**Fall, 2026**

# Emergency Medicine Clerkship
## MSPA 625 – 4.5 Credits

**Day(s):** Determined by Clinical site/preceptor

**Time(s):** Determined by Clinical site/preceptor

**Classroom:** Refer to Typhon schedule

**Instructor:** Michelle Lea, PA-C and Christine Rowland, PA-C

**Office Hours:** M, Tu, Th, F 9am-5pm

**Office Location:** END 113A

**Phone:** 203-576-4180

**Email:** ubpaclinicals@bridgeport.edu

The University of Bridgeport and its faculty are committed to enhancing diversity, equity, inclusion, and belonging in all facets of community life and to promoting an optimal environment for learning which encourages engagement, authenticity, and respect. Diversity in the classroom—in race, gender, sexual orientation, religion, language, ability, veteran status, place of origin, etc.—is an asset to our learning experience. Students play a vital role in the ongoing conversation about how to make the campus a place for community learning.

**Prerequisite/Co-requisites:** Completion of PAI didactic phase with a GPA of 3.0 or greater.

### Course Description

This is a 5-week clinical clerkship course. During this course, second year PA students develop skills necessary to function as a PA in the emergency medicine setting. Students will apply the medical knowledge and skills developed during didactic phase of their education. Students will actively engage in the assessment, analysis, evidence-based approaches, and management of conditions in a culturally sensitive and patient-centered manner, encountering patients typically seen in the emergency medicine setting. Students will work with the clinical education team and under the supervision of their preceptor(s) to provide care. Students will follow their preceptor's schedule when on clinical site.

### Required Learning Materials and Text(s)

1. Gonzales PA, McDonald MA. *The PA Rotation Exam Review*. Lippincott Williams & Wilkins; 2024.
   ISBN: 9781975193355

2. Yeh, D, Marthedal, E. *The Physician Assistant Student's Guide to the Clinical Year. Emergency Medicine*. Springer Publishing Company; 2020.
   ISBN: 9780826195272

**Recommended Text(s)**

1. Stone C, Humphries RL. eds. *CURRENT Diagnosis & Treatment: Emergency Medicine, 8e*. McGraw-Hill Education; 2017.
   Online Access
   ISBN: 978-0-0718-4061-3

2. Tintinalli JE, Ma O, Yealy DM, Meckler GD, Stapczynski J, Cline DM, Thomas SH. eds. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 9e*. McGraw-Hill Education; 2020.
   Online Access
   ISBN: 978-1-260-01993-3

**Course Goal**

The goals of this emergency medicine clerkship are to immerse the student in a 5-week clinical experience in the emergency department environment. Students are expected to evaluate, assess, and formulate diagnostic and treatment plans in the emergency department. In this interdisciplinary environment, students will experience the fast paced, high-volume patient loads typical to this clinical setting. Students will understand and learn to navigate healthcare disparities, ethical issues as well as current stresses which exist within our current emergent healthcare system. This course requires students to develop and demonstrate a variety of technical skills as well as clinical acumen while under the supervision of experienced emergency medicine practitioners.

**Student Learning Outcomes**

By the end of this course, students should be able to:

| | **Student Learning Outcome** |
|---|---|
| **SLO1** | Elicit an accurate medical history for a) infant, b) child, c) adolescent, d) adult, and e) elderly patients. *(MK, IS, CS)* |
| **SLO2** | Perform an appropriate physical examination for the a) infant, b) child, c) adolescent, d) adult, and e) elderly patients. *(MK, CS, PB, CR)* |
| **SLO3** | Demonstrate effective communication of patient encounters a) orally and in b) written form. *(IS, PB)* |
| **SLO4** | Diagnose common conditions in a) infant, b) child, c) adolescents, d) adult, and e) elderly patients seen during |

| | |
|---|---|
| | acute patient encounters. *(MK, CS, CR)* |
| **SLO5** | Diagnose common conditions in a) infant, b) child, c) adolescent, d) adult, and e) elderly patients seen during emergent patient encounters. *(MK, CS, CR)* |
| **SLO6** | Utilize clinical data to formulate a differential diagnosis. *(MK, CS, CR)* |
| **SLO7** | Demonstrate the application of diagnostic studies commonly used in the emergency medicine discipline. *(MK, CS, CR)* |
| **SLO8** | Formulate an appropriate patient management care plan based on clinical data collected in the emergency medicine discipline. *(MK, CS, CR)* |
| **SLO9** | Provide culturally sensitive patient education appropriate to the patient's health literacy. *(MK, IS, PB)* |
| **SLO10** | Demonstrate clinical reasoning and problem-solving abilities in the evaluation and care of patients. *(MK, CS, CR)* |
| **SLO11** | Demonstrate patient-centered care through compassion and sensitivity. *(IS, PB)* |
| **SLO12** | Demonstrate professionalism by adhering to the professional conduct standards of the PA profession. *(PB)* |
| **SLO13** | Collaborate with medical professionals within an interdisciplinary team in the emergency medicine discipline. *(IS, PB)* |
| **SLO14** | Accurately interpret EKGs. *(MK, CR)* |
| **SLO15** | Demonstrate proper suturing technique for acute wound closures. *(CS, TS)* |
| **SLO16** | Demonstrate application of orthopedic splint(s) using correct technique. *(CS, TS)* |
| **SLO17** | Accurately interpret Chest X-ray studies. *(MK, CR)* |

| | |
|---|---|
| **SLO18** | Demonstrate corneal fluorescein staining using correct technique. *(CS, TS)* |

*Definitions of the abbreviations are as follows: Medical Knowledge (MK), Interpersonal Skills (IS), Clinical Skills (CS), Technical Skills (TS), Professional Behaviors (PB), Clinical Reasoning and Problem-Solving Abilities (CR). Abbreviations are based on the Competencies defined by the Accreditation Standards for PA Education found here: https://www.arc-pa.org/entry-level-program/entry-level-manuals-and-guides/.*

## Learning Activities, Course Expectations, and Grading Policy

The final course grade will be calculated using the following breakdown:

| Assessment | Percentage of Final Grade | Brief Description of Assessment |
|---|---|---|
| End of Rotation Exam | 55% | A comprehensive examination based on course objectives and the NCCPA and PAEA blueprint. End of Rotation examination grade is calculated based on the student's Z-score. **Z-score less than -1 will result in a grade below 73 and failure of the exam**.<br><br>Should a student fail an end-of-rotation examination, a meeting with the Coordinator of Academic Affairs will be arranged and a remediation plan will be designed. Upon completion of the remediation, a retest will be given. If a student passes the End of Rotation reassessment exam (i.e., earning 73% or higher), the student will receive a 73% for the End of Rotation Exam component regardless of grade earned on the reassessment exam. Failure of reassessment exam will result in failure of the rotation.<br><br>Students are permitted **one EOR exam reassessment** for the clinical year. |
| Mid-Rotation Evaluation | Reduction Only | Mid-way through the clinical clerkship, the student is required to sit down with the preceptor to discuss the student's performance and provided constructive feedback. This session is documented on the Mid-Rotation Evaluation Form. The blank form can be found in Canvas and should be uploaded to Assignments in Canvas once complete. This is a non-graded exercise but provides the student and program invaluable feedback on the student's progress in meeting program objectives and learning outcomes. Professionalism points will be deducted if not uploaded to Canvas by |

| | | |
|---|---|---|
| | | Wednesday at 11:59pm est of the third week of the clerkship. |
| Preceptor Evaluation | 35% | Each student is evaluated by the preceptor at the end of each rotation. Preceptor evaluations are submitted via the Typhon logging system utilizing a four-point Likert scale. Typhon calculates the final percentage grade by averaging the mean of each section. The final percentage grade in Typhon will be utilized to calculate your final course grade. Any component of the preceptor evaluation which result in an "Approaches Expectations" or "Unsatisfactory", will require remediation. |
| Clinical Modules & Documentation Assignment | 10% | Rotation specific clinical modules are located in Canvas. The modules contain extra resources and assignments related to the clinical clerkship experience that must be completed and uploaded to Canvas by 11:59pm est on Call-back Day (unless otherwise noted in Canvas). See Canvas and rubrics for details. There is no credit for late assignments. |
| Professionalism | Reduction only | Professionalism is an expectation and non-compliance with any of the terms below will result in a 1-point deduction from your final grade. For example, if your total weighted grade (55%+ 35%+10%=100%) is an 80%, a professionalism deduction would result in a 79%. One non-compliant event equals 1-point deduction per event, per rotation and can be up to 5-points per rotation. If professionalism points are to be deducted, you will be notified by faculty via email of the infraction. Warnings will not be given. The deduction will not be applied until the total grades are weighted and calculated. Examples of infractions:<br>i. Attendance and participation<br>ii. Adherence to procedures and policies<br>iii. Uploading clinical schedule to Typhon<br>iv. Submission of complete case logs in Typhon<br>v. Submission of clerkship paperwork as requested by the Clinical Coordinator |

- All components graded to the nearest hundredth and there is no rounding up of grades.
- As per the UB PAI Student Handbook, the required passing grade for all PA coursework is a "C" (73%) or better.

Students must meet all the following standards to pass the clerkship course:

- 73% or greater on the Preceptor Evaluation.

- 73% or greater on the EOR Exam (see policy regarding reassessment above).
- 73% or greater on the final course grade.

Failure of a clinical clerkship course will require the student to repeat the clerkship, resulting in a delay of graduation. Failure to meet any of the above requirements will result in an “F” for the course.

Final grades are assigned by the instructor based on the University of Bridgeport Institutional Grading Scale published in the catalog and the UBPAI Student Handbook.

**Final Course Grading Scale**

| Grade | Quality Points |
|---|---|
| A (93-100) | 4.0 |
| A- (90-92.99) | 3.7 |
| B+ (87-89.99) | 3.3 |
| B (83-86.99) | 3.0 |
| B- (80-82.99) | 2.7 |
| C+ (77-79.99) | 2.3 |
| C (73-76.99) | 2.0 |
| C- (70-72.99) | 1.7 |
| D+ (67-69.99) | 1.3 |
| D (63-66.99) | 1.0 |
| D- (60-62.99) | 0.7 |
| F (below 60) | 0.0 |

**Course Outline***

| Dates | Topic(s) Covered | Assignments/ Reading to be completed before class | Assessment Schedule |
|---|---|---|---|
| Block 1:<br>Mar 23, 2026-<br>Apr 23, 2026 | • Learning Outcomes 1-18 | • Required text | • Friday, Apr 24, 2026 |
| Block 2:<br>May 11, 2026-<br>Jun 11, 2026 | • Learning Outcomes 1-18 | • Required text | • Friday Jun 12, 2026 |
| Block 3:<br>Jun 15, 2026-<br>Jul 16, 2026 | • Learning Outcomes 1-18 | • Required text | • Friday, Jul 17, 2026 |
| Block 4:<br>Jul 20, 2026-<br>Aug 20, 2026 | • Learning Outcomes 1-18 | • Required text | • Friday, Aug 21, 2026 |
| Block 5:<br>Sept 7, 2026-<br>Oct 8, 2026 | • Learning Outcomes 1-18 | • Required text | • Friday, Oct 9, 2026 |
| Block 6: | • Learning Outcomes 1-18 | • Required text | • Friday, Nov 13, 2026 |

| Dates | Topic(s) Covered | Assignments/ Reading to be completed before class | Assessment Schedule |
|---|---|---|---|
| Oct 12, 2026-<br>Nov 12, 2026 | | | |
| Block 7:<br>Nov 16, 2026-<br>Dec 17, 2026 | • Learning Outcomes 1-18 | • Required text | • Friday, Dec 18, 2026 |
| Block 8:<br>Jan 11, 2027-<br>Feb 10, 2027 | • Learning Outcomes 1-18 | • Required text | • Thursday, Feb 11, 2027 |
| Block 9:<br>Feb 15, 2027-<br>Mar 18, 2027 | • Learning Outcomes 1-18 | • Required text | • Friday, Mar 19, 2027 |

***This syllabus is subject to change at the discretion of the instructor.***

## Instructional Objectives

| Instructional Objective | Student Learning Outcome |
|---|---|
| • **1.1**: Establish rapport with a patient and /or their caregiver.<br>• **1.2:** Select appropriate level of history based on the chief complaint and purpose of the visit.<br>• **1.3** Collect thorough and accurate information for the emergency department patient with attention to onset, provocation, quality, radiation, timing, and severity of symptoms.<br>• **1.4:** Include all information such as Past medical history, Family History, Social history, and Review of systems pertinent to the acute or emergent encounter. | SLO1 |
| • **2.1:** Accurately and thoroughly assess for any emergent conditions requiring immediate interventions such as presentation of an acute abdomen.<br>• **2.2:** Identify pertinent anatomy and localization of symptoms found in common conditions in the emergent setting. | SLO2 |

| | |
|---|---|
| • **2.3:** Differentiate between abnormal findings and normal variants. | |
| • **3.1:** Confidently and concisely report applicable demographic information, chief complaint, HPI, past medical history, and pertinent ROS.<br>• **3.2:** Identify and report pertinent physical exam findings including presence and absence of clinically significant signs based on presenting features.<br>• **3.3**: Document all pertinent normal and abnormal physical examination findings using appropriate medical terminology.<br>• **3.4**: Identify and document the pertinent components in common patient encounters in the emergent setting.<br>• **3.5:** Identify common ICD-10 and CPT codes used in patient encounter documentation. | SLO3 |
| • **4.1**: Identify pathophysiologic process of development of acute conditions commonly seen in the emergency medicine setting (see Conditions list).<br>• **4.2**: Identify risk factors and demographics mostly susceptible to the development of acute conditions typically seen in the emergency medicine setting.<br>• **4.3:** Recognize the clinical presentation of acute conditions typically seen in the emergency medicine setting.<br>• **4.4**: Apply knowledge of pathophysiology to diagnosis of acute conditions typically seen in the emergency medicine. | SLO4 |
| • **5.1**: Identify pathophysiologic process of development of emergent conditions commonly seen in the emergency medicine operative setting (see Conditions list). | SLO5 |

| | |
|---|---|
| • **5.2**: Identify risk factors and demographics mostly susceptible to the development of emergent conditions typically seen in the emergency medicine setting.<br>• **5.3:** Recognize the clinical presentation of emergent conditions typically seen in the emergency medicine setting.<br>• **5.4**: Apply knowledge of pathophysiology to diagnosis of emergent conditions typically seen in the emergency medicine. | |
| • **6.1:** Discuss the differential diagnosis of an acute abdomen with attention to symptom location, radiation, quality, and provocation.<br>• **6.2:** Discuss the differential diagnosis of altered mental status with consideration of age, risk factors, current medications, possible substance use, and exam and laboratory findings.<br>• **6.3:** Differentiate cardiac and non-cardiac causes of chest pain.<br>• **6.4:** List the differential diagnosis of shortness of breath in the emergency room setting.<br>• **6.5:** Differentiate among various skin infection presentations such as acute cellulitis.<br>• **6.6:** List the differential diagnoses for abnormal lab values such as CBC, CMP, cardiac enzymes, lactic acid, blood gas, and BNP. | SLO6 |
| • **7.1:** Understand the indications for and interpretation of emergent laboratory testing including CBC and CMP.<br>• **7.2:** Correctly interpret a Rumack Matthews nomogram as it relates to acetaminophen toxicity.<br>• **7.3:** Interpret the findings of an arterial blood gas. | SLO7 |

| | |
|---|---|
| • **7.4:** Discuss normal and abnormal troponin levels in the context of chest pain.<br>• **7.5:** Accurately interpret a chest x-ray with attention to proper positioning, adequate inspiration, identification of normal landmarks, and identification of any pathology.<br>• **7.6:** Accurately review a head CT in the context of head trauma or suspected hemorrhage. | |
| • **8.1:** Discuss all treatment options with patients with attention and sensitivity to belief systems, access to care and health literacy.<br>• **8.2:** Identify the specific concerns and needs of each patient and assist with referrals to services and support as indicated.<br>• **8.3:** Involve patients and caregivers in the treatment planning process with sensitivity to cultural beliefs, patient preferences, cost effectiveness, and patient's ability to access care.<br>• **8.4:** Identify any barriers to plan adherence and identify resources to improve access. | SLO8 |
| • **9.1:** Discuss the indications, risks and benefits of interventional procedures commonly utilized in the emergency department setting.<br>• **9.2:** Provide patient-centered discharge instructions with attention to health literacy level and ability to access care including instructions for wound care, cast or splint care, timing of suture or staple removal, and frequency of follow up visits.<br>• **9.3:** Utilize patient education techniques such as the teach back method to ensure understanding.<br>• **9.4:** Accurately convey etiology, diagnosis, prognosis, | SLO9 |

| | |
|---|---|
| interventions, and management plan of common conditions encountered in the emergency room with awareness of health literacy, cultural beliefs, and patient preferences. | |
| • **10.1:** Utilize findings from H&P and diagnostic and laboratory studies to determine most likely diagnosis for conditions seen in the emergent setting.<br>• **10.2:** Identify common “red flag” findings on physical exam that warrant immediate triage and intervention.<br>• **10.3:** Identify factors which support admission to the hospital versus discharge with follow up in the emergency room setting.<br>• **10.4:** Recognize stable versus unstable vital signs in the context of evolving patient condition in the emergency medicine setting. | SLO10 |
| • **11.1:** Assess patient’s readiness to adhere to suggested treatment options and provide respectful support for patient’s decision making.<br>• **11.2:** Engage in active listening techniques during communication with patients and their families in the emergency setting.<br>• **11.3:** Identify need for enhanced communication options such as involvement of interpreters.<br>• **11.4:** Incorporate patient’s health literacy level and cultural beliefs when providing care. | SLO11 |
| • **12.1**: Demonstrate professional demeanor in all interactions with staff, medical providers, patients, and their family members.<br>• **12.2**: Adhere to ethical, legal, regulatory, and behavioral norms at all times.<br>• **12.3**: Demonstrate punctuality, consistency, and reliability in | SLO12 |

| | |
|---|---|
| relating to the clinical team and patients. | |
| • **13.1:** Differentiate among the roles of the PA, emergency medicine residents and attending physician in the emergency medicine setting.<br>• **13.2:** Understand the role of specialized providers such emergency medicine social workers.<br>• **13.3:** Identify the role of specialist consultations to guide care in the emergency medicine setting. | SLO13 |
| • **14.1:** Demonstrate proficiency in proper 12 lead placement.<br>• **14.2:** Identify the presentation of an acute myocardial infarction and correctly identify location of the infarction based on lead involvement.<br>• **14.3:** Recognize common pathologic EKG patterns such as those seen in atrial fibrillation, AV Blocks, pericarditis, supraventricular tachycardia, ventricular tachycardia, and ventricular fibrillation. | SLO14 |
| • **15.1:** Identify and utilize appropriate suture material for based on wound type, size, and depth.<br>• **15.2:** Proficiently perform specific suturing techniques including interrupted, continuous, sub-cuticular and mattress sutures.<br>• **15.3:** Demonstrate proficiency in knot tying including 2 handed and instrument ties.<br>• **15.4:** Identify the indication for suture versus Dermabond use.<br>• **15.5:** Describe clean versus dirty wounds and perform proper irrigation and debridement prior to closure. | SLO15 |
| • **16.1:** Differentiate among the five Salter Harris fracture presentations. | SLO16 |

| | |
|---|---|
| • **16.2:** Differentiate among transverse, oblique, spiral, greenstick, comminuted, stress and pathologic fractures.<br>• **16.3:** Identify the indications for ulnar/radial gutter, thumb spica, volar, and sugar tong splints.<br>• **16.4:** Demonstrate proficiency in applying a cast to a long bone fracture. | |
| • **17.1:** Differentiate between an AP and PA CXR.<br>• **17.2:** Describe the presentation of a CXR with adequate inspiratory effort, penetration, and centering.<br>• **17.3:** Identify the bony and soft tissue landmarks.<br>• **17.4:** Accurately identify the radiographic findings of common pulmonary presentations on a CXR such as pneumonia, atelectasis, CHF, pneumothorax. | SLO17 |
| • **18.1:** Identify indications and contraindications for corneal fluorescein staining.<br>• **18.2:** Prepare the patient and equipment for corneal fluorescein staining.<br>• **18.3:** Apply fluorescein dye to the ocular surface using appropriate technique.<br>• **18.4:** Examine the cornea using a cobalt blue light following fluorescein application.<br>• **18.5:** Interpret fluorescein staining patterns to identify corneal epithelial defects.<br>• **18.6:** Document findings from the corneal fluorescein examination. | SLO18 |

## Topic List

The topic list for this course is aligned with the PAEA End of Rotation Exam Content Blueprint and Topic List. Please refer to the PAEA link below for the current topic list covered in this course.

Emergency Medicine Topic List

## Class Policies

- **Attendance policy**: Please refer to the student handbook and clinical handbook for the program policy on attendance.
- **Late assignments policy:** Late work is not accepted.
- **Course failure policy**: Please refer to the student handbook and clinical handbook for the program policy on course failure.
- **Professionalism**: Please refer to the student handbook and clinical handbook for the program policy on Disciplinary Action for Professional and Behavioral Issues and professionalism.
- **E-mail policy**: Please refer to the student handbook for the program policy on e-mail.
- **Exam and Remediation policy**: Please refer to the student handbook and clinical handbook.
- **Academic Integrity**: Please refer to the student handbook.
- **Student Accessibility Accommodations**: Please refer to the student handbook.

### Class Policy on the Use of Artificial Intelligence (AI)

- **No generative AI use is allowed in the course.**
  Unethical use of AI will be treated as a violation of academic integrity and subject to disciplinary action according to university policies.

## UNIVERSITY OF BRIDGEPORT POLICES AND STUDENT SERVICES

***This course adheres to all policies outlined in the catalog and in the Key to UB.***

General academic policies of the University of Bridgeport can be found on the University web site at and in the University catalog at https://catalog.bridgeport.edu/

Student services information can be found on the University of Bridgeport website at https://www.bridgeport.edu/heckman-center/academic-success/ and in the Key to UB at https://www.bridgeport.edu/key-to-ub/

## ACADEMIC HONESTY STANDARDS

The University of Bridgeport is committed to fostering an environment of academic integrity, mutual respect and individual responsibility. We are a community that values the voice of students in their pursuit of academic excellence and personal growth. By choosing to be a member of this community, each student demonstrates respect for the core values of trust, honesty and ethical behavior and commits to upholding these standards

Please refer to the *Student Handbook (Chapter 2 of "Key to UB"* https://www.bridgeport.edu/key-to-ub/chapter-2-academic-standards) to become familiar with the academic honesty standards expected of all students, including a definition of plagiarism. Claiming ignorance will not be considered a valid defense. All types of academic dishonesty (including but not limited to plagiarism, the use of illicit aid or internet resources during the examinations, giving or receiving aid on any examination, copying another student's work, utilizing unauthorized web-based services, which may include generative AI, to complete assignments, providing a false excuse for missing a test) are inexcusable and will result in a report to the Provost's Office and appropriate disciplinary action.

Consequences for graduate programs include a failing grade for the exam or assignment (first violation), and a failing grade for the examination or course and dismissal from the university for no less than one year in the case of a second violation.

The number of violations accrues to each student during total time as a University of Bridgeport student at any level.

## STUDENT ACCESSIBILITY SERVICES

https://www.bridgeport.edu/student-accessibility/

In compliance with Section 504 of the Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act, and Connecticut State Laws, Student Accessibility Services (SAS) at UB provides reasonable accommodations to reduce the impact of disabilities on academic functioning or other life activities in the University setting.

Student Accessibility Services (SAS) offers a private and confidential atmosphere for students to talk about their disabilities and accommodations requests. In order to begin the process of requesting accommodations, students can contact Student Accessibility Services (SAS) at (203) 576-4104 or email **accessibilityservices@bridgeport.edu**.

**A List of Student Resources can be found under Student Affairs**

https://www.bridgeport.edu/student-affairs/