



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved June 2015

Guidelines for Undergraduate Education in Emergency Medicine

Revised June 2015,
April 2008, January 1997

Reaffirmed October 2001

Originally approved
September 1986

ACEP believes that all medical students should be taught the basic principles of emergency medicine in order to recognize a patient requiring urgent or emergent care and initiate evaluation and management.

ACEP further believes that every medical student should receive clinical exposure to emergency department patients and care. ACEP also believes that the public expects all medical students to be able to provide basic emergency care and disaster management.

The curricular basics can be accomplished by a specific curriculum designed by emergency medicine faculty, or by incorporating essential topics of emergency medicine into the existing curriculum. The emergency medicine environment places a premium on focused history and physical exam skills, functioning as part of a healthcare team, and diagnostic reasoning and critical thinking. These skills are essential for students entering any clinical specialty.

The general educational objectives for all graduating medical students include general assessment skills for the undifferentiated patient, recognition and stabilization of life threatening illnesses, injury prevention and disease identification, unique content areas, management of the healthcare system and basic procedural competency.

An appropriate curriculum incorporates these six elements to create a progressive learning environment over the entire undergraduate educational experience from the pre-clinical to the clinical years. The exact format of teaching emergency medicine to medical students can take a variety of designs and should be tailored to local abilities, resources or curriculum needs.