

Emergency Medicine Competencies

Residents completing the rotation or experience will consistently and correctly demonstrate competence in emergency medicine at the appropriate level expected of a family medicine resident, in the following areas:

1. Interviewing & communication skills (including patient education, supportive counselling, psychotherapy) (CanMEDS-FM Communicator, Health Advocate)

- a) Communicate effectively with patients and families. Establish rapport, use a patient-centred approach, obtain information, provide information, and manage an encounter with patients and families.
- b) Advocates for individuals. Address patient needs, illness and social factors & prevention. Advocate for individual patients to access appropriate care in & out of the ED; apply an understanding of illness factors for patient populations. Describe the ED role in the community; where appropriate incorporate prevention into patient care. Address code status and end of life discussions when dealing with patients facing a relevant urgent condition using a comfortable and pro-active approach.

2. Clinical and Technical skills (Can-MEDS-FM: FM Expert)

- a) History and Physical exams: Perform age and sex appropriate history taking and physical examinations.
- b) Demonstrate procedural skills including:
 - i. Lacerations: Repair simple lacerations, address tetanus status, manage infection risk, cosmetic concerns and tendon involvement.
 - ii. Fractures and Dislocations: Diagnose fracture or joint dislocation using imaging, rule out life- or limb-threatening complications, immobilize +/- reduce appropriately.
 - iii. Airway, arrhythmia, circulatory resuscitation: Manage a compromised airway, serious arrhythmias and other acute cardiovascular compromise.
 - iv. Slit lamp: In ocular emergencies and red eye manage foreign bodies, corneal abrasion, and herpes zoster appropriately.

3. Problem formation & synthesis, knowledge-base & prescribing skills (including use of Evidence-Based approach to manage clinical problems) (CanMEDS-FM: FM Medical Expert, Scholar)

- a) Demonstrate overall knowledge appropriate for level of training (e.g. epidemiology, pathophysiology, EM literature, EBM).
- b) Test ordering and interpretation: Order diagnostic imaging tests appropriately using decision tools where available (eg Ottawa Ankle Rules, Ottawa Knee Rules, C-spine, CT head rules). Use a systematic approach to interpret ECGs and imaging.
- c) Diagnostic & Management skills: Make appropriate diagnoses, differential diagnoses and management plans (including workup, monitoring, therapy) for conditions common in the ER including:

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| 1) Abdominal and pelvic pain | 13) Hematologic conditions including thrombosis/pulmonary embolism/deep vein thrombosis |
| 2) Anaphylaxis and Allergic Reactions | 14) Infectious conditions |
| 3) Chest pain and cardiovascular conditions | 15) Loss of consciousness |
| 4) Dehydration, electrolyte and acid-base disturbances | 16) Neurologic conditions including stroke/ transient ischemic attack |
| 5) Dizziness and vertigo | 17) Poisoning and toxin exposure |
| 6) Domestic violence and sexual assault | 18) Psychiatric conditions, patient crisis, suicide assessment |
| 7) Ear, nose and throat conditions | |
| 8) Endocrine conditions | |

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| 9) Eye conditions, ocular emergencies | 19) Respiratory conditions |
| 10) Fractures and Dislocations, Lacerations | 20) Psychiatric emergencies |
| 11) Gastro intestinal conditions | 21) Trauma |
| 12) Genitourinary, vaginal & uterine conditions | |

4. Team Participant (CanMEDS-FM: Collaborator, Scholar, Professional)

- a) Team work: Collaborate effectively with the other health professionals in the ED setting; manage any health professional conflicts or disagreements; communicate and collaborate with primary care physicians, and consultant services.
- b) Teach and/or supervise (if applicable) more junior learners effectively.

5. Organizational Abilities (CanMEDS-FM: Manager, Collaborator, Health Advocate, Professional)

- a) Manage time & ER resources: Allocate resources appropriately; take into account cost and the use of limited resources; contribute to ER flow demonstrating the ability to multi-task safely, and make decisions efficiently.
- b) ER Disposition: Ensure timely and appropriate disposition of patients from the ER (home, to other facilities, or admission to hospital), and clear communication with patients families, other physicians (including family physicians).
- c) Patient transport, stabilization (In Rural ER): Recognize when a patient should be transported to another facility (by land, sea or air), manage patients with advice from specialists at a distance, coordinate transfer and adequately stabilize and prepare the patient for transport.

6. Professionalism, Self-Direction, Motivation, Responsibility, Self-Care (CanMEDS-FM: Professional, Health Advocate)

- a) Demonstrate professionalism: Arrive on time; demonstrate dedication to patient care; understand medico-legal obligations; deal with the effects of shiftwork to ensure performance and safety.
- b) Apply appropriate personal protective equipment (masks, gloves, gowns) and safety and infection control procedures (eg hand-washing).

Prepared by Dr Eric Wooltorton, Director of Curriculum in February 2016. Approved by the PG Executive Committee of the Department of Family Medicine: 2016/07/07