

2008
REVIEWED 2011

This document applies to those who begin training on or after July 1st, 2011.

(Please see also the “Policies and Procedures.”)

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 Specialist in Emergency Medicine is foremost a clinician 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 in Emergency Medicine 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 Physician employs pertinent methods of prioritization, assessment, intervention, resuscitation and further management of patients to the point of transfer. Appropriate procedural and pharmacotherapeutic manoeuvres are central to these abilities.

The Specialist Emergency Physician possesses organizational skills in Emergency Department 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.

The Specialist Emergency Physician possesses the knowledge, skills and attitudes for effective patient-centered care and service to a diverse population with attention to age, gender, culture, ethnicity and ethics. The Specialist Emergency 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 Physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. *Medical Expert* is the central physician Role in the CanMEDS framework.

Key and Enabling Competencies: Specialist Emergency Physicians are able to...

- 1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care**
 - 1.1. Effectively perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional including: community family physicians, referring emergency physicians and other specialists for a patient requiring emergency care
 - 1.2. Recognize and respond to the ethical dimensions in medical decision-making, specifically in an Emergency Medicine practice context where consent is not always obtainable
 - 1.3. Demonstrate compassionate and patient-centered care
 - 1.4. Demonstrate medical expertise in situations other than patient care, such as advising hospital and/or regional health authorities; advising government agencies or providing expert legal opinions

- 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. Describe the CanMEDS framework of competencies relevant to Emergency Medicine
 - 2.2. Possess knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to Emergency Medicine
 - 2.3. Apply the basic scientific and clinical knowledge necessary 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:
 - 2.3.1. The principles of Resuscitation and Critical Care Management
 - 2.3.2. Trauma, including the following:

OBJECTIVES OF TRAINING IN EMERGENCY MEDICINE (2011)

- 2.3.2.1. General concepts in the management of the traumatized patient
- 2.3.2.2. Injuries to the following areas / body systems:
 - 2.3.2.2.1. Head
 - 2.3.2.2.2. Face
 - 2.3.2.2.3. Spine
 - 2.3.2.2.4. Neck
 - 2.3.2.2.5. Thorax
 - 2.3.2.2.6. Abdomen
 - 2.3.2.2.7. Genitourinary
 - 2.3.2.2.8. Peripheral vascular
 - 2.3.2.2.9. Orthopedic injuries and lesions
 - 2.3.2.2.10. Soft tissue injuries
 - 2.3.2.2.11. Violence and abuse
- 2.3.3. Acute medical and surgical disorders, including, but not limited to, the following cardinal presentations:
 - 2.3.3.1. Head and neck
 - 2.3.3.1.1. Diplopia
 - 2.3.3.1.2. Dysphagia
 - 2.3.3.1.3. Eye pain / Redness
 - 2.3.3.1.4. Loss of hearing
 - 2.3.3.1.5. Loss of vision
 - 2.3.3.1.6. Rhinorrhea
 - 2.3.3.1.7. Sore throat
 - 2.3.3.1.8. Stridor
 - 2.3.3.1.9. Tinnitus
 - 2.3.3.2. Neurological
 - 2.3.3.2.1. Altered mental status
 - 2.3.3.2.2. Ataxia
 - 2.3.3.2.3. Coma
 - 2.3.3.2.4. Confusion
 - 2.3.3.2.5. Decreased level of consciousness
 - 2.3.3.2.6. Dizziness
 - 2.3.3.2.7. Headache

OBJECTIVES OF TRAINING IN EMERGENCY MEDICINE (2011)

- 2.3.3.2.8. Paralysis
- 2.3.3.2.9. Paresthesia / Dysesthesia
- 2.3.3.2.10. Tremor
- 2.3.3.2.11. Vertigo

2.3.3.3. Cardio-Pulmonary

- 2.3.3.3.1. Chest pain
- 2.3.3.3.2. Cough
- 2.3.3.3.3. Cyanosis
- 2.3.3.3.4. Dyspnea
- 2.3.3.3.5. Edema
- 2.3.3.3.6. Hemoptysis
- 2.3.3.3.7. Syncope
- 2.3.3.3.8. Palpitations
- 2.3.3.3.9. Wheezing

2.3.3.4. Abdominal

- 2.3.3.4.1. Abdominal pain
- 2.3.3.4.2. Ascites
- 2.3.3.4.3. Constipation
- 2.3.3.4.4. Diarrhea
- 2.3.3.4.5. Hematemesis
- 2.3.3.4.6. Jaundice
- 2.3.3.4.7. Rectal bleeding

2.3.3.5. Genitourinary

- 2.3.3.5.1. Abnormal vaginal bleeding
- 2.3.3.5.2. Dysmenorrhea
- 2.3.3.5.3. Dysuria
- 2.3.3.5.4. Hematuria
- 2.3.3.5.5. Pelvic pain
- 2.3.3.5.6. Urinary incontinence
- 2.3.3.5.7. Urinary retention

2.3.3.6. Musculoskeletal

- 2.3.3.6.1. Back pain

- 2.3.3.6.2. Joint pain/Swelling
 - 2.3.3.7. Systemic
 - 2.3.3.7.1. Fever
 - 2.3.3.7.2. Hypotension
 - 2.3.3.7.3. Rash
 - 2.3.3.7.4. Shock
 - 2.3.3.7.5. Weakness
 - 2.3.4. Disorders of special populations, including:
 - 2.3.4.1. Pediatrics
 - 2.3.4.2. The pregnant patient and her fetus
 - 2.3.4.3. Geriatrics
 - 2.3.4.4. The immunocompromised patient
 - 2.3.5. Psychiatric and behavioural disorders
 - 2.3.6. Toxicology
 - 2.3.7. Environmental Emergencies
 - 2.3.8. Pre-hospital medicine
 - 2.3.9. Emergency preparedness and disaster medicine
 - 2.4. Contribute to the improvement of quality care and patient safety in Emergency Medicine practice, integrating the available best evidence and best practices
 - 2.5. Be aware of his/her knowledge, skills and personal limitations, and be able to seek advice as necessary resulting in subsequent performance enhancement
 - 2.6. 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 patients
 - 3.2. Perform accurate and complete clinical assessments of patients presenting with non-specific clinical complaints and syndromes
 - 3.3. Effectively identify and explore issues to be addressed in a patient encounter within an Emergency Medicine practice, including the patient's context, beliefs and preferences

- 3.4. For the purposes of prevention and health promotion, diagnosis and or management, elicit a history that is relevant, concise and accurate to context, beliefs and preferences
 - 3.5. When necessary, make appropriate use of alternative sources of information to complete or substantiate clinical information
 - 3.6. For the purposes of prevention and health promotion, diagnosis and/or management, perform a focused physical examination that is relevant and accurate to an Emergency Medicine practice
 - 3.7. Generate differential diagnoses that are well organized and compatible with known clinical and laboratory information and include both likely entities and less common but serious/life threatening conditions
 - 3.8. Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans
 - 3.9. Understand the concept of diagnostic uncertainty and appropriately use presumptive management in the resolution of these circumstances
 - 3.10. Use timely and selective clinical reassessments to optimize and facilitate patient care
- 4. Select appropriate investigations, including laboratory and diagnostic imaging, with careful attention to patient safety, diagnostic utility and cost, and interpret the results accurately and within their clinical context**
- 4.1. Plan an effective and appropriate investigation in an Emergency Medicine practice context, in collaboration with the patient and their defined family unit, 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. Ensure informed consent is obtained for investigations, when indicated and feasible
 - 4.4. When circumstances dictate, perform selective clinical investigations concurrently with emergency patient management
 - 4.5. Appropriately document and disseminate information related to the investigations performed
 - 4.6. Ensure that adequate follow-up is arranged for the results of investigations
- 5. Use preventive and therapeutic interventions relevant to Emergency Medicine in a safe, effective, 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/critically ill patients in a calm, prompt and skilful manner

- 5.3. Effectively and appropriately prioritize professional duties when faced with multiple patients and problems
- 5.4. Implement an effective and appropriate management plan, in collaboration with a patient and his/her defined family unit when possible
- 5.5. Ensure informed consent is obtained for therapies, when indicated and feasible
- 5.6. Ensure patients receive appropriate end-of-life care
- 5.7. Seek consultation from other health professionals when appropriate
- 5.8. Arrange appropriate follow-up care
- 5.9. Use appropriate measures for protection of health care providers to avoid exposure to or contamination from biologic, chemical or radiation threats

6. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic and select and perform these medical procedures in an appropriate, safe and skilful manner with due attention to minimizing patient risk and discomfort

- 6.1. Possess a detailed knowledge of the indications, contraindications, methods and potential complications of the common medical therapeutic and investigative procedures employed in the practice of Emergency Medicine and have demonstrated proficiency in the performance of these procedures, either in the clinical setting or through simulation:
 - 6.1.1. Select and perform minor diagnostic procedures relevant to all age groups and to the daily practice of Emergency Medicine, including (but not limited to):
 - 6.1.1.1. Arterial puncture
 - 6.1.1.2. Venapuncture
 - 6.1.1.3. Slit lamp examination
 - 6.1.1.4. Intraocular pressure measurement
 - 6.1.1.5. Pupil dilatation
 - 6.1.1.6. Arthrocentesis of knee
 - 6.1.1.7. Abdominal paracentesis
 - 6.1.2. Select and perform diagnostic procedures relevant to all age groups and to the critically ill patient, including (but not limited to):
 - 6.1.2.1. Lumbar puncture and measurement of CSF pressure
 - 6.1.2.2. Carotid sinus massage
 - 6.1.2.3. Emergency cystourethrogram
 - 6.1.3. Select and interpret appropriate plain film radiographs
 - 6.1.4. Select appropriate computed tomographic examinations

OBJECTIVES OF TRAINING IN EMERGENCY MEDICINE (2011)

- 6.1.4.1. Identify acute pathological findings on computed tomographs of the head
- 6.1.5. Perform and interpret targeted Emergency Department ultrasound examinations including:
 - 6.1.5.1. Facilitation of vascular access
 - 6.1.5.2. Presence of intraperitoneal free fluid
 - 6.1.5.3. Measurement of abdominal aorta diameter
 - 6.1.5.4. Presence of pericardial fluid
 - 6.1.5.5. Presence of cardiac motion
 - 6.1.5.6. Confirmation of intra-uterine gestation
- 6.1.6. Demonstrate effective, appropriate, and timely performance of therapeutic procedures relevant to Emergency Medicine:
 - 6.1.6.1. Select and perform diverse techniques in basic and advanced airway management for all age groups, including (but not limited to):
 - 6.1.6.1.1. Mask ventilation
 - 6.1.6.1.2. Indirect laryngoscopy
 - 6.1.6.1.3. Orotracheal intubation via direct laryngoscopy
 - 6.1.6.1.4. Rapid sequence intubation
 - 6.1.6.1.5. Surgical/needle cricothyrotomy
 - 6.1.6.1.6. Percutaneous transtracheal ventilation
 - 6.1.6.1.7. Use of rescue ventilation devices
 - 6.1.6.1.8. Laryngoscopy and removal of foreign body
 - 6.1.6.1.9. Selection of appropriate mode and parameters for mechanical ventilation
 - 6.1.6.1.10. End-tidal CO₂ detection and monitoring
- 6.1.7. Select and perform therapeutic procedures for all age groups and relevant to the critically ill patient, including (but not limited to):
 - 6.1.7.1. Synchronized cardioversion
 - 6.1.7.2. Defibrillation
 - 6.1.7.3. Transcutaneous pacing
 - 6.1.7.4. Needle thoracostomy
 - 6.1.7.5. Needle thoracentesis
 - 6.1.7.6. Thoracostomy tube insertion and management
 - 6.1.7.7. Pericardiocentesis

OBJECTIVES OF TRAINING IN EMERGENCY MEDICINE (2011)

6.1.8. Select and perform techniques in peripheral and central vascular access and line insertion/monitoring, relevant to all age groups, including (but not limited to):

6.1.8.1. PEDIATRIC:

- 6.1.8.1.1. Scalp vein
- 6.1.8.1.2. Peripheral vein
- 6.1.8.1.3. Intraosseous
- 6.1.8.1.4. External jugular
- 6.1.8.1.5. Femoral

6.1.8.2. ADULT:

- 6.1.8.2.1. Peripheral vein
- 6.1.8.2.2. Intraosseous
- 6.1.8.2.3. External jugular
- 6.1.8.2.4. Internal jugular
- 6.1.8.2.5. Subclavian
- 6.1.8.2.6. Femoral
- 6.1.8.2.7. Arterial catheterization

6.1.9. Select and perform minor therapeutic procedures relevant to the daily practice of Emergency Medicine, for all age groups, including (but not limited to):

- 6.1.9.1. Fecal disimpaction
- 6.1.9.2. Bladder catheterization
- 6.1.9.3. Bladder irrigation
- 6.1.9.4. Abdominal hernia reduction
- 6.1.9.5. Aspiration/Injection of bursae:
 - 6.1.9.5.1. Pre-patellar
 - 6.1.9.5.2. Infra-patellar
 - 6.1.9.5.3. Olecranon
- 6.1.9.6. Ocular irrigation
- 6.1.9.7. Ocular patching
- 6.1.9.8. Insertion external auditory canal wick
- 6.1.9.9. Anterior intranasal packing
- 6.1.9.10. Posterior intranasal packing

OBJECTIVES OF TRAINING IN EMERGENCY MEDICINE (2011)

- 6.1.9.11. Nasal cautery
- 6.1.9.12. Subungual hematoma drainage
- 6.1.9.13. Debridement of burn blisters

- 6.1.10. Select and perform local/regional anesthesia and procedural sedation for all patient populations, when indicated, including (but not limited to):
 - 6.1.10.1. Topical anesthesia
 - 6.1.10.2. Field block anesthesia
 - 6.1.10.3. Nerve block anesthesia
 - 6.1.10.3.1. Digital/metacarpal

 - 6.1.10.4. Pediatric and adult procedural sedation

- 6.1.11. Select and perform care and techniques of simple and complex wound repair for all age groups, including (but not limited to):
 - 6.1.11.1. Basic wound debridement
 - 6.1.11.2. Application of bandages/dressings
 - 6.1.11.3. Closure with tissue adhesive glue
 - 6.1.11.4. Suturing – single and multiple layer closure
 - 6.1.11.5. Closure with staples
 - 6.1.11.6. Wound hematoma evacuation
 - 6.1.11.7. Extensor tendon repair
 - 6.1.11.8. Nail bed laceration repair
 - 6.1.11.9. Management of finger tip amputation

- 6.1.12. Select and perform various means of foreign body extraction from body orifices and soft tissue for all age groups, including (but not limited to):
 - 6.1.12.1. Removal of foreign body in the skin/subcutaneous tissues
 - 6.1.12.2. Removal of corneal or conjunctival foreign body
 - 6.1.12.3. Removal of corneal rust ring
 - 6.1.12.4. Removal of ear foreign body
 - 6.1.12.5. Removal of cerumen
 - 6.1.12.6. Removal of nasal foreign body
 - 6.1.12.7. Removal of rectal foreign body
 - 6.1.12.8. Removal of vaginal foreign body

OBJECTIVES OF TRAINING IN EMERGENCY MEDICINE (2011)

- 6.1.13. Select and perform definitive interventions for soft tissue infections for all age groups, including (but not limited to):
 - 6.1.13.1. Needle aspiration of abscess
 - 6.1.13.2. Incision and drainage of abscess
 - 6.1.13.3. Packing of abscess cavity

- 6.1.14. Manage fractures and dislocations for all age groups, including, but not limited to:
 - 6.1.14.1. Application and removal of cervical collar/spinal immobilization
 - 6.1.14.2. Immobilization of unstable pelvic fractures
 - 6.1.14.3. Application and removal of femoral traction device
 - 6.1.14.4. Rigid splint immobilization of extremity fractures
 - 6.1.14.5. Circumferential cast immobilization of extremity fractures
 - 6.1.14.6. Application of walking cast
 - 6.1.14.7. Application of upper extremity slings
 - 6.1.14.8. Stabilization and immobilization of uncomplicated upper and lower extremity fractures
 - 6.1.14.9. Temporary reduction and immobilization of any displaced fracture for the relief of pain and/or neurovascular compromise
 - 6.1.14.10. Definitive reduction and immobilization of the following displaced fractures when appropriate:
 - 6.1.14.10.1. Distal radius
 - 6.1.14.10.2. Fifth metacarpal neck
 - 6.1.14.10.3. Phalanx
 - 6.1.14.11. Splinting of tendon and ligament injuries of the hand, including:
 - 6.1.14.11.1. Volar plate injury
 - 6.1.14.11.2. Mallet finger injury
 - 6.1.14.11.3. Swan neck deformity
 - 6.1.14.11.4. Boutoniere deformity
 - 6.1.14.12. Reduction of subluxations and dislocations including:
 - 6.1.14.12.1. Glenohumeral
 - 6.1.14.12.2. Radial head subluxation
 - 6.1.14.12.3. Metacarpal-phalangeal
 - 6.1.14.12.4. Interphalangeal

OBJECTIVES OF TRAINING IN EMERGENCY MEDICINE (2011)

6.1.15. Manage normal and complicated delivery, including (but not limited to):

- 6.1.15.1. Normal vaginal delivery
- 6.1.15.2. Newborn and premature resuscitation
- 6.1.15.3. Post-partum hemorrhage

6.2. Possess a fundamental knowledge of the indications, contraindications, methods and potential complications of the less common but necessary medical therapeutic and investigative procedures employed in the practice of Emergency Medicine. Have, at a minimum, demonstrated the ability to describe these procedures:

6.2.1. Minor diagnostic procedures

- 6.2.1.1. Wet mount of vaginal fluid
- 6.2.1.2. Arthrocentesis of:
 - 6.2.1.2.1. Shoulder
 - 6.2.1.2.2. Elbow
 - 6.2.1.2.3. Ankle
 - 6.2.1.2.4. Wrist
 - 6.2.1.2.5. Digits
- 6.2.1.3. Anoscopy/proctoscopy
- 6.2.1.4. Specimen collection, sexual assault

6.2.2. Diagnostic procedures relevant to all age groups and to the critically-ill patient

6.2.2.1. Diagnostic Peritoneal Lavage

6.2.3. Therapeutic procedures relevant to all age groups and to the critically-ill patient

- 6.2.3.1. Airway management
 - 6.2.3.1.1. Sellick manoeuvre
 - 6.2.3.1.2. Non invasive ventilation
 - 6.2.3.1.3. Nasotracheal intubation
- 6.2.3.2. Therapeutic procedures for the critically-ill patient
 - 6.2.3.2.1. Gastric lavage
 - 6.2.3.2.2. Suprapubic cystostomy
 - 6.2.3.2.3. MAST suit utilization
 - 6.2.3.2.4. Escharotomy
 - 6.2.3.2.5. Transvenous pacemaker insertion and management

OBJECTIVES OF TRAINING IN EMERGENCY MEDICINE (2011)

- 6.2.3.2.6. Emergency thoracotomy
- 6.2.3.2.7. Decontamination of a patient exposed to hazardous materials

- 6.2.3.3. Techniques in peripheral and central vascular access and line insertion/monitoring, relevant to all age groups, including (but not limited to):
 - 6.2.3.3.1. PEDIATRIC:
 - 6.2.3.3.1.1. Umbilical vein
 - 6.2.3.3.1.2. Internal jugular
 - 6.2.3.3.1.3. Subclavian
 - 6.2.3.3.1.4. Cutdown

 - 6.2.3.3.2. ADULT:
 - 6.2.3.3.2.1. Cutdown
 - 6.2.3.3.2.2. Accessing indwelling central venous catheters
 - 6.2.3.3.2.3. CVP measurement

- 6.2.4. Minor therapeutic procedures
 - 6.2.4.1. Incision thrombosed external hemorrhoids
 - 6.2.4.2. Reduction of paraphimosis
 - 6.2.4.3. Aspiration/Injection of bursae
 - 6.2.4.3.1. Sub-acromial

 - 6.2.4.4. Drainage auricular hematoma

- 6.2.5. Local anesthesia and procedural sedation
 - 6.2.5.1. Nerve block anesthesia
 - 6.2.5.1.1. Supra orbital
 - 6.2.5.1.2. Infra orbital
 - 6.2.5.1.3. Mental
 - 6.2.5.1.4. Mandibular
 - 6.2.5.1.5. Lingual
 - 6.2.5.1.6. Median
 - 6.2.5.1.7. Radial
 - 6.2.5.1.8. Ulnar
 - 6.2.5.1.9. Intercostal

- 6.2.5.1.10. Femoral
- 6.2.5.1.11. Sural
- 6.2.5.1.12. Posterior tibial
- 6.2.5.1.13. Penile

6.2.6. Management of fractures and dislocations

- 6.2.6.1. Jones' bandage application
- 6.2.6.2. Removal of motorcycle helmet in traumatized patient
- 6.2.6.3. Reduction of subluxations and dislocations including:
 - 6.2.6.3.1. Temporomandibular
 - 6.2.6.3.2. Sternoclavicular
 - 6.2.6.3.3. Elbow
 - 6.2.6.3.4. Hip
 - 6.2.6.3.5. Knee
 - 6.2.6.3.6. Patella
 - 6.2.6.3.7. Ankle

6.2.7. Manage normal and complicated delivery

- 6.2.7.1. Cord prolapse
- 6.2.7.2. Episiotomy
- 6.2.7.3. Peri-mortem cesarean

- 6.3. Ensure that informed consent is obtained for procedures when feasible and indicated
- 6.4. Understand and consistently practice appropriate infection control precautions in the performance of medical procedures
- 6.5. Appropriately document and disseminate information related to procedures performed and their outcomes
- 6.6. Ensure adequate follow-up 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 limitations of expertise
- 7.2. Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care
- 7.3. Arrange appropriate follow-up care services for a patient and their defined family unit

Communicator

Definition:

As Communicators, Specialist Emergency 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 Physicians are able to...

1. Develop rapport, trust, positive and ethical therapeutic relationships with patients and their defined family units

- 1.1. Recognize that good communication is a core clinical skill for the Specialist Emergency Physician, 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 defined family units 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 defined family units
- 1.5. Listen effectively
- 1.6. Be aware and responsive to nonverbal cues
- 1.7. Effectively facilitate a structured clinical encounter
- 1.8. Be knowledgeable of and attentive to different ethnic, social and cultural backgrounds

2. Accurately elicit and synthesize relevant information and perspectives of patients, defined families units, colleagues, and other professionals

- 2.1. Gather information about a disease, but also 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 defined families units, caregivers, family physician, non-hospital personnel (police, firefighters, EMS personnel) and other professionals

- 3. Accurately convey relevant information and explanations to patients and their defined families units, colleagues and other professionals, empathetically providing 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, their defined family units, colleagues and other professionals
 - 3.2. Deliver information to a patient and their defined family unit, colleagues and other professionals in a humane manner and in such a way that it is understandable, 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. Concisely exchange necessary information on expected, active and discharged patients
 - 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
 - 3.7. Deliver, when appropriate, useful and insightful information to the public or the media on Emergency Medicine or general medical issues

 - 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. Effectively identify and explore problems to be addressed from a patient encounter, including the patient's context, responses, concerns, and preferences
 - 4.2. Respect diversity and difference, 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, their defined family units, and relevant health professionals in shared decision-making to develop a plan of care in an Emergency Medicine practice context
 - 4.5. Effectively address challenging communication issues such as obtaining informed consent (when possible), delivering bad news, and addressing anger, confusion and misunderstanding

 - 5. Convey effective, clear, accurate and timely oral and written information about a medical encounter**
 - 5.1. Maintain appropriate records of clinical encounters and plans
 - 5.2. Effectively and efficiently present verbal reports of clinical encounters and plans
 - 5.3. Provide appropriate consultation reports to referring health professionals
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Collaborator

Definition:

As *Collaborators*, Specialist Emergency Physicians effectively work within a health care team to achieve optimal patient care.

Key and Enabling Competencies: Specialist Emergency Physicians are able to...

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

- 1.1. Describe the roles and responsibilities of an Emergency Medicine specialist
- 1.2. Describe their roles and responsibilities to other professionals within the Emergency Department team
- 1.3. Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to those of the Emergency Medicine specialist
- 1.4. Work with others in a multi-disciplinary approach to assess, plan, provide and integrate care for individual patients
- 1.5. Optimize and expedite patient care through involvement of other health care professionals and delegate appropriately
- 1.6. In complex cases, coordinate the activities and interactions of multiple consulting services
- 1.7. Facilitate management of unexpected surges in patient numbers and/or acuity
- 1.8. Solicit input from appropriate members of the health care team and keep the team apprised of management plans and rationale
- 1.9. Facilitate management of real or simulated disaster situations
- 1.10. Work with others to assess, plan, provide and review other tasks, such as research problems, educational work, program review, quality assurance, addressing complaints/concerns of patients or administrative responsibilities
- 1.11. Describe the principles of team dynamics
- 1.12. Respect team ethics, including confidentiality, resource allocation and professionalism
- 1.13. Demonstrate leadership in a health care team
- 1.14. Respond positively to requests for help or advice
- 1.15. Accommodate requests from community or hospital physicians for assistance or advice in patient management

2. Effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict

- 2.1. Demonstrate a respectful attitude towards other 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. Recognize that differences and limitations in scope of practice between professionals may contribute to misunderstandings and interprofessional tensions

Manager

Definition:

As *Managers*, Specialist Emergency Physicians are integral participants in health care organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the health care system.

Key and Enabling Competencies: Specialist Emergency Physicians are able to...

1. Participate in activities that contribute to the effectiveness of their Emergency Department, Emergency Medical Services and prehospital systems, disaster management, 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, such as 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. Understand the process of performance review and accreditation
- 1.7. Apply best available medical evidence and management processes for cost-appropriate care
- 1.8. Possess the fundamental knowledge and skills needed to provide medical leadership to an Emergency Medical Services system

2. Demonstrate an ability to assume 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. Know and utilize specific strategies to manage Emergency Department crowding
- 2.4. Understand and practice the principles of crisis resource management and act as an effective team leader in crisis situations
- 2.5. Know and employ strategies to ameliorate the negative effects of crises affecting individual or multiple patients on the care of other Emergency Department patients
- 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. Manage their practice and career in alignment with a group of emergency physicians in an Emergency Department
- 3.2. Balance clinical, academic and administrative duties in an Emergency Medicine practice
- 3.3. Implement processes to ensure personal practice improvement

4. Set realistic priorities, utilize time and resources in an efficient manner to reach goals and meet personal and professional commitments

- 4.1. Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life

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. Understand the utility and application of Emergency Department information systems
- 6.3. Efficiently use electronic information systems to access relevant scientific, clinical and administrative information
- 6.4. Plan relevant change in Emergency Department operations based upon evidence gathered through the use of information technology

Health Advocate

Definition:

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

Key and Enabling Competencies: Specialist Emergency 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

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. Appreciate 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 populations, 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 for emergency care
- 4.6. Describe the role of the medical profession in advocating collectively for health and patient safety

Scholar

Definition:

As *Scholars*, Specialist Emergency 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 Physicians are able to...

- 1. Maintain and enhance professional activities through ongoing learning**
 - 1.1. Describe the principles of continuing professional development
 - 1.2. Describe the principles and strategies for implementing a personal knowledge management system
 - 1.3. Recognize and reflect learning issues in practice
 - 1.4. Conduct a personal practice audit
 - 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, defined family units, students, residents, other health professionals, the public and others, as appropriate**
 - 3.1. Describe principles of learning relevant to medical education
 - 3.2. Collaboratively identify the learning needs and desired learning outcomes of others
 - 3.3. Select effective teaching strategies and content to facilitate others' learning
 - 3.4. Demonstrate an effective lecture or presentation
 - 3.5. Assess and reflect on a teaching encounter
 - 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. Appropriately disseminate the findings of a study

Professional

Definition:

As *Professionals*, Specialist Emergency 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 Physicians are able to...

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

- 1.1. Exhibit appropriate professional behaviors 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. Appropriately manage conflicts of interest
- 1.5. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
- 1.6. Maintain appropriate relations with patients

2. Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation

- 2.1. Appreciate the professional, legal and ethical codes of practice
- 2.2. Fulfill the regulatory and legal obligations required of current practice
- 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