The Literature

A thorough review of the literature from 1988, to the present, revealed two articles addressing educational objectives for training residents in trauma.\(^1\)\(^2\) Both are directed towards residents in Surgery and are not entirely transferable to the training of Emergency Medicine Residents.

The Working Group in Emergency Medicine to the Postgraduate Education Joint Committee of The College of Family Physicians of Canada in collaboration with the Royal College of Physicians and Surgeons of Canada published a report in 1992 \(^3\) which included the definition of general educational principles and learning objectives in the training of Emergency Medicine for Family Medicine residents and those skills which can best be learned in the context of the Emergency Department. These objectives are echoed in the College's curriculum outline for the Certificate of Special Competency in Emergency Medicine.\(^4\) The objectives are broad and are not specific to trauma.

The Canadian Association of Emergency Physicians has developed educational objectives which are specific and task oriented and include a series of objectives for trauma.\(^4\)

The goal for a one month rotation in trauma for residents in a one year Emergency Medicine Program is not to produce a trauma surgeon but rather to provide a venue for residents to become skilled in the assessment, recognition, resuscitation and

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2 Guidelines for Trauma Care Fellowships. American Association for the Surgery of Trauma and The Committee on Trauma of the American College of Surgeons. *J Trauma* 33:491-4.


stabilization of the multiple injured patient and to recognize the need for further specialized care and intervention. This includes relevant procedures.

It is reasonable, therefore, to have the following goals and educational objectives for Trauma for the Certificate of Special Competency in Emergency Medicine at McGill based on those of the Canadian Association of Emergency Physicians and those outlined in the Advanced Trauma Life Support Course\(^5\) by the Committee on Trauma of the American College of Surgery.

**Rotation Goals**

To provide the resident with a safe, reliable method for immediate management of the injured patient and the basic knowledge necessary to:

1. Assess the patient's condition rapidly and accurately.
2. Resuscitate and stabilize the patient on a priority basis.
3. Determine if the patient's needs will likely exceed a facility's capabilities.
4. Arrange for the patient's inter-hospital transfer.
5. Assure that optimum care is provided each step of the way.

**Educational Objectives**

To assist physicians in providing the first hour of emergency care for the trauma patient. The principles include:

a) Demonstrate concepts and principles of primary and secondary patient assessment.

b) Initiate primary and secondary management necessary within the first hour of emergency care for acute life-threatening emergencies.

Trauma rotations may be combined:

1. Emergency based. Exposure to trauma is during scheduled shifts in the Emergency Department.

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2. Trauma Team based. Exposure to trauma is through rotations in specialties that form part of the Trauma Team, e.g., SICU, General Surgery, Neurosurgery, Orthopedics, Anaesthesia.

Although the approach may differ in Emergency based versus Trauma Team based rotations the educational objectives should remain the same. There is a four week required Trauma rotation for C.F.P.C.(EM) Residents at the M.G.H.