

## COURSE SYLLABUS & SCHEDULE

**COURSE:** PAS 625 Clinical Experience in Emergency Medicine

**ACADEMIC CREDIT:** 2 semester hours

**COURSE DESCRIPTION:** Four week required rotation in an emergency medical office clinical setting. Students engage in all aspects of patient care, including history taking, physical examination, and treatment plan design and evaluation. Students' application of patient and family education to treatment and preventive measures is emphasized.

**COURSE GOAL:** The goal of this course is to provide a foundation for the physician assistant student to prepare to enter into emergency medicine following graduation. The knowledge and skills developed during this clinical rotation will prepare the student to enter into clinical practice by exposing the student to a wide diversity of patient populations in the emergency medicine setting.

**PREREQUISITES:** Successful completion of the PA program didactic year.

### COURSE COORDINATOR:

Faculty Name and Title: Kelli Huesman, MPAS, PA-C, Associate Professor, Director of Clinical Education

Email: [khuesman1@udayton.edu](mailto:khuesman1@udayton.edu)

Phone: 937-229-3281

Fax: 937-229-2903

Office Hours: Variable, please contact directly for an appointment

Contact policies: Available during office hours, or through email

Faculty Name and Title: Sean Haig, MPAS, PA-C, Clinical Faculty

Email: [shaigl@udayton.edu](mailto:shaigl@udayton.edu)

Phone: 937-229- 4845

Fax: 937-229-2903

Office Hours: Variable, please contact directly for an appointment

Contact policies: Available during office hours, or through email

**CLINICAL PRECEPTOR:** As assigned by clinical faculty

**TIME/LOCATION:** Offsite at clinical facility, location TBD, see schedule for definitive information

### RECOMMENDED TEXTS:

#### Anatomy and Physiology:

Moini, Jahangir (2020). *Anatomy & Physiology for Health Professionals* (3<sup>rd</sup> ed). Burlington, MA: Jones & Bartlett Learning. ISBN: 978-1284151978.

#### Clinical Medicine:

Papadakis, M.A., McPhee, S.J., & Rabow M.W. (2020) *Current Medical Diagnosis and Treatment 2020*. New York, NY: Lange Medical Books/McGraw Hill. ISBN: 978-1260455281.

## PAS 625 Clinical Experience in Emergency Medicine

### **History and Physical Exam:**

Bickley, L (2016). *Bates' Guide to Physical Examination and History Taking* (12<sup>th</sup> ed). Wolters Kluwer Health/Lippincott Williams & Wilkins. ISBN: 978-1469893419

### **Labs:**

Desai, S., Katta, R. (2020). *Clinician's Guide to Laboratory Medicine* (4<sup>th</sup> ed. Pocket). Houston, TX: MD2B. ISBN: 978-1937978105.

### **Pharmacology:**

Brenner, G.M. & Stevens, C. (2017). *Brenner and Stevens' Pharmacology* (5<sup>th</sup> ed). Philadelphia, PA: Elsevier. ISBN: 978-0323391665.

### **Procedures:**

Clinical Procedures for Health Professionals (2017). *Clinical Procedures for Health Professionals* (1<sup>st</sup> ed). Philadelphia, PA: Jones & Bartlett. ISBN: 978-1284032413

### **Radiology:**

Herring, W. (2020). *Learning Radiology: Recognizing the Basics* (4<sup>th</sup> ed). Philadelphia, PA: Mosby/Elsevier. ISBN: 978-0323567299.

### **Study System:**

Sedrak, M, & Massey, S. (2011). *Classroom to Clinic Study System: Personal Professor for Clinical Rotations and PANCE/PANRE Review*. Philadelphia, PA: F.A. Davis Company. ISBN 978-0803623538.

Brown, P.C., Roediger, H.L., & McDaniel, M.A. (2014). *Make it Stick: The Science of Successful Learning*. United States of America: Library of Congress Cataloging-in-Publication. ISBN: 978-0674729018.

### **Research:**

Blessing, J.D. & Forister, J.G. (2020). *Introduction to Research and Medical Literature for Health Professionals* (5<sup>th</sup> ed.). Burlington, MA: Jones and Bartlett Learning. ISBN: 9781284153774.

### **Dermatology:**

Habif, M.D., et al. (2013). *Skin Disease Diagnosis and Treatment* (4<sup>th</sup> ed.). Philadelphia, PA: Elsevier, Inc. ISBN: 978-0323442220.

### **Orthopedics:**

Armstrong A.D. & Hubbard M.C. (2015). *Essentials of Musculoskeletal Care* (5<sup>th</sup> ed.). Rosemont, IL: AAOS. ISBN: 978-1625524157.

Hoppenfeld, S. (1976). *Physical Examination of the Spine & Extremities*. Norwalk, CT: Appleton & Lange. ISBN: 978-0838578537.

**Pediatrics:**

Marcdante, K.J. & Kliegman, R.M. (2019). *Nelson Essentials of Pediatrics*. Philadelphia, PA: Elsevier, Inc. ISBN: 978-0323511452.

**Emergency Medicine:**

Cline, D.M., et al. (2013). *Tintinalli's Emergency Medicine Just the Facts*. China: McGraw Hill. ISBN: 978-0071744416.

**Women's Health:**

Casanova R, Chuang A, Goepfert AR, Hueppchen NA, Weiss PM. (2019) *Beckmann and Ling's Obstetrics and Gynecology, (8th ed)*. Philadelphia: Wolters Kluwer. ISBN: 978-1496353092.

**Mental Health:**

Black, D.W., & Andreasen, N.C. (2014). *Introductory Textbook of Psychiatry*. 6th ed. Arlington, VA: American Psychiatric Publishing. ISBN 978-1-58562-470-6.

**OVERALL KNOWLEDGE, SKILLS, AND ATTRIBUTES FOR ALL CLINICAL ROTATIONS (SCPEs)**

- **Knowledge**
  - Understand and explain the etiologies, risk factors, underlying pathologic processes and epidemiology for the conditions encountered in clinical experience
  - Demonstrate the appropriate history and physical exam skills, identifying normal and abnormal findings, and is able to counsel patients who present for acute, and emergent conditions
  - Adequately formulate a differential diagnosis based on H&P findings and is able to develop and carry out management plan based on the differential
  - Select and interpret appropriate diagnostic or laboratory studies
  - Manage presenting conditions to include understanding the indications, contraindications, side effects, interactions, and adverse reactions of pharmacological and non-pharmacologic agents
- **Skills Interpersonal and Communication**
  - Appropriately adapt communication style to the context of the individual patient interaction, displaying respect, compassion and integrity, with the ability to show sensitivity and responsiveness to patients' culture, age, gender and disabilities
  - Accurately and adequately document information regarding care process for medical, legal, quality and financial purposes
- **Clinical reasoning and problem solving**
  - Identify the appropriate site of care for presenting conditions, including the identification of emergent cases and those requiring referral and admission, or those which can be treated and discharged home with appropriate follow up care

- **Professionalism**
  - Work effectively with preceptor and other health care professionals to provide patient centered care
  - Promptly complete assigned tasks
  - Consistently arrive at appointed time
  - Recognize personal learning needs and limitations, and seeks to rectify them
  - Accept and use constructive criticism from preceptor and staff

## **LEARNING OUTCOMES SPECIFIC FOR EMERGENCY MEDICINE**

### **Acute/Emergent**

- Gather a history and perform an appropriate exam, then formulate a differential diagnosis and management plan including appropriate disposition i.e., admit versus discharge home
- Elicits appropriate information and physical exam findings to differentiate emergent, urgent, or acute diagnosis
- Elicit a history and perform an appropriate exam, then formulate a differential and management plan and can determine if consultations with specialty provider is needed
- Gather correct information and is able to formulate appropriate emergency medicine documentation
- Elicit appropriate information and complete a physical exam to develop differential diagnosis for patients presenting with musculoskeletal injuries/complaints
- Able to evaluate appropriately and determine plan of care of patient presenting with shortness of breath/dyspnea/respiratory distress symptoms
- Complete a history and appropriate physical exam, then formulate a management plan for a patient presenting with chest pain
- In a patient presenting with altered mental status/cognitive impairment symptoms, elicit a history and perform an appropriate exam, then formulate a management plan
- In a patient with headache/neurologic symptoms, perform a history and appropriate exam, then formulate a management plan
- Elicits information and completes physical exam appropriate for patients with abdominal pain
- Appropriately determines need, orders and can interpret an EKG
- Appropriately orders and interprets imaging (i.e., CXR, X-rays, CT scans)
- Assesses need and is able to perform appropriate induction of intravenous fluids
- Performs exam and produces a plan of care for a patient presenting with a laceration, selects and performs appropriate closure method (i.e, suture, staples)
- Appropriately assess patient need and able to perform foley insertion
- Accurately document a focused history and physical examination with diagnosis and management plan for an emergency room setting to be included

### **CLINICAL OBJECTIVES:**

1. Demonstrate application of new medical knowledge to the emergency department setting
2. Assimilate and demonstrate to preceptor the application of medical knowledge to take a patient history and perform the appropriate physical exam for developing differential diagnosis and management plan

## PAS 625 Clinical Experience in Emergency Medicine

3. Differentiate between disease etiologies, risk factors, underlying pathologic process and epidemiology for common conditions for acute and emergent scenarios seen in an emergency room setting.
4. Analyze signs and symptoms for commonly seen diseases and disorders encountered in emergency medicine related to the most frequent presentation for a given disorder.
5. Interpret sufficient, essential, and accurate history to direct an appropriate physical examination and develop correct diagnoses commonly for emergent or acute patients seen in an emergency medicine setting
6. Correlate physical findings with patient's history in order to reach a differential diagnosis for an emergency medicine patient.
7. Manage general medical and surgical conditions seen in emergency medicine to include understanding the indications, contraindications, side effects, interactions and adverse reactions of pharmacological agents and other relevant treatment modalities in the acute and emergent setting.
8. Analyze how to order and then interpret diagnostic labs and tests which are commonly used in the ER setting to include radiographs, ECGs, and laboratory tests.
9. Interpret appropriate interventions for prevention of conditions commonly seen in emergency medicine.
10. Adapt their communication style to the context of all patient interactions in the emergency room environment.
11. Develop reliable, accurate, concise, organized documentation for patient interactions to include an acute and emergent encounter.
12. Communicate effectively in both written and verbal format with all members of the emergency health care team.
13. Conduct respectful interviews of ER patients, with empathy and sensitivity.
14. Educate patients and their families regarding present emergent/acute conditions.
15. Counsel patients and their families regarding preventive health care in emergency medicine, i.e.: lifestyle changes, screenings, or immunizations and follow up care with primary care provider or specialists.
16. Distinguish between risks, benefits, and alternatives for procedures commonly encountered in emergency medicine in the acute and emergent settings.
17. Synthesize abnormal physical examination findings for an EM patient and correlate these findings to possible diagnoses.
18. Formulate appropriate medical management based on evaluation of the patients who present with an acute problem.
19. Develop appropriate medical management based on evaluation of the patients who present with a emergent problem.
20. Discern level of care and disposition for patients seen in the emergency room.
21. Maintain a respectful attitude toward and work appropriately with preceptors, surgical staff and patients at all times.
22. Analyze personal learning needs and limitations while in the ER setting and seeks to rectify them.
23. Effectively use constructive criticism from preceptors and staff to aid in the development of the medical professional.
24. Maintain timely attendance, dress appropriately, and promptly complete assigned tasks

## PAS 625 Clinical Experience in Emergency Medicine

### **Teaching Methods:**

Teaching methods may include any or all of the following:

1. Direct teaching from preceptors
2. Hospital Grand Rounds
3. Reading Assignments

**ASSESSMENT CRITERIA**

Student competency in the Adult Medicine Rotation: Instructional objectives are determined based on the following criteria:

• <b>Written evaluation from preceptor</b>	<b>40%</b>
The preceptor will monitor the student’s clinical skills and knowledge progression with a formative Mid-Rotation Evaluation, and will conduct a formal review of the student’s performance to determine the student’s competence with a summative End of Rotation Evaluation (EOR)	
• <b>PAEA – EOR</b>	<b>40%</b>
• <b>Participation in clinical call back week at End of Rotation</b>	<b>10%</b>
• <b>Mandatory Electronic Entries and Written Assignments</b>	<b>10%</b>
Includes 1 written assignment, weekly reports, student evaluation of preceptor, and patient encounters. EOR Evaluations and Student Evaluations of Preceptor/Site are due no later than 5 pm on the Wednesday following the completion of the rotation.	
<b>TOTAL</b>	<b>100%</b>

**This final course grade is a Pass/Fail based on passing the EOR exam with a minimum of a 70%, passing the Final EOR evaluation and completing all the required criteria as directed above.**

In order to successfully pass this course, the student must:

- Score a minimum of 3 or higher for each competency on the preceptor evaluation. Any students receiving 1’s or 2’s in the categories of medical knowledge, interpersonal/communication skills, technical and clinical skills, medical decision making, or professionalism may fail the rotation. The final decision will be based on an in-depth conversation with the preceptor, the Director of Clinical Education and the student.
- University of Dayton PA Program utilizes the PAEA EOR exams. The students will take an EOR exam correlating with their current rotation. These exams will require a proctor during the exam, and with the exception of the Orthopedic EOR which is given in Isidore, the testing will be completed through the PAEA Examdriver website. The cost for the EOR exams for each rotation will be covered by the student. The PAEA EOR exams consist of a 120-question exam built on the blueprint and topic list. The exams are peer reviewed by PA educators and statistically validated. The scoring of the PAEA EOR exams are completed on a scaled scoring system. This is based on a nationwide performance of PA students for that specific examination. Those students who fall one standard deviation below the mean will have failed the exam and be required to remediate, see below of remediation details.
- If the student does not pass the exam, he/she will be required to take a remedial exam within 7 days. The student is required to cover the cost of the remedial exam. The student will be allowed to proceed with the next scheduled rotation without delay. If a student fails both the initial EOR exam and the remedial exam within the same course, this will constitute the failure of the clinical course. Failure of a clinical course will delay the student’s progression to graduation. The failed course will be repeated in the following clinical year.
- Participate in the Clinical End of Rotation seminars.
- Submit mandatory electronic entries.

**\*\*The final grade/decision in regards to the passing of each Clinical Rotation will be made by the Director of Clinical Education (DCE) based on the mid-rotation and end of rotation evaluations,**

**the results of the EOR exams and the communication held between the DCE and the preceptors working with each student.**

**EXPECTED CLINICAL PATIENT & PROCEDURAL LOGGING:**

There are three (3) required areas of clinical requirements that will be documented longitudinally throughout the entire clinical year experience. Students are expected to encounter patients across the life span, as well as patient encounters regarding preventive health care, prenatal visits, emergent, acute, and chronic visits. Additionally, specific medical procedures (foley placement, pap smears, pelvic examination, suture, and IV placement) are required to be performed at a level necessary for clinical practice.

1. Students will perform appropriate history and physical examination of patients in the following age groups across the life span:
  - birth-18; 19-64, and over 65
2. Students will evaluate and recommend appropriate treatment for:
  - preventive health care encounters
  - prenatal encounters
  - emergent encounters
  - acute encounters
  - chronic encounters
  - pre-, intra-, post- operative encounters
  - well child encounters
3. Students will efficiently perform the following procedures:
  - foley placement
  - pap smears/pelvic examination
  - suture
  - IV placement/venipunctures

Students will track their progress in meeting these requirements by completing the “Clinical Encounter Booklet”. The Clinical Encounter Booklet contains the forms for preceptors to complete rating the student on his/her performance. Due to the large number of expected encounters for evaluating patients throughout the life span a portion of each target number will be used to evaluate completeness. Students’ progress will be reviewed during call back weeks, and if it is determined the student is at risk to not meet the competencies, he/she will meet with the Director of Clinical Education to address these deficiencies in order to meet the requirements prior to anticipated graduation. Please refer to the table below for details regarding the clinical patient and procedural logging:

A passing score of a 3 or above on a Likert scale of (1-5) is required for each evaluated encounter to be considered passing.

<b>Clinical Patient &amp; Procedural Logging</b>	<b>Target Number of Encounters</b>	<b>Minimum Number Required</b>
<b>Life Span</b>		
Birth – 18	25	15
Age 19-64	150	15
Age 65 and above	50	5
<b>Health Care Settings</b>		
Preventive Health	150	15
Prenatal	5	5

## PAS 625 Clinical Experience in Emergency Medicine

Well Child Exams	5	5
Emergent	150	15
Acute	150	15
Chronic	150	15
Pre, intra, post-operative	50	15 (5 apiece)
Well child	5	5
<b>Procedures</b>		
Foley placement	5	5
Pap smears/Pelvic exam	5	5
Suturing	15	15
IV placement/venipuncture	5	5

### **DISCLAIMER**

This syllabus is intended to give the student guidance regarding what will be covered during the clinical rotation and will be followed as closely as possible. However, the instructor reserves the right to modify, supplement, and make changes in the course as necessary to meet course objectives. Every effort will be made to adhere to the clinical schedule but alternations may be necessary due to unforeseen circumstances. Any changes will be announced via email communication.

### **ACADEMIC INTEGRITY**

#### **From The University of Dayton Academic Honor Code: A Commitment to Academic Integrity:**

Regardless of motive, student conduct that is academically dishonest, evidences lack of academic integrity or trustworthiness, or unfairly impinges upon the intellectual rights and privileges of others is prohibited. Cheating on examinations or other graded evaluations consists of willfully copying or attempting to consult a notebook, textbook, or any other source of information not authorized by the instructor; willfully aiding, receiving aid or attempting to aid or receive aid from another student during an examination or other evaluation; obtaining or attempting to obtain copies of any part of an examination or other evaluation (without permission on the instructor) before it is given; having another person take the exam; or any act which violates or attempts to violate the stated conditions of an examination or other evaluation. Cheating on an assignment consists of willfully copying or attempting to copy all or part of another student's assignment or having someone else complete the assignment when class assignments are such that students are expected to complete the assignment on their own. It is the responsibility of the student to consult with the instructor concerning what constitutes permissible collaboration and what materials are allowed to be consulted.

### **PLAGIARISM STATEMENT**

**Plagiarism is defined in the University of Dayton Student Handbook.**

Plagiarism involves:

- Quoting directly from any source of material including other students' work and materials from research consultants without appropriately citing the source and identifying the quote
- Knowingly citing an incorrect source

## PAS 625 Clinical Experience in Emergency Medicine

- Using ideas (other than information that is common knowledge) from any course of material including other students' work and materials from research consultants without citing the source and identifying the borrowed material/ideas
- Faculty may establish additional guidelines for plagiarism – ignorance is no excuse for plagiarism. Students should be aware of their own responsibilities in appropriately quoting and citing sources used.

Additional information on plagiarism is available through the UD Roesch Library website (<http://library.udayton.edu/faqs/howto/plagiarism.php>).

**Students should be aware that the University has access to software designed to detect plagiarized passages and work. This software will be applied randomly or at the instructor's discretion. Detection of plagiarized passages or work can result in disciplinary action.**

### **STUDENTS WITH DISABILITIES**

If you anticipate or experience physical or academic barriers based on disability, please let me know immediately so that we can discuss options. You are also welcome to contact the LTC's Office of Learning Resources (OLR) to discuss reasonable accommodations. Please contact OLR at 937-229-2066 (TTY 937-229-2059 for deaf/hard of hearing), by email at [disabilityservices@udayton.edu](mailto:disabilityservices@udayton.edu) or stop by OLR in the LTC, room 023 Roesch Library. If you have an Accommodation Letter provided by OLR, please contact me to discuss. If you need assistance accessing print material including textbooks and electronic material such as PDF documents, please review the OLR website information about alternative formats under Disability Resources.

### **ON CAMPUS LEARNING SUPPORT**

The University of Dayton's Office of Learning Resources (OLR) is a free service for all students seeking to perform their best academically. OLR offers a variety of personalized and structured resources that help students achieve academic excellence, such as tutoring, academic coaching (test taking strategies, time management counseling, and study techniques), Supplemental Instruction (SI), services for international students, and writing support. OLR is located on the ground floor of Roesch Library. If you wish to request a tutor, you must go to [go.udayton.edu/tutoring](http://go.udayton.edu/tutoring) and follow the given instructions. Please contact OLR at 937-229-2066 or [learningresources@udayton.edu](mailto:learningresources@udayton.edu) if you have any questions.

**Exam Topic List**

The lists below are taken from the PAEA End of Rotation Exam, suggested topic list to study for both the rotation and for the end of rotation exam. This list mirrors the NCCPA blueprint topics and will therefore help prepare students for a successful completion of the PANCE.

<b>Cardiovascular</b>	<b>Orthopedics/Rheumatology con't</b>
Chest pain	Low back pain
Palpitations	Cauda equine
Dyspnea on exertion	Herniated disk
Orthopnea	Osteomyelitis
Edema	Septic arthritis
Syncope	Costochondritis
Conduction disorders (atrial fibrillation/flutter, supraventricular tachycardia, bundle branch block, ventricular tachycardia/fibrillation, premature beats)	Bursitis/tendonitis
Hypertensive emergencies	Gout
Hypotension (cardiogenic shock, orthostatic hypotension)	Sprains/strains
Heart failure	<b>Pulmonary</b>
Coronary heart disease (non-ST acute myocardial infarction, ST segment elevation acute myocardial infarction, angina pectoris, unstable angina, Prinzmetal/variant angina)	Shortness of breath
Vascular disease (aortic aneurysm/dissection, arterial occlusion/thrombosis, phlebitis)	Wheezing
Valvular disease (aortic stenosis, aortic regurgitation, mitral, stenosis, mitral regurgitation)	Hemoptysis
Acute/subacute bacterial endocarditis	Pleuritic chest pain
Cardiac tamponade	Acute bronchitis
Pericardial effusion	Acute bronchiolitis
Peripheral vascular disease	Acute epiglottitis
Arrhythmias	Influenza
Angina	Pertussis
	Pneumonia (bacterial, viral fungal, human immunodeficiency virus-related)
<b>Orthopedics/Rheumatology</b>	Respiratory syncytial virus
Pain	Asthma
Swelling/deformity	Pleural effusion
Ecchymosis/erythema	Pneumothorax

Fractures/dislocations (shoulder, forearm/wrist /hand, hip, knee, ankle/foot)	Pulmonary embolism
Soft tissue injuries	Acute respiratory distress syndrome
Back strain/sprain	Foreign body aspiration
<b>Pulmonary con't</b>	<b>Ear, Nose and Throat/Ophthalmology</b>
Tuberculosis	Vision loss
Lung cancer	Nasal congestion
Croup	Sore throat
<b>Gastrointestinal/Nutritional</b>	Ear pain
Abdominal pain	Vertigo
Anorexia	Blepharitis
Nausea/vomiting	Conjunctivitis
Heartburn	Blow-out fracture
Jaundice	Corneal abrasion/ulcer
Hematemesis	Dacryoadenitis
Melena; bleeding per rectum	Foreign body (eye, ear, nose)
Change in bowel habits/diarrhea/constipation	Glaucoma (acute angle closure)
Esophagitis	Hyphemia
Mallory-Weiss tear	Macular degeneration (wet)
Peptic ulcer disease	Optic neuritis
Acute cholecystitis	Orbital cellulitis
Cholangitis	Papilledema
Acute hepatitis	Retinal detachment
Acute pancreatitis	Retinal vein occlusion
Acute appendicitis	Otitis externa
Diverticular disease	Acute otitis media
Ischemic bowel disease	Trauma/hematoma (external ear)
Inflammatory bowel disease/toxic megacolon	Barotrauma
Obstruction (small bowel, large bowel, volvulus)	Labyrinthitis
Anal fissure/fistula/abscess	Mastoiditis
Hemorrhoids (thrombosed)	Peritonsillar abscess
Hernia (incarcerated/strangulated)	Dental abscess
Infectious diarrhea	Acute laryngitis
Gastritis	Epiglottitis
Gastroenteritis	Tympanic membrane perforation
Diarrhea/constipation	Corneal ulcer
Gastrointestinal bleeding	Allergic rhinitis
Cirrhosis	Acute sinusitis
Giardiasis and other parasitic infections	Epistaxis
	Acute pharyngitis (viral, bacterial)

<b>Hematology</b>	<b>Dermatology</b>
Easy bruising	Itching
Fatigue	Rash
Aplastic anemia	Discharge
Hemolytic anemia	Dermatitis (eczema, contact)
Sickle cell anemia/crisis	Drug eruptions
Clotting factor disorders	Stevens-Johnson syndrome
Hypercoagulable states	Toxic epidermal necrolysis
Thrombocytopenia	Bullous pemphigoid
Acute leukemia	Lice
Anemia	Scabies
Lymphomas	Spider bites
Polycythemia	Viral exanthems
	Herpes zoster
<b>Neurology</b>	Cellulitis
Vertigo	Erysipelas
Seizure (symptom)	Impetigo
Numbness/paresthesias	Burns
Weakness/paralysis	Urticaria
Loss of consciousness/change in mental status	Pilonidal disease
Loss of memory	Pressure sores
Loss of coordination/ataxia	
Headache (migraine, cluster, tension)	<b>Endocrinology</b>
Meningitis	Palpitations
Encephalitis	Heat/cold intolerance
Transient ischemic attack	Tremors
Stroke	Hyperparathyroidism
Subarachnoid hemorrhage/cerebral aneurysm	Hyperthyroidism
Intracerebral hemorrhage	Thyroiditis
Altered level of consciousness/coma	Adrenal insufficiency
Head trauma/concussion/contusion	Diabetes insipidus
Epidural/subdural hematoma	Diabetic ketoacidosis
Seizure disorders	Non-ketotic hyperglycemia
Status epilepticus	Diabetes mellitus
Syncope	Cushing disease
Guillain-Barre syndrome	Hypothyroidism
Spinal cord injury	Bell palsy

<b>Urology/Renal</b>	<b>Psychiatry/Behavioral Medicine</b>
Dysuria	Neurocognitive disorders
Hematuria	Bipolar and related disorders
Suprapubic/flank pain	Schizophrenia spectrum and other psychotic disorders
Incontinence	Depressive disorders
Nephrolithiasis	Anxiety disorders
Testicular torsion	Panic disorders
Cystitis	Posttraumatic stress disorder
Epididymitis	Substance use disorders
Orchitis	Spouse or partner neglect/violence
Prostatitis	Suicide
Pyelonephritis	
Urethritis	
Acute renal failure	
Glomerulonephritis	
Fluid and electrolyte disorders	
Acid/base disorders	
Hernias	
<b>Obstetrics/Gynecology</b>	
Vaginal discharge	
Pelvic pain/dysmenorrhea	
Amenorrhea	
Dysfunctional uterine bleeding	
Endometriosis	
Ovarian cysts	
Vaginitis	
Pelvic inflammatory disease	
Mastitis/breast abscess	
Spontaneous abortion	
Abruption placenta	
Ectopic pregnancy	
Placenta previa	
Premature rupture of membranes	
Fetal distress	
Intrauterine pregnancy	
Spontaneous abortion	