learners, especially medical students. Increasing EM education in the medical school has great benefit for all students, not just those thinking about EM as a career. The numerous skills of learning to recognize and stabilize the acutely ill, understanding the approach to the undifferentiated patient, caring for patients with limited available medical history, urgent decision making, and prioritizing tasks in a busy clinical environment are incredibly useful for most physicians regardless of specialty choice.

**Purpose/Objectives:**

The goal of this project is for Columbia University medical students to have an enhanced educational experience through increased and new exposure to EM related curricula and faculty. While many major academic medical centers have EM clerkships as part of their required curricula, we will strive to incorporate best practice as well as the most innovative curricular aspects as we develop our own successful curriculum. The Department of Emergency Medicine will have a greater foothold in the school of medicine elevating its status and allowing for students to learn about the care of the undifferentiated and acutely ill patient.

**Methods/Approach/Evaluation Strategy:**

- Recruit a Vice Chair of Education to serve as EM faculty champion in partnership with school (complete)
- Meet with key stakeholders and develop a needs assessment for EM education within school (complete)
- Develop a timeline and milestones to achieve EM education integration (complete)
- Gain representation to medical school Curriculum Governance Committee (complete)
- Increase EM faculty participation in currently existing courses in the medical school (in progress)
- Start a major clinical year (MCY) selective with director named and curriculum developed (in progress)
- Partner with medical school to develop additional EM educational offerings for students (in progress)
- Develop an EM required clerkship as part of the new medical school curriculum design (in progress)

**Outcomes/Results:** Our goal will be achieved by the above methods including to increase the EM faculty who teach and innovate in currently existing courses as well as increase EM led courses in the medical school. The Ready for Residency course initially had no EM faculty involvement to now 15 EM faculty teaching this spring. The MCY selective has been developed with 25% of the class enrolling (42 of 54 [78%] spots filled). Student evaluations of faculty and courses will be reviewed and feedback will be obtained from school leadership.

**Discussion/Conclusion with Statement of Impact/Potential Impact:** The addition of EM to the medical school curriculum will enhance the students' educational experience as well as provide numerous skills to recognize and stabilize the acutely ill, understand the approach to the undifferentiated patient, gain procedural competency, learn to care for patients with limited available medical history, and prioritize tasks in a busy clinical environment.

# Emergency Medicine Integration into the Medical School Curriculum

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Majority of Columbia students with no exposure to emergency medicine (EM)

## Unique experiential learning



- Patient care
  - Acutely ill
  - Undifferentiated
- Skills development
  - Urgent decision making
  - Task prioritization
  - Procedural competency



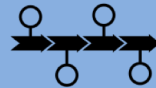
Aim: To have an enhanced educational experience for Columbia students through increased and new exposure to EM related curricula and faculty



• Vice Chair Education recruitment



• Key stakeholder meetings



• Timeline development



• Curriculum Governance Committee



• Increase existing course teaching



• Major Clinical Year Selective



Ready for Residency Course  
0 → 15 EM faculty



Major Clinical Year Selective  
25% students enrolled  
42/54 spots filled (78%)



## Next Steps

- Develop additional EM educational offerings
- Develop EM required clerkship with new curriculum design

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