

### AMLS Course Schedule - Day 1

<b>Time</b>	<b>Topic</b>	<b>Instructional Minutes Spent</b>
0730-0800	Registration	30
0800-0815	Introduction Course Overview	15
0815-0915	Lecture – Assessment of the Medical Patient	60
0915-0930	Break	0
0930-1030	Lecture – Airway Management, Ventilation, and Oxygen Therapy	60
1030-1130	Group Rotations – Assessment (Case 1 & 2)	60
1130-1230	Lecture – Hypoperfusion	60
1230-1315	Lunch	0
1315-1435	Group Rotations – Hypoperfusion (Cases 1-4)	80
1435-1530	Lecture – Dyspnea, Respiratory Distress or Respiratory Failure	55
1530-1535	Break	0
1535-1630	Lecture – Chest Discomfort	55
1630-1635	Break	0
1635-1800	Group Rotations – Dyspnea (Cases 1 & 2) and Chest Discomfort (Cases 1 & 2)	80
	Total	555

### Day 2

<b>Time</b>	<b>Topic</b>	<b>Instructional Minutes Spent</b>
0800-0900	Lecture – Altered Mental Status	60
0900-1000	Lecture – Abdominal Pain/GI Bleeding	60
1000-1015	Break	0
1015-1135	Group Rotations – Altered Mental Status (Cases 1 & 2) and Abdominal Pain/GI Bleeding (Cases 1 & 2)	80
1135-1200	Pre-test Review	0
1200-1245	Lunch	0
1245-1545	Final Exam Rotations – Case 4 Evaluation Scenarios (4 topics: Dyspnea, Chest Pain, Altered Mental Status, and Abdominal Pain/GI Bleeding) and Written Exam	180
1545-1615	Review of Final Exam, Course Evaluation, Certificates and Cards Awarded.	0
	Total	380

## Content Outline

Title: **Introduction Course Overview**

Faculty: \_\_\_\_\_

Date: Day 1

Teaching Methods: Lecture, Power Point, Scenario Presentation, Discussion

Evaluation: Discussion during class. Evaluation during hands on scenarios

At the completion of the presentation, the participant will be able to:

1. Describe the purpose of the AMLS course
2. Discuss the difference from an initial assessment-based approach to a diagnostic-based approach to patient assessment
3. Describe the process of a diagnostic based approach to assessment

Topic	Minutes
Introduction and Overview	2
Purpose of AMLS	3
Assessment-based approach vs diagnostic-based approach to patient assessment	5
Diagnostic based Approach to patient assessment process	4
Summary	1
Total	15

**Title:** **Assessment of the Medical Patient**

Faculty: \_\_\_\_\_

Date: Day 1

Teaching Methods: Lecture, Power Point, Scenario Presentation, Discussion

Evaluation: Discussion during class, Evaluation in hands on scenarios

At the completion of the presentation, the participant will apply critical thinking skills to integrate pathophysiology with assessment and history findings to determine actual and potential problems as the following are accomplished:

1. Discuss the steps of an appropriate scene/situation size-up
2. Differentiate criteria for stable and unstable patients, their presentations, and transport.
3. Differentiate assessment techniques for patients who are stable and for those who are unstable.
4. Utilize appropriate interviewing techniques to gather the most appropriate information in the shortest amount of time (AVPU, OPQRST, and SAMPLE).
5. Recognize and explain the different pathophysiological responses found during the assessment of mental status, airway, breathing, and circulation.
6. Describe the differences in the assessment of the elderly patient.

Topic	Minutes
Assessment process introduction	5
Scene/situation size-up	5
Assessment components (AVPU)	5
Interviewing Components (AMPLE, OPQRST)	4
Introduction of Scenario Case Study	5
Review of signs of stable vs unstable patients	5
Scenario case study - applying differentiation techniques for stable vs unstable patients	4
In depth review of interviewing process (AMPLE, OPQRST)	7
Review of patient presentation and discussion of pathophysiology as it applies to predicting stable vs unstable patient	5
Scenario Case study - assessing mental status, airway, breathing, and circulation and pathophysiology as it applies to patient, determining care and transport	8
Review of interviewing techniques specific to the elderly	5
Scenario closure and summary	2
Total	60

**Title:**                    **Airway Management, Ventilation, and Oxygen Therapy**

Faculty:                    \_\_\_\_\_

Date:                        Day 1

Teaching Methods:    Lecture, Power Point, Scenario Presentation, Discussion

Evaluation:                Discussion during class, Evaluation in hands on scenarios

At the completion of the presentation, the participant will apply critical thinking skills to integrate pathophysiology with assessment and history findings to determine actual and potential problems as the following are accomplished:

1. Perform an appropriate scene/situation size-up.
2. Recognize the need for aggressive airway management.

3. Differentiate between different airway management devices depending on the clinical situation.
4. Explain indications and contraindications for each technique or device.
5. Given a scenario or case study, the participant will use problem-solving strategies to determine management alternatives.

Topic	Minutes
Scene/situation size-up as it relates to airway assessment and management	5
Identification of situations / patients requiring aggressive airway management	5
Review of airway devices to identify differences, indications and contraindications as related to clinical situation <ul style="list-style-type: none"> <li>• Oral and nasal airways</li> <li>• Oral endotracheal intubation</li> <li>• Nasal endotracheal intubation</li> <li>• Rapid sequence intubation</li> <li>• Digital intubation</li> <li>• Lighted stylet intubation</li> <li>• Alternative airway devices (PtL, Combitube, LMA)</li> <li>• Surgical airway alternatives</li> </ul>	30
Case Studies with an Airway Management focus	20
Total	60

**Title:** Assessment of the Medical Patient Group Rotations

Faculty: \_\_\_\_\_

Date: Day 1

Teaching Methods: Lab with simulated patients

Evaluation: Discussion during class, Evaluation in hands on scenarios

Given a scenario or case study, the participant will be able to apply critical thinking skills to integrate pathophysiology with assessment and history findings to determine actual and potential patient problems and use problem-solving strategies to determine management alternatives while accomplishing the following:

1. Conduct an initial scene/situation size-up.
2. Differentiate life-threatening situations and initiate the appropriate treatment, including airway management, ventilation, and oxygen therapy.
3. Obtain a generalized patient assessment using appropriate interviewing techniques.
4. Demonstrate examination techniques for evaluating patients with neurological, respiratory, cardiac, and abdominal complaints.
5. Discussing or performing management techniques appropriate to patient findings and conditions.

Topic	Minutes
Hands on skills lab using simulated patients requiring students to perform <ul style="list-style-type: none"> <li>• an initial scene/situation size-up</li> <li>• determination of life-threat</li> <li>• selection of appropriate airway/ventilation/oxygen management</li> <li>• a generalized patient assessment through appropriate interviewing techniques</li> <li>• Utilization of examination techniques to determine neurological, respiratory, cardiac, and abdominal complaints</li> <li>• Institution of and/or identification of management techniques appropriate to patient findings</li> </ul>	60
Total	60

**Title:**                    **Hypoperfusion (Shock)**

Faculty:                    \_\_\_\_\_

Date:                        Day 1

Teaching Methods:    Lecture, Power Point, Scenario Presentation, Discussion

Evaluation:                Discussion during class, Evaluation in hands on scenarios

At the completion of the presentation, the participant will apply critical thinking skills to integrate pathophysiology with assessment and history findings to determine actual and potential problems as the following are accomplished:

1. Discuss the physiological response to hypoperfusion to include:
  - Cardiac output effects
  - Baroreceptor response
  - Sympathetic nervous system (catecholamine) response
  - Renal response
  - Renin angiotensin response
2. Describe the alpha, beta receptor site activity with relationship to the cardiovascular system
3. Describe cell death progression
4. Differentiate between the factors of the severity of shock
5. Review of the major types of shock
  - Hypovolemic/hemorrhagic
  - Obstructive
  - Cardiogenic
  - Distributive
6. Evaluate case studies to determine pathophysiology, type of shock, severity, and management priorities.

Topic	Minutes
Physiological response to hypoperfusion <ul style="list-style-type: none"> <li>• Cardiac output effects</li> <li>• Baroreceptor response</li> <li>• Sympathetic nervous system (catecholamine) response               <ul style="list-style-type: none"> <li>• Vasoconstriction</li> <li>• Bronchodilation</li> <li>• Increased heart rate</li> <li>• Increased cardiac contraction</li> </ul> </li> <li>• Renal response</li> <li>• Renin angiotensin response</li> </ul>	10
Alpha, beta receptor site activity with relationship to the cardiovascular system <ul style="list-style-type: none"> <li>• BP, CO, PVR</li> <li>• CARDIO mnemonic</li> <li>• Relationship to symptoms of shock</li> </ul>	10
Cell death progression <ul style="list-style-type: none"> <li>• Aerobic to anaerobic</li> <li>• Failure of naATP pump</li> <li>• Intracellular swelling</li> <li>• Breakdown of lysosomes, cell destruction, death</li> </ul>	5
Shock severity factors <ul style="list-style-type: none"> <li>• Onset</li> <li>• Age</li> <li>• Pre-existing conditions</li> <li>• Medication/other factors effects</li> <li>• Stages (Compensated, Progressive, Irreversible)</li> </ul>	5
Types of shock <ul style="list-style-type: none"> <li>• Hypovolemic/hemorrhagic</li> <li>• Obstructive               <ul style="list-style-type: none"> <li>○ Cardiac Tamponade</li> <li>○ Pulmonary Emboli</li> <li>○ Tension Pneumothorax</li> </ul> </li> <li>• Cardiogenic</li> <li>• Distributive               <ul style="list-style-type: none"> <li>○ Neurogenic</li> <li>○ Septic</li> <li>○ Anaphylactic</li> </ul> </li> </ul>	15
Case studies encouraging critical thinking and problem solving to determine pathophysiology, type of shock, severity, and management priorities.	15
Total	60

**Title: Hypoperfusion Group Rotations**

Faculty: \_\_\_\_\_

Date: Day 1

Teaching Methods: Lab with simulated patients

Evaluation: Discussion during class, Evaluation in hands on scenarios

Given a scenario or case study, the participant will be able to apply critical thinking skills to integrate pathophysiology with assessment and history findings to determine actual and potential patient problems and use problem-solving strategies to determine management alternatives while accomplishing the following:

1. Assess the scene/situation and take appropriate steps for management.
2. Perform an appropriate assessment given patient condition.
  - Evaluate for organ dysfunction.
  - Evaluate for systemic causes.
3. Differentiate life-threatening situations and initiate the appropriate treatment, including airway management, ventilation, and oxygen therapy.
4. Obtain a generalized patient assessment using appropriate interviewing techniques.
  - Evaluate for potential risk factors.
  - Conduct an appropriate history.
  - Relate medication history to patient problems.
5. Demonstrate examination techniques for evaluating hypoperfusion patients
  - Apply pathophysiology to assessment findings.
  - Differentiate between compensated, progressive, and irreversible shock.
  - Differentiate between hypovolemic, obstructive, distributive, and cardiogenic shock.
6. Develop management alternatives for probable differential diagnoses to include as needed: airway management, respiratory and/or ventilatory support, fluid therapy, pharmacological support, and transportation to an appropriate facility.

Topic	Minutes
Hands on skills lab using simulated patients requiring students to perform <ul style="list-style-type: none"><li>• an initial scene/situation size-up and management</li><li>• an appropriate assessment with evaluation of organ dysfunction and systemic causes</li><li>• determination of life-threat and management and selection of appropriate airway/ventilation/oxygen management</li><li>• a generalized patient assessment through appropriate interviewing techniques emphasizing risk factors, history and medication implications</li></ul>	80

<ul style="list-style-type: none"> <li>Utilization of examination techniques to evaluate and differentiate hypoperfusion patients for stages and types of shock</li> <li>Institution of and/or identification of management techniques appropriate to patient findings</li> </ul>	
Total	80

**Title:** **Dyspnea. Respiratory Distress, Respiratory Failure**

Faculty: \_\_\_\_\_

Date: Day 1

Teaching Methods: Lecture, Power Point, Scenario Presentation, Discussion

Evaluation: Discussion during class, Evaluation in hands on scenarios

At the completion of the presentation, the participant will apply critical thinking skills to integrate pathophysiology with assessment and history findings to determine actual and potential problems as the following are accomplished:

1. Assess the scene and take appropriate steps for scene management.
2. Initiate immediate management for life-threatening conditions.
3. Differentiate between primary respiratory causes and all other causes of dyspnea.
  - Evaluate for potential risk factors.
  - Evaluate for systemic causes.
  - Conduct an appropriate history.
  - Relate medication history to patient problems.
  - Apply pathophysiology to assessment findings.
  - Identify potential field differential diagnoses
  - Based on findings, generate probable field diagnoses
4. Develop management alternatives for probable differential diagnoses to include as needed: airway management, respiratory and/or ventilatory support, fluid therapy, pharmacological support, and transportation to an appropriate facility.
5. Discuss initial impression and possible etiologies (initial impressions) with progression to probable differential diagnoses.

Topic	Minutes
Introduction, incidence, priority	5
Physiology <ul style="list-style-type: none"> <li>• Anatomy (Structures, musculature)</li> <li>• Physiology (Tidal volume, minute volume, rate)</li> <li>• Work of breathing vs SaO2 vs dyspnea</li> </ul>	5
Scene Assessment <ul style="list-style-type: none"> <li>• Equipment</li> <li>• Signs of smoking</li> </ul>	5

<ul style="list-style-type: none"> <li>• Meds</li> </ul>	
<p>Patient evaluation</p> <ul style="list-style-type: none"> <li>• Initial Impression (Appearance, ABCs)</li> <li>• Posture</li> <li>• Signs of respiratory distress, increased work of breathing (WOB)</li> <li>• Speech patterns</li> <li>• Lung sounds</li> </ul>	5
<p>Case studies encouraging critical thinking and problem solving assessment and history collection to determine pathophysiology, initial impressions, diagnosis generation, diagnosis clarification to probable diagnoses, severity, and management and medication priorities.</p> <p>Case studies will include primary respiratory causes, other causes of dyspnea, risk factors for disease process, systemic versus organ specific problems, history collection as it relates to diagnoses differentiation, and medication history as it correlates to disease process</p> <ul style="list-style-type: none"> <li>• Case Study 1 (Case study focus: Differentiation of Anaphylaxis, asthma, toxic exposure, spontaneous pneumo, with probable diagnosis being anaphylaxis with management discussion)</li> </ul>	6
<ul style="list-style-type: none"> <li>• Case Study 2 (Case study focus: Differentiation of Asthma, Toxic Exposure, Spontaneous Pneumothorax, Pneumonia, Pulmonary Emboli, Pregnancy induced hypertension with pulmonary edema, with probable diagnosis being pulmonary emboli with management discussion)</li> </ul>	6
<ul style="list-style-type: none"> <li>• Case Study 3 (Case study focus: Differentiation of Cerebral Vascular Accident, Acute Coronary Syndrome, CHF, Toxic Exposure, Pneumonia, Pulmonary Emboli, Neurological Disease such as Guillian Barre or Myasthenia Gravis, Dehydration, Sepsis, with probable diagnosis being Guillian Barre with management discussion)</li> </ul>	6
<ul style="list-style-type: none"> <li>• Case Study 4 (Case study focus: Acute Coronary Syndrome, CHF, Toxic Exposure, Pneumonia, Pulmonary Emboli, Hepatitis, Pulmonary Hypertension, Altitude Sickness, with probable diagnosis being Pulmonary hypertension complicated by altitude sickness with management discussion)</li> </ul>	6
<ul style="list-style-type: none"> <li>• Case Study 5 (Case study focus: Acute Coronary Syndrome, CHF, Pneumonia, Pulmonary Emboli , Pneumonia, COPD, Asthma, with probable diagnosis being COPD/CHF exacerbation with management discussion)</li> </ul>	6
Summary	5
Total	55

**Title: Chest Discomfort**

Faculty: \_\_\_\_\_

Date: Day 1

Teaching Methods: Lecture, Power Point, Scenario Presentation, Discussion

Evaluation: Discussion during class, Evaluation in hands on scenarios

At the completion of the presentation, the participant will apply critical thinking skills to integrate pathophysiology with assessment and history findings to determine actual and potential problems as the following are accomplished:

1. Assess the scene and determine appropriate steps for scene management.
2. Describe the immediate management for life-threatening conditions.
3. Differentiate between primary causes of chest pain of cardiac origin and all other potential causes.
  - Evaluate for potential risk factors.
  - Evaluate for organ dysfunction
  - Evaluate for systemic causes.
  - Conduct an appropriate history.
  - Relate medication history to patient problems.
  - Apply pathophysiology to assessment findings.
  - Identify potential field differential diagnoses
  - Based on findings, generate probable field diagnoses
4. Develop management alternatives for probable differential diagnoses to include as needed: airway management, respiratory and/or ventilatory support, fluid therapy, pharmacological support, and transportation to an appropriate facility.
5. Discuss initial impression and possible etiologies (initial impressions) with progression to probable differential diagnoses.

Topic	Minutes
Introduction, incidence, priority	5
Physiology <ul style="list-style-type: none"><li>• Anatomy (Structures)</li><li>• Physiology (Types of pain: visceral vs somatic)</li></ul>	5
Patient evaluation <ul style="list-style-type: none"><li>• Initial Impression (Appearance, ABCs)</li><li>• History</li><li>• Risk Factors</li></ul>	5
Causes of chest pain <ul style="list-style-type: none"><li>• Life threatening</li><li>• Potential life threatening</li></ul>	5
General management of chest pain <ul style="list-style-type: none"><li>• Oxygen</li><li>• Cardiac Monitoring</li><li>• IV therapy</li></ul>	6

<ul style="list-style-type: none"> <li>• Transport Considerations</li> </ul>	
<p>Case studies encouraging critical thinking and problem solving assessment and history collection to determine pathophysiology, initial impressions, diagnosis generation, diagnosis clarification to probable diagnoses, severity, and management and medication priorities.</p> <p>Case studies will include primary cardiac-origin causes, other causes of chest pain, risk factors for disease process, systemic versus organ specific problems, history collection as it relates to diagnoses differentiation, and medication history as it correlates to disease process</p> <ul style="list-style-type: none"> <li>• Case Study 1 (Case study focus: Differentiation of Acute Coronary Syndrome, Aortic Dissection, Cerebral Vascular Accident, Esophageal Rupture, with probable diagnosis being aortic dissection with management discussion)</li> </ul>	6
<ul style="list-style-type: none"> <li>• Case Study 2 (Case study focus: Differentiation of Acute Coronary Syndrome, Aortic Dissection, Pneumothorax, Esophageal Rupture, Pulmonary Emboli, with probable diagnosis being esophageal rupture with management discussion)</li> </ul>	6
<ul style="list-style-type: none"> <li>• Case Study 3 (Case study focus: Differentiation of Acute Coronary Syndrome, Aortic Dissection, Esophageal Reflux, Pulmonary Emboli, Pericarditis, Pleuritis, with probable diagnosis being Pericarditis with management discussion)</li> </ul>	6
<ul style="list-style-type: none"> <li>• Case Study 4 (Case study focus: Acute Coronary Syndrome, Esophageal Reflux, Gastritis, Acute cholecystitis, Unstable Angina, with probable diagnosis being Acute Coronary Syndrome with management discussion)</li> </ul>	6
Summary	5
Total	55

**Title:**                    **Dyspnea/Chest Discomfort Group Rotations**

Faculty:                    \_\_\_\_\_

Date:                        Day 1

Teaching Methods:    Lab with simulated patients

Evaluation:                Discussion during class, Evaluation in hands on scenarios

Given a scenario or case study, the participant will be able to apply critical thinking skills to integrate pathophysiology with assessment and history findings to determine actual and potential patient problems and use problem-solving strategies to determine management alternatives while accomplishing the following:

1. Assess the scene/situation and take appropriate steps for management.
2. Perform an appropriate assessment given patient condition.
  - Evaluate for organ dysfunction.
  - Evaluate for systemic causes.
3. Differentiate life-threatening situations and initiate the appropriate treatment, including airway management, ventilation, and oxygen therapy.
4. Obtain a generalized patient assessment using appropriate interviewing techniques.
  - Evaluate for potential risk factors.
  - Conduct an appropriate history.
  - Relate medication history to patient problems.
5. Demonstrate examination techniques for evaluating dyspnea/chest discomfort patients
  - Apply pathophysiology to assessment findings.
  - Differentiate between various causes of dyspnea.
  - Differentiate between various causes of chest discomfort
6. Develop management alternatives for probable differential diagnoses to include as needed: airway management, respiratory and/or ventilatory support, fluid therapy, pharmacological support, and transportation to an appropriate facility.

Topic	Minutes
Hands on skills lab using simulated patients requiring students to perform <ul style="list-style-type: none"> <li>• an initial scene/situation size-up and management</li> <li>• an appropriate assessment with evaluation of organ dysfunction and systemic causes</li> <li>• determination of life-threat and management and selection of appropriate airway/ventilation/oxygen management</li> <li>• a generalized patient assessment through appropriate interviewing techniques emphasizing risk factors, history and medication implications</li> <li>• Utilization of examination techniques to generate and evaluate dyspnea and chest pain differential diagnoses</li> <li>• Institution of and/or identification of management techniques appropriate to patient findings</li> </ul>	80
Total	80

**Title:**                    **Altered Mental Status**

Faculty:                    \_\_\_\_\_

Date:                        Day 2

Teaching Methods:    Lecture, Power Point, Scenario Presentation, Discussion

Evaluation:                Discussion during class, Evaluation in hands on scenarios

At the completion of the presentation, the participant will apply critical thinking skills to integrate pathophysiology with assessment and history findings to determine actual and potential problems as the following are accomplished:

1. Assess the scene and determine appropriate steps for scene management.
2. Describe the immediate management for life-threatening conditions.
3. Differentiate between causes of altered mental status and seizure disorders.
  - Evaluate for potential risk factors.
  - Evaluate for organ dysfunction
  - Evaluate for systemic causes.
  - Conduct an appropriate history.
  - Relate medication history to patient problems.
  - Apply pathophysiology to assessment findings.
  - Identify potential field differential diagnoses
  - Based on findings, generate probable field diagnoses
  - Differentiate between seizure types
4. Develop management alternatives for probable differential diagnoses to include as needed: airway management, respiratory and/or ventilatory support, fluid therapy, pharmacological support, and transportation to an appropriate facility.
5. Discuss initial impression and possible etiologies (initial impressions) with progression to probable differential diagnoses.

Topic	Minutes
Introduction, Definition	1
Physiology <ul style="list-style-type: none"> <li>• Anatomy (Structures)</li> <li>• Physiology (Causes of Altered Mental Status)</li> </ul>	9
Case studies encouraging critical thinking and problem solving assessment and history collection to determine pathophysiology, initial impressions, diagnosis generation, diagnosis clarification to probable diagnoses, severity, and management and medication priorities. Case studies will include causes of altered mental status and seizures, risk factors for disease process, systemic versus organ specific problems, history collection as it relates to diagnoses differentiation, and medication history as it correlates to disease process <ul style="list-style-type: none"> <li>• Case Study 1 (Case study focus: Seizure with hypoglycemia with discussion of DKA vs Hypoglycemia, vs HHNS vs seizures and seizure types)</li> </ul>	9
<ul style="list-style-type: none"> <li>• Case Study 2 (Case study focus: Differentiation of Meningitis, Stroke, Encephalitis, Sepsis, Metabolic involvement, Toxicity, with probable diagnosis being a cerebral abscess with meningitis with an emphasis on history gathering from all sources)</li> </ul>	9
<ul style="list-style-type: none"> <li>• Case Study 3 (Case study focus: Cardiogenic cause of altered mental status with a discussion of non-neurogenic and neurogenic causes of altered mental status to include: cardiac, hemorrhagic and</li> </ul>	9

embolic stroke, infection and acid base imbalances)	
<ul style="list-style-type: none"> <li>• Case Study 4 (Case study focus: Altered LOC due to hypothyroid with a discussion of hyper thyroid disorders, hyper and hypothermia, Wernicke's and Korsakoff's syndromes )</li> </ul>	9
<ul style="list-style-type: none"> <li>▪ Case Study 4 (Case study focus: Altered LOC due to heat emergencies with a discussion of electrolyte imbalances, environmental emergencies )</li> </ul>	9
Summary	5
Total	60

**Title:**                    **Acute Abdomen and GI Bleed**

Faculty:                    \_\_\_\_\_

Date:                        Day 2

Teaching Methods:    Lecture, Power Point, Scenario Presentation, Discussion

Evaluation:                Discussion during class, Evaluation in hands on scenarios, Written Exam

At the completion of the presentation, the participant will apply critical thinking skills to integrate pathophysiology with assessment and history findings to determine actual and potential problems as the following are accomplished:

1. Assess the scene and determine appropriate steps for scene management.
2. Describe the immediate management for life-threatening conditions.
3. Differentiate between causes of acute abdominal pain and GI bleeds.
  - Evaluate for potential risk factors.
  - Evaluate for organ dysfunction
  - Evaluate for systemic causes.
  - Conduct an appropriate history.
  - Relate medication history to patient problems.
  - Apply pathophysiology to assessment findings.
  - Identify potential field differential diagnoses
  - Based on findings, generate probable field diagnoses
  - Differentiate between types of GI Bleeds
4. Develop management alternatives for probable differential diagnoses to include as needed: airway management, respiratory and/or ventilatory support, fluid therapy, pharmacological support, and transportation to an appropriate facility.
5. Discuss initial impression and possible etiologies (initial impressions) with progression to probable differential diagnoses.

Topic	Minutes
Introduction Assessment Overview	5
Physiology <ul style="list-style-type: none"> <li>Anatomy (Structures)</li> <li>Physiology (Causes of Pain)</li> <li>Radiation of Pain</li> <li>Stable vs Unstable</li> <li>GI bleed Types</li> </ul>	10
Assessment <ul style="list-style-type: none"> <li>Scene Size-up</li> <li>Initial Impression</li> <li>Focused Medical Assessment</li> <li>Factors affecting pain assessment</li> <li>Body system Assessment</li> </ul>	10
Case studies encouraging critical thinking and problem solving assessment and history collection to determine pathophysiology, initial impressions, diagnosis generation, diagnosis clarification to probable diagnoses, severity, and management and medication priorities. Case studies will include causes of abdominal pain and GI bleeds, risk factors for disease process, systemic versus organ specific problems, history collection as it relates to diagnoses differentiation, and medication history as it correlates to disease process <ul style="list-style-type: none"> <li>Case Study 1 (Case study focus: Differentiation of Ruptured Ulcer, Splenic Infarct, AMI, Aortic aneurysm, Flu, food poisoning, with an emphasis with the final presentation being splenic infarction)</li> </ul>	10
<ul style="list-style-type: none"> <li>Case Study 2 (Case study focus: Assessment of a post dialysis renal patient with differentiation of GI bleed, syncope, AMI, electrolyte imbalance, sepsis, with final presentation being GI bleed)</li> </ul>	10
<ul style="list-style-type: none"> <li>Case Study 3 (Case study focus: Abdominal pain with differentiation between ectopic pregnancy, ruptured ovarian cyst, gall bladder, kidney stone with focus on ectopic pregnancy)</li> </ul>	10
Summary	5
Total	60

**Title:**                    **Altered Mental Status/Seizures and Acute Abdomen/GI Bleed Group Rotations**

Faculty:                    \_\_\_\_\_

Date:                        Day 2

Teaching Methods:    Lab with simulated patients

Evaluation: Discussion during class, Evaluation in hands on scenarios

Given a scenario or case study, the participant will be able to apply critical thinking skills to integrate pathophysiology with assessment and history findings to determine actual and potential patient problems and use problem-solving strategies to determine management alternatives while accomplishing the following:

1. Assess the scene/situation and take appropriate steps for management.
2. Perform an appropriate assessment given patient condition.
  - Evaluate for organ dysfunction.
  - Evaluate for systemic causes.
3. Differentiate life-threatening situations and initiate the appropriate treatment, including airway management, ventilation, and oxygen therapy.
4. Obtain a generalized patient assessment using appropriate interviewing techniques.
  - Evaluate for potential risk factors.
  - Conduct an appropriate history.
  - Relate medication history to patient problems.
5. Demonstrate examination techniques for evaluating altered LOC/Seizures/Abdominal pain/GI bleed patients
  - Apply pathophysiology to assessment findings.
  - Differentiate between various causes of altered level of consciousness
  - Differentiate between various causes of abdominal pain/GI Bleed.
6. Develop management alternatives for probable differential diagnoses to include as needed: airway management, respiratory and/or ventilatory support, fluid therapy, pharmacological support, and transportation to an appropriate facility.

Topic	Minutes
Hands on skills lab using simulated patients requiring students to perform <ul style="list-style-type: none"> <li>• an initial scene/situation size-up and management</li> <li>• an appropriate assessment with evaluation of organ dysfunction and systemic causes</li> <li>• determination of life-threat and management and selection of appropriate airway/ventilation/oxygen management</li> <li>• a generalized patient assessment through appropriate interviewing techniques emphasizing risk factors, history and medication implications</li> <li>• Utilization of examination techniques to generate and evaluate altered level of consciousness/Seizures and abdominal pain / GI bleed differential diagnoses</li> <li>• Institution of and/or identification of management techniques appropriate to patient findings</li> </ul>	85
Total	80

**Title: Final Skills Rotation**

Faculty: \_\_\_\_\_

Date: Day 2

Teaching Methods: Lab with simulated patients

Evaluation: Discussion during class, Evaluation in hands on scenarios

Given a scenario or case study, the participant will be able to apply critical thinking skills to integrate pathophysiology with assessment and history findings to determine actual and potential patient problems and use problem-solving strategies to determine management alternatives while accomplishing the following:

1. Assess the scene/situation and take appropriate steps for management.
2. Perform an appropriate assessment given patient condition.
  - Evaluate for organ dysfunction.
  - Evaluate for systemic causes.
3. Differentiate life-threatening situations and initiate the appropriate treatment, including airway management, ventilation, and oxygen therapy.
4. Obtain a generalized patient assessment using appropriate interviewing techniques.
  - Evaluate for potential risk factors.
  - Conduct an appropriate history.
  - Relate medication history to patient problems.
5. Demonstrate examination techniques for evaluating altered LOC/Seizures/Abdominal pain/GI bleed/Chest pain/Dyspnea patients
  - Apply pathophysiology to assessment findings.
  - Differentiate between various causes of altered level of consciousness
  - Differentiate between various causes of abdominal pain/GI Bleed.
6. Develop management alternatives for probable differential diagnoses to include as needed: airway management, respiratory and/or ventilatory support, fluid therapy, pharmacological support, and transportation to an appropriate facility.

Topic	Minutes
Hands on skills lab using simulated patients requiring students to perform <ul style="list-style-type: none"><li>• an initial scene/situation size-up and management</li><li>• an appropriate assessment with evaluation of organ dysfunction and systemic causes</li><li>• determination of life-threat and management and selection of appropriate airway/ventilation/oxygen management</li><li>• a generalized patient assessment through appropriate interviewing techniques emphasizing risk factors, history and medication implications</li><li>• Utilization of examination techniques to generate and evaluate altered level of consciousness/Seizures and abdominal pain / GI bleed differential/Chest pain/Abdominal pain diagnoses</li><li>• Institution of and/or identification of management techniques appropriate to</li></ul>	180

patient findings	
Total	180