

*This document applies to those who begin training on or after July 1<sup>st</sup>, 2014.*

*(NOTE: Throughout this document, the word "family" will be used to indicate the patient's defined family unit, including but not limited to caregivers, legal guardians, and substitute decision-makers.)*

## **DEFINITION**

Emergency Medicine is the branch of specialty practice that is concerned with the management of the broad spectrum of acute illnesses and injury in all age groups. The Emergency Medicine specialist is foremost a physician who uses highly developed clinical reasoning skills to care for patients with acute and often undifferentiated medical problems, frequently before complete clinical or diagnostic information is available.

The specialist Emergency Medicine physician is an academic and community resource, providing leadership in the administration of emergency departments, emergency medical systems and programs, and the conduct of relevant research and education. He/she assumes these roles with the goal of advancing knowledge and improving individual and/or community health outcomes.

## **GOALS**

Upon completion of training, a resident is expected to be a competent specialist in Emergency Medicine, capable of assuming a consultant's role in the specialty. The resident must acquire a working knowledge of the theoretical basis of the specialty, including its foundations in the basic medical sciences and research.

The specialist Emergency Medicine physician employs pertinent methods of prioritization, assessment, intervention, resuscitation, and further management of patients to the point of transfer. Appropriate procedural and pharmacotherapeutic interventions are central to these abilities.

The specialist Emergency Medicine physician possesses organizational skills in emergency department management and disaster management, and the ability to interface with and play a leadership role in the development and organization of emergency medical services and prehospital care.

Residents must demonstrate the requisite knowledge, skills and attitudes for effective patient-centred care and service to a diverse population. In all aspects of specialist

practice, the graduate must be able to address ethical issues and issues of age, gender, sexual orientation, culture, and ethnicity in a professional manner. The specialist Emergency Medicine physician has the ability to incorporate these perspectives in research methodology, data presentation, and analysis.

## EMERGENCY MEDICINE COMPETENCIES

At the completion of training, the resident will have acquired the following competencies and will function effectively as a:

### Medical Expert

#### **Definition:**

As *Medical Experts*, specialist Emergency Medicine physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centred care. *Medical Expert* is the central physician Role in the CanMEDS framework.

**Key and Enabling Competencies: Specialist Emergency Medicine physicians are able to...**

- 1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical, and patient-centred medical care**
  - 1.1. Perform a consultation effectively, including the presentation of well-documented assessments and recommendations in written and/or oral form, in response to a request from another health care professional, including but not limited to community family physicians, referring emergency physicians, and other specialists, for a patient requiring emergency care
  - 1.2. Demonstrate the use of all CanMEDS competencies relevant to Emergency Medicine
  - 1.3. Recognize and respond to the ethical dimensions in medical decision-making, specifically in an Emergency Medicine practice context where obtaining informed consent is not always feasible
  - 1.4. Demonstrate compassionate and patient-centred care
  - 1.5. Demonstrate medical expertise in situations other than patient care, including but not limited to advising hospital and/or regional health authorities, advising government agencies, or providing expert legal opinions
  - 1.6. Demonstrate the ability to prioritize professional duties effectively when faced with multiple patients and problems
  
- 2. Establish and maintain clinical knowledge, skills, and attitudes necessary to rapidly assess and manage a full spectrum of patients, often concomitantly, with acute or undifferentiated illness and injury**
  - 2.1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical I sciences relevant to Emergency Medicine to rapidly assess and manage patients with acute and/or undifferentiated illness or injury, ranging from life-threatening events to common minor presentations, including but not limited to:

*OBJECTIVES OF TRAINING IN EMERGENCY MEDICINE (2014)*

- 2.1.1. Principles of resuscitation and critical care management
- 2.1.2. Trauma, including the following:
  - 2.1.2.1. General concepts in the management of the traumatized patient
  - 2.1.2.2. Injuries to the following areas/body systems:
    - 2.1.2.2.1. Abdomen
    - 2.1.2.2.2. Face
    - 2.1.2.2.3. Genitourinary
    - 2.1.2.2.4. Head
    - 2.1.2.2.5. Musculoskeletal
    - 2.1.2.2.6. Neck
    - 2.1.2.2.7. Nervous system
    - 2.1.2.2.8. Soft tissue/cutaneous
    - 2.1.2.2.9. Spine
    - 2.1.2.2.10. Thorax
    - 2.1.2.2.11. Vascular
  - 2.1.2.3. Injuries resulting from violence or abuse
- 2.1.3. Acute medical and surgical disorders, including but not limited to the following cardinal presentations:
  - 2.1.3.1. Head and neck
    - 2.1.3.1.1. Diplopia
    - 2.1.3.1.2. Eye pain/redness
    - 2.1.3.1.3. Loss of vision
    - 2.1.3.1.4. Ear pain
    - 2.1.3.1.5. Loss of hearing
    - 2.1.3.1.6. Tinnitus
    - 2.1.3.1.7. Rhinorrhea
    - 2.1.3.1.8. Dysphagia
    - 2.1.3.1.9. Sore throat
    - 2.1.3.1.10. Stridor
  - 2.1.3.2. Neurological
    - 2.1.3.2.1. Altered mental status
      - 2.1.3.2.1.1. Coma
      - 2.1.3.2.1.2. Confusion
      - 2.1.3.2.1.3. Decreased level of consciousness

## OBJECTIVES OF TRAINING IN EMERGENCY MEDICINE (2014)

### 2.1.3.2.1.4. Delirium

- 2.1.3.2.2. Ataxia
- 2.1.3.2.3. Dizziness
- 2.1.3.2.4. Headache
- 2.1.3.2.5. Neurologic deficit
- 2.1.3.2.6. Paralysis
- 2.1.3.2.7. Paresthesia/dysesthesia
- 2.1.3.2.8. Seizures
- 2.1.3.2.9. Tremor
- 2.1.3.2.10. Vertigo

### 2.1.3.3. Cardio-pulmonary

- 2.1.3.3.1. Chest pain
- 2.1.3.3.2. Cough
- 2.1.3.3.3. Cyanosis
- 2.1.3.3.4. Dyspnea
- 2.1.3.3.5. Edema
- 2.1.3.3.6. Hemoptysis
- 2.1.3.3.7. Palpitations
- 2.1.3.3.8. Syncope
- 2.1.3.3.9. Wheezing

### 2.1.3.4. Abdominal

- 2.1.3.4.1. Abdominal pain
- 2.1.3.4.2. Ascites
- 2.1.3.4.3. Diarrhea
- 2.1.3.4.4. Gastrointestinal bleeding
- 2.1.3.4.5. Jaundice
- 2.1.3.4.6. Nausea and/or vomiting

### 2.1.3.5. Genitourinary

- 2.1.3.5.1. Abnormal vaginal bleeding
- 2.1.3.5.2. Dysmenorrhea
- 2.1.3.5.3. Dysuria
- 2.1.3.5.4. Genital ulcers

## *OBJECTIVES OF TRAINING IN EMERGENCY MEDICINE (2014)*

- 2.1.3.5.5. Hematuria
- 2.1.3.5.6. Pelvic pain
- 2.1.3.5.7. Testicular pain
- 2.1.3.5.8. Urethral discharge
- 2.1.3.5.9. Urinary incontinence
- 2.1.3.5.10. Urinary retention
- 2.1.3.5.11. Vaginal discharge
  
- 2.1.3.6. Musculoskeletal
  - 2.1.3.6.1. Back pain
  - 2.1.3.6.2. Limb or joint pain/swelling
  - 2.1.3.6.3. Neck pain
  
- 2.1.3.7. Skin and soft tissue
  - 2.1.3.7.1. Abscesses
  - 2.1.3.7.2. Bites
  - 2.1.3.7.3. Cellulitis
  - 2.1.3.7.4. Necrotizing infections
  - 2.1.3.7.5. Rash
  
- 2.1.3.8. Systemic
  - 2.1.3.8.1. Fever
  - 2.1.3.8.2. Hypotension
  - 2.1.3.8.3. Shock
  - 2.1.3.8.4. Weakness
  
- 2.1.4. Disorders of special populations, including:
  - 2.1.4.1. Pediatric patients
  - 2.1.4.2. The pregnant patient and her fetus
  - 2.1.4.3. Geriatric patients
  - 2.1.4.4. Immunocompromised patients
  - 2.1.4.5. Returning travelers and recent immigrants
  
- 2.1.5. Psychiatric and behavioural disorders
- 2.1.6. Toxicology
- 2.1.7. Environmental emergencies

- 2.1.8. Prehospital medicine
  - 2.1.9. Emergency preparedness and disaster medicine
  - 2.2. Demonstrate knowledge of the indications, contraindications, methods, and potential complications of the therapeutic and investigative procedures employed in Emergency Medicine
  - 2.3. Describe the CanMEDS framework of competencies relevant to Emergency Medicine
  - 2.4. Integrate the available best evidence and best practices to enhance the quality of care and patient safety in emergency medicine practice
  - 2.5. Apply lifelong learning skills of the Scholar Role to implement a personal program to maintain and enhance areas of professional competence in Emergency Medicine
- 3. Perform a complete and appropriate assessment of a patient, meaning a selective, accurate, and well organized history and physical examination**
- 3.1. Triage and set appropriate priorities when dealing with single or multiple critically ill patient(s)
  - 3.2. Perform accurate and complete clinical assessments of patients presenting with non-specific clinical complaints and syndromes
  - 3.3. Identify and effectively explore issues to be addressed in a patient encounter, including the patient's context, beliefs, and preferences
  - 3.4. Elicit a history that is relevant, concise, and accurate to context, beliefs, and preferences, for the purposes of diagnosis, management, health promotion, and disease prevention
    - 3.4.1. Use alternative sources of information to complete or substantiate clinical information as appropriate
  - 3.5. Perform a focused physical examination that is accurate and relevant to an emergency medicine practice for the purposes of diagnosis, management, health promotion, and disease prevention
  - 3.6. Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate well organized differential diagnoses and management plans
    - 3.6.1. Identify likely and less common but serious/life-threatening conditions
    - 3.6.2. Identify circumstances in which diagnostic uncertainty exists and use presumptive management appropriately in the resolution of these circumstances
    - 3.6.3. Perform timely and selective clinical reassessments to optimize and facilitate patient care

**4. Select appropriate investigations, including but not limited to laboratory and diagnostic imaging, with careful attention to patient safety and diagnostic utility and cost, and interpret the results accurately and within their clinical context**

- 4.1. Plan an effective and appropriate investigation in collaboration with the patient and the patient's family, when possible
- 4.2. Select medically appropriate investigative methods in a resource-effective and ethical manner with attention to their diagnostic utility, safety, availability, and cost
- 4.3. Interpret relevant plain film radiographs appropriately
- 4.4. Interpret relevant computed tomographic (CT) examinations appropriately
- 4.5. Ensure informed consent is obtained for investigations, when indicated and feasible
- 4.6. Perform selective clinical investigations concurrently with emergency patient management when circumstances dictate
- 4.7. Document and disseminate information related to the investigations performed when appropriate
- 4.8. Ensure that adequate follow-up is arranged for the results of investigations

**5. Use preventive and therapeutic interventions effectively in a safe, appropriate, and timely manner**

- 5.1. Use sound clinical reasoning and judgment to guide diagnosis and management and arrive at appropriate decisions, even in circumstances where complete clinical or diagnostic information is not immediately available
- 5.2. Recognize and manage crisis situations and critically ill patients in a calm, prompt, and skillful manner
- 5.3. Apply appropriate measures for protection of health care providers during the entire patient encounter to avoid exposure or contamination, including but not limited to infectious agents, and biologic, chemical, and radiation hazards
- 5.4. Prioritize professional duties effectively and appropriately when faced with multiple patients and problems
- 5.5. Implement an effective and appropriate management plan in collaboration with a patient and the patient's family, when possible
- 5.6. Ensure appropriate informed consent is obtained for therapies, when indicated and feasible
- 5.7. Ensure patients receive appropriate end-of-life care
- 5.8. Seek consultation from other health professionals when appropriate
- 5.9. Arrange appropriate followup care
- 5.10. Ensure patients receive appropriate end-of-life care

**6. Demonstrate proficient and appropriate use of procedural skills, in the clinical setting or through simulation. Select and perform these procedures in an appropriate, safe, and skillful manner, with appropriate attention to minimizing patient risk and discomfort**

6.1. Diagnostic procedures

6.1.1. Minor diagnostic procedures

- 6.1.1.1. Abdominal paracentesis
- 6.1.1.2. Arterial puncture
- 6.1.1.3. Arthrocentesis
- 6.1.1.4. Intraocular pressure measurement
- 6.1.1.5. Slit lamp examination
- 6.1.1.6. Thoracentesis
- 6.1.1.7. Venipuncture

6.1.2. Diagnostic procedures relevant to the critically ill patient

- 6.1.2.1. Carotid sinus massage
- 6.1.2.2. Emergency cystourethrogram
- 6.1.2.3. Lumbar puncture and measurement of cerebrospinal fluid (CSF) pressure

6.1.3. Targeted emergency department ultrasound examinations

- 6.1.3.1. Confirmation of an intrauterine gestation
- 6.1.3.2. Determination of the absence of cardiac motion
- 6.1.3.3. Determination of the presence of intraperitoneal free fluid
- 6.1.3.4. Determination of the presence of pericardial fluid
- 6.1.3.5. Facilitation of vascular access
- 6.1.3.6. Measurement of abdominal aorta diameter

6.2. Therapeutic procedures

6.2.1. Basic and advanced airway management

- 6.2.1.1. End-tidal carbon dioxide (CO<sub>2</sub>) detection and monitoring
- 6.2.1.2. Laryngoscopy
- 6.2.1.3. Laryngoscopy and removal of foreign body
- 6.2.1.4. Mask ventilation
- 6.2.1.5. Non-invasive ventilation
- 6.2.1.6. Orotracheal intubation
- 6.2.1.7. Percutaneous transtracheal ventilation
- 6.2.1.8. Rapid sequence intubation



## OBJECTIVES OF TRAINING IN EMERGENCY MEDICINE (2014)

- 6.2.1.9. Selection of appropriate mode and parameters for mechanical ventilation
- 6.2.1.10. Sellick's manoeuvre
- 6.2.1.11. Surgical/needle cricothyrotomy
- 6.2.1.12. Use of rescue ventilation devices
  
- 6.2.2. Therapeutic procedures relevant to the critically ill patient
  - 6.2.2.1. Defibrillation
  - 6.2.2.2. Needle thoracentesis
  - 6.2.2.3. Needle thoracostomy
  - 6.2.2.4. Pericardiocentesis
  - 6.2.2.5. Synchronized cardioversion
  - 6.2.2.6. Thoracostomy tube insertion and management
  - 6.2.2.7. Transcutaneous pacing
  
- 6.2.3. Peripheral and central vascular access and line insertion/monitoring
  - 6.2.3.1. Accessing indwelling central venous catheters
  - 6.2.3.2. Arterial catheterization
  - 6.2.3.3. Central venous pressure (CVP) measurement
  - 6.2.3.4. External jugular vein
  - 6.2.3.5. Femoral vein
  - 6.2.3.6. Internal jugular vein
  - 6.2.3.7. Intraosseous
  - 6.2.3.8. Peripheral vein
  - 6.2.3.9. Scalp vein (pediatric patients only)
  - 6.2.3.10. Subclavian vein (adult patients only)
  
- 6.2.4. Minor therapeutic procedures relevant to the daily practice of emergency medicine
  - 6.2.4.1. Abdominal hernia reduction
  - 6.2.4.2. Anterior intranasal packing
  - 6.2.4.3. Bladder catheterization
  - 6.2.4.4. Bladder irrigation
  - 6.2.4.5. Bursae aspiration/injection
  - 6.2.4.6. Debridement of burn blisters
  - 6.2.4.7. External auditory canal wick insertion
  - 6.2.4.8. Nasal cautery

## OBJECTIVES OF TRAINING IN EMERGENCY MEDICINE (2014)

- 6.2.4.9. Ocular irrigation
- 6.2.4.10. Posterior intranasal packing
- 6.2.4.11. Subungual hematoma drainage
  
- 6.2.5. Local/regional anesthesia and procedural sedation
  - 6.2.5.1. Field block
  - 6.2.5.2. Nerve block
    - 6.2.5.2.1. Digital/metacarpal
  - 6.2.5.3. Topical
  - 6.2.5.4. Pediatric and adult procedural sedation
  
- 6.2.6. Simple and complex wound repair
  - 6.2.6.1. Application of bandages/dressings
  - 6.2.6.2. Basic wound debridement
  - 6.2.6.3. Closure with staples
  - 6.2.6.4. Closure with tissue adhesive glue
  - 6.2.6.5. Extensor tendon repair
  - 6.2.6.6. Management of fingertip amputation
  - 6.2.6.7. Nail bed laceration repair
  - 6.2.6.8. Suturing, single and multiple layer closure
  - 6.2.6.9. Wound hematoma evacuation
  
- 6.2.7. Extraction of:
  - 6.2.7.1. Cerumen
  - 6.2.7.2. Corneal or conjunctival foreign body
  - 6.2.7.3. Corneal rust ring
  - 6.2.7.4. Nasal foreign body
  - 6.2.7.5. Otic foreign body
  - 6.2.7.6. Rectal foreign body
  - 6.2.7.7. Skin/subcutaneous tissues foreign body
  - 6.2.7.8. Vaginal foreign body
  
- 6.2.8. Definitive interventions for soft tissue infections
  - 6.2.8.1. Incision and drainage of abscess
  - 6.2.8.2. Needle aspiration of abscess
  - 6.2.8.3. Packing of abscess cavity

- 6.2.9. Management of fractures and dislocations
    - 6.2.9.1. Application and removal of cervical collar/spinal immobilization
    - 6.2.9.2. Application and removal of femoral traction device
    - 6.2.9.3. Application of upper extremity slings
    - 6.2.9.4. Circumferential cast immobilization of extremity fractures
    - 6.2.9.5. Definitive reduction and immobilization of the following displaced fractures, when appropriate:
      - 6.2.9.5.1. Distal radius
      - 6.2.9.5.2. Fifth metacarpal neck
      - 6.2.9.5.3. Phalanx
    - 6.2.9.6. Immobilization of unstable pelvic fractures
    - 6.2.9.7. Reduction of subluxations and dislocations, including but not limited to:
      - 6.2.9.7.1. Ankle
      - 6.2.9.7.2. Elbow
      - 6.2.9.7.3. Glenohumeral
      - 6.2.9.7.4. Hip
      - 6.2.9.7.5. Interphalangeal
      - 6.2.9.7.6. Metacarpal phalangeal
      - 6.2.9.7.7. Patella
      - 6.2.9.7.8. Radial head subluxation
    - 6.2.9.8. Rigid splint immobilization of extremity fractures and injuries
    - 6.2.9.9. Splinting of tendon and ligament injuries of the hand, including but not limited to:
      - 6.2.9.9.1. Mallet finger injury
      - 6.2.9.9.2. Volar plate injury
    - 6.2.9.10. Stabilization and immobilization of uncomplicated upper and lower extremity fractures
    - 6.2.9.11. Temporary reduction and immobilization of any displaced fracture for the relief of pain and/or neurovascular compromise
  - 6.2.10. Management of normal and complicated delivery, including but not limited to:
    - 6.2.10.1. Normal vaginal delivery
    - 6.2.10.2. Newborn and premature resuscitation
    - 6.2.10.3. Postpartum hemorrhage
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- 6.3. Describe the performance of, indications and contraindications for, and complications of the following procedures:
  - 6.3.1. Minor diagnostic procedures
    - 6.3.1.1. Forensic specimen collection
      - 6.3.1.1.1. Cases of suspected sexual assault
  - 6.3.2. Diagnostic procedures relevant to the critically-ill patient
    - 6.3.2.1. Diagnostic peritoneal lavage
  - 6.3.3. Therapeutic procedures relevant to the critically-ill patient
    - 6.3.3.1. Airway management
      - 6.3.3.1.1. Nasotracheal intubation
    - 6.3.3.2. Decontamination of a patient exposed to hazardous materials
    - 6.3.3.3. Emergency thoracotomy
    - 6.3.3.4. Escharotomy
    - 6.3.3.5. Gastric lavage
    - 6.3.3.6. Suprapubic cystostomy
    - 6.3.3.7. Transvenous pacemaker insertion and management
  - 6.3.4. Minor therapeutic procedures
    - 6.3.4.1. Aspiration/injection of bursae
      - 6.3.4.1.1. Subacromial
    - 6.3.4.2. Drainage of auricular hematoma
    - 6.3.4.3. Incision thrombosed external hemorrhoids
    - 6.3.4.4. Reduction of paraphimosis
  - 6.3.5. Local anesthesia and procedural sedation
    - 6.3.5.1. Nerve block anesthesia
      - 6.3.5.1.1. Femoral
      - 6.3.5.1.2. Infraorbital
      - 6.3.5.1.3. Intercostal
      - 6.3.5.1.4. Lingual
      - 6.3.5.1.5. Mandibular
      - 6.3.5.1.6. Median
      - 6.3.5.1.7. Mental
      - 6.3.5.1.8. Penile

- 6.3.5.1.9. Posterior tibial
- 6.3.5.1.10. Radial
- 6.3.5.1.11. Supraorbital
- 6.3.5.1.12. Sural
- 6.3.5.1.13. Ulnar

6.3.6. Management of fractures and dislocations

6.3.6.1. Reduction of subluxations and dislocations, including:

- 6.3.6.1.1. Knee
- 6.3.6.1.2. Sternoclavicular
- 6.3.6.1.3. Temporomandibular

6.3.6.2. Removal of helmet and protective equipment in the traumatized patient

6.3.7. Management of normal and complicated delivery

- 6.3.7.1. Cord prolapse
- 6.3.7.2. Episiotomy
- 6.3.7.3. Perimortem Cesarean section

6.4. Ensure that informed consent is obtained for procedures, when feasible and indicated

6.5. Demonstrate an understanding of and consistently practice appropriate infection control precautions in the performance of medical procedures

6.6. Document and disseminate information related to procedures performed and their outcomes appropriately

6.7. Ensure adequate followup is arranged for procedures performed

**7. Seek appropriate consultation from other health professionals, recognizing the limits of their own expertise**

7.1. Demonstrate insight into their own limits of expertise

7.2. Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care

7.3. Arrange appropriate followup care services for a patient and the patient's family

## Communicator

### **Definition:**

As *Communicators*, specialist Emergency Medicine physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

### **Key and Enabling Competencies: Specialist Emergency Medicine physicians are able to...**

#### **1. Develop rapport, trust, and positive, ethical therapeutic relationships with patients and their families**

- 1.1. Recognize that good communication is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence, and improved clinical outcomes
- 1.2. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty, and empathy
- 1.3. Respect patient confidentiality, privacy, and autonomy
- 1.4. Use language and terminology that facilitates understanding and decision-making by patients and their families
- 1.5. Listen effectively
- 1.6. Be aware of and responsive to nonverbal cues
- 1.7. Facilitate a structured clinical encounter effectively
- 1.8. Demonstrate knowledge of and attention to different ethnic, social, and cultural backgrounds

#### **2. Accurately elicit and synthesize relevant information and perspectives of patients, their families, colleagues, and other professionals**

- 2.1. Gather information about a disease and about a patient's beliefs, concerns, expectations, and illness experience
- 2.2. Act professionally and tactfully when screening for sensitive issues or information
- 2.3. Seek out and synthesize relevant information from other sources, such as a patient's family, other physicians, police, firefighters, emergency medical services personnel, and other health professionals

#### **3. Accurately convey relevant information and explanations to patients and their families, colleagues, and other professionals. Empathetically provide effective, clear, and thorough explanations of diagnosis, investigation, management, and expected outcome, even during times of crisis**

- 3.1. Deliver information that is concise, relevant, useful, and respectful to a patient, the patient's family, colleagues, and other professionals

- 3.2. Deliver information to a patient and the patient's family, colleagues, and other professionals in a humane manner and in such a way that it is understandable and encourages discussion and participation in decision-making
  - 3.3. Respect the patient's privacy in accordance with privacy and confidentiality legislation, regulations, and policies
  - 3.4. Exchange necessary information regarding expected, active, and discharged patients in a concise manner
  - 3.5. Communicate effectively during crisis situations in the emergency department
  - 3.6. Communicate effectively during disasters involving the emergency department and/or the hospital and/or region
- 4. Develop a common understanding on issues, problems, and plans with patients, their defined family units, and other professionals to develop a shared plan of care**
- 4.1. Identify and effectively explore problems to be addressed from a patient encounter, including the patient's context, responses, concerns, and preferences
  - 4.2. Respect diversity and differences, including but not limited to the impact of age, gender, religion, and cultural beliefs on decision-making
  - 4.3. Encourage discussion, questions, and interaction in the encounter
  - 4.4. Engage patients, patients' families, and relevant health professionals in shared decision-making to develop a plan of care in an emergency medicine practice context
  - 4.5. Address challenging communication issues effectively, including but not limited to obtaining informed consent, delivering bad news, and addressing anger, confusion, and misunderstanding
- 5. Convey oral and written information effectively about a medical encounter**
- 5.1. Maintain clear, concise, accurate, and appropriate records of clinical encounters and plans
  - 5.2. Present oral reports of clinical encounters and plans
  - 5.3. Convey medical information appropriately to ensure safe transfer of care
  - 5.4. Present medical information effectively to the public or media about a medical issue

## Collaborator

### **Definition:**

As *Collaborators*, specialist Emergency Medicine physicians work effectively within a health care team to achieve optimal patient care.

**Key and Enabling Competencies: Specialist Emergency Medicine physicians are able to...**

### **1. Participate effectively and appropriately in an interprofessional and multidisciplinary health care team**

- 1.1. Describe the specialist Emergency Medicine physician's roles and responsibilities to other professionals
- 1.2. Describe their roles and responsibilities to other professionals within the health care team
- 1.3. Recognize and respect the diverse roles, responsibilities, and competencies of other professionals in relation to those of the specialist Emergency Medicine physician
- 1.4. Work with others to assess, plan, provide, and integrate care for individuals and groups of patients
  - 1.4.1. Optimize and expedite patient care through involvement of other health care professionals and delegate appropriately
  - 1.4.2. Coordinate the activities and interactions of multiple consulting services in complex cases,
  - 1.4.3. Solicit input from appropriate members of the health care team and keep the team apprised of management plans and rationale
- 1.5. Work with others to assess, plan, provide, and review other tasks, including but not limited to:
  - 1.5.1. Research problems
  - 1.5.2. Educational work
  - 1.5.3. Program review
  - 1.5.4. Quality assurance
  - 1.5.5. Addressing complaints/concerns of patients
  - 1.5.6. Administrative responsibilities
- 1.6. Participate in interprofessional team meetings
- 1.7. Enter into interdependent relationships with other professions for the provision of quality care
- 1.8. Describe the principles of team dynamics
- 1.9. Respect team ethics, including confidentiality, resource allocation, and professionalism
- 1.10. Demonstrate leadership in a health care team, as appropriate



- 1.11. Respond positively to requests for help or advice
  - 1.11.1. Accommodate requests from community or hospital physicians for assistance or advice in patient management

**2. Work with other health professionals effectively to prevent, negotiate, and resolve interprofessional conflict**

- 2.1. Demonstrate a respectful attitude toward colleagues and members of an interprofessional team
- 2.2. Work with other professionals to prevent conflicts
- 2.3. Employ collaborative negotiation to resolve conflicts
- 2.4. Respect differences and address misunderstandings and limits of scope of practice in other professions
- 2.5. Recognize one's own differences, misunderstandings, and limitations that may contribute to interprofessional tension
- 2.6. Reflect on interprofessional team function

**Manager**

***Definition:***

As *Managers*, specialist Emergency Medicine physicians are integral participants in health care organizations, organizing sustainable practices, making decisions concerning the allocation of resources, and contributing to the effectiveness of the health care system.

***Key and Enabling Competencies: Specialist Emergency Medicine physicians are able to...***

**1. Participate in activities that contribute to the effectiveness of their emergency departments, emergency medical services and prehospital systems, disaster management, and health care organizations and systems**

- 1.1. Work collaboratively with others in their organizations
- 1.2. Recognize the importance of the fair allocation of health care resources, balancing effectiveness, efficiency, and access with optimal patient care
- 1.3. Participate in systemic quality process evaluation and improvement, including but not limited to patient safety initiatives
- 1.4. Describe the structure and function of the health care system as it relates to Emergency Medicine, including the roles of physicians
- 1.5. Describe principles of health care financing, including physician remuneration, budgeting, and organizational funding
- 1.6. Describe the process of performance review and accreditation
- 1.7. Apply best available medical evidence and management processes for cost-appropriate care

## OBJECTIVES OF TRAINING IN EMERGENCY MEDICINE (2014)

- 1.8. Demonstrate the fundamental knowledge and skills needed to provide medical leadership for an emergency medical services system
  
  - 2. Demonstrate the combined clinical, academic, and managerial responsibilities of the physician in charge of an emergency department**
    - 2.1. Use effective coping strategies to deal with the stressors of decision-making and prioritizing interventions in a leadership role
    - 2.2. Demonstrate the ability to develop patient care and/or triage protocols
    - 2.3. Demonstrate knowledge of and utilize specific strategies to manage emergency department crowding
      - 2.3.1. Facilitate management of unexpected surges in patient numbers and/or acuity
      - 2.3.2. Facilitate management of real or simulated disaster situations
    - 2.4. Demonstrate an understanding of and practice the principles of crisis resource management and act as an effective team leader in crisis situations
    - 2.5. Demonstrate knowledge of and employ strategies to ameliorate the negative effects of crises, affecting individual or multiple patients, on the care of other patients in the emergency department
    - 2.6. Demonstrate the ability to address complaints from patients, family members, and colleagues
    - 2.7. Describe the process for addressing adverse events
  
  - 3. Manage their practice and career effectively**
    - 3.1. Set priorities and manage time to balance patient care, practice requirements, outside activities, and personal life
    - 3.2. Manage their practice, in alignment with a group of emergency medicine physicians in an emergency department, including but not limited to finances and human resources
    - 3.3. Implement processes to ensure personal practice improvement
    - 3.4. Balance clinical, academic, and administrative duties in an emergency medicine practice
    - 3.5. Set realistic priorities, and utilize time and resources in an efficient manner to reach goals and meet personal and professional commitments
  
  - 4. Allocate finite health care resources effectively**
    - 4.1. Recognize the importance of just allocation of health care resources, balancing effectiveness, efficiency, and access with optimal patient care
    - 4.2. Apply evidence and management processes for cost-appropriate care
  
  - 5. Serve in administration and leadership roles, as appropriate**
    - 5.1. Chair or participate effectively in committees and meetings
    - 5.2. Identify priorities for change in emergency health care
-

5.3. Plan relevant elements of health care delivery (e.g., work schedules)

**6. Improve efficiency and performance through appropriate understanding and use of information technology**

- 6.1. Employ information technology appropriately for patient care
- 6.2. Demonstrate an understanding of the utility and application of emergency department information systems
- 6.3. Use electronic information systems efficiently to access relevant scientific, clinical, and administrative information
- 6.4. Plan relevant changes in emergency department operations based upon evidence gathered through the use of information technology

**Health Advocate**

***Definition:***

As *Health Advocates*, specialist Emergency Medicine physicians use their expertise and influence responsibly to advance the health and well-being of individual patients, communities, and populations.

***Key and Enabling Competencies: Specialist Emergency Medicine physicians are able to...***

**1. Respond to individual patient health needs and issues as part of patient care**

- 1.1. Identify the health needs of an individual patient
- 1.2. Identify opportunities for advocacy, health promotion, and disease prevention with individuals to whom they provide care, including but not limited to addictions, injury prevention, interpersonal violence, child/elder abuse and neglect
- 1.3. Demonstrate an appreciation of the possibility of competing interests between individual advocacy issues and the community at large

**2. Respond to the health needs of the communities that they serve**

- 2.1. Describe the practice communities that they serve
- 2.2. Identify opportunities for advocacy, health promotion, and disease prevention in the communities that they serve, and respond appropriately
- 2.3. Demonstrate an appreciation of the possibility of competing interests between the communities served and other populations

**3. Identify the determinants of health for the populations that they serve**

- 3.1. Identify the determinants of health of the population, including barriers to access to care and resources
- 3.2. Identify vulnerable or marginalized populations within those served and respond appropriately

**4. Promote the health of individual patients, communities, and populations**

- 4.1. Describe an approach to implementing a change in a determinant of health of the populations they serve
- 4.2. Describe how public policy impacts on the health of the populations served
- 4.3. Identify points of influence in the health care system and its structure
- 4.4. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity, and idealism
- 4.5. Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper
- 4.6. Describe the role of the medical profession in advocating collectively for health and patient safety

**Scholar**

***Definition:***

As *Scholars*, specialist Emergency Medicine physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application, and translation of medical knowledge.

***Key and Enabling Competencies: Specialist Emergency Medicine physicians are able to...***

**1. Maintain and enhance professional activities through ongoing learning**

- 1.1. Describe the principles of maintenance of competence
- 1.2. Describe the principles and strategies for implementing a personal knowledge management system
- 1.3. Recognize and reflect on learning issues in practice
- 1.4. Conduct personal practice audits
- 1.5. Pose an appropriate learning question
- 1.6. Access and interpret the relevant evidence
- 1.7. Integrate new learning into practice
- 1.8. Evaluate the impact of any change in practice
- 1.9. Document the learning process

**2. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions**

- 2.1. Describe the principles of critical appraisal
- 2.2. Critically appraise retrieved evidence in order to address a clinical question
- 2.3. Integrate critical appraisal conclusions into clinical care

**3. Facilitate the learning of patients and their families, students, residents, other health professionals, the public, and others, as appropriate**

- 3.1. Describe principles of learning relevant to medical education
- 3.2. Identify collaboratively the learning needs and desired learning outcomes of others
- 3.3. Select effective teaching strategies and content to facilitate others' learning
- 3.4. Deliver effective lectures or presentations
- 3.5. Assess and reflect on teaching encounters
- 3.6. Provide effective feedback
- 3.7. Describe the principles of ethics with respect to teaching

**4. Contribute to the development, dissemination, and translation of new knowledge and practices**

- 4.1. Describe the principles of research and scholarly inquiry
- 4.2. Describe the principles of research ethics
- 4.3. Pose a scholarly question
- 4.4. Conduct a systematic search for evidence
- 4.5. Select and apply appropriate methods to address the question
- 4.6. Disseminate the findings of a study appropriately
- 4.7. Complete a scholarly research, quality assurance, or educational project relevant to Emergency Medicine that is suitable for peer-reviewed publication or presentation at an academic meeting

**Professional**

***Definition:***

As *Professionals*, specialist Emergency Medicine physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

***Key and Enabling Competencies: Specialist Emergency Medicine physicians are able to...***

**1. Demonstrate a commitment to their patients, profession, and society through ethical practice**

- 1.1. Exhibit appropriate professional behaviours in practice, including honesty, integrity, commitment, compassion, respect, and altruism
- 1.2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence
- 1.3. Recognize and appropriately respond to ethical issues encountered in practice
- 1.4. Recognize and manage real or perceived conflicts of interest

## OBJECTIVES OF TRAINING IN EMERGENCY MEDICINE (2014)

- 1.5. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
  - 1.6. Maintain appropriate boundaries with patients
- 2. Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation**
- 2.1. Demonstrate knowledge and understanding of professional, legal, and ethical codes of practice
  - 2.2. Fulfil the regulatory and legal obligations required by jurisdiction
  - 2.3. Demonstrate accountability to professional regulatory bodies
  - 2.4. Recognize and respond to others' unprofessional behaviours in practice
  - 2.5. Participate in peer review
- 3. Demonstrate a commitment to physician health and sustainable practice**
- 3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice
  - 3.2. Strive to heighten personal and professional awareness and insight
  - 3.3. Recognize other professionals in need and respond appropriately

This document is to be reviewed by the Specialty Committee in Emergency Medicine by December 31, 2015.

*Revised – 2008*

*Reviewed – 2011*

*Revised – Specialty Committee – 2013; February 2014*

*Approved – Specialty Standards Review Committee – October 2013*