

*Effective for residents who enter training on or after July 1, 2018.*

## **DEFINITION**

Emergency Medicine is the branch of specialty practice that is concerned with the resuscitation and management of patients in all age groups with injuries, acute illnesses, and acute exacerbations of chronic illness.

## **EMERGENCY MEDICINE PRACTICE**

Royal College specialist emergency medicine physicians use highly developed clinical reasoning skills to care for patients with acute and often undifferentiated health problems, across a broad spectrum of illnesses and injuries in all age groups, frequently before complete clinical or diagnostic information is available. Specialist emergency medicine physicians are able to determine which conditions require immediate care and which conditions can be investigated and managed in different settings. They assume a consultant's role in the specialty, providing comprehensive adult and pediatric emergency care in academic/teaching, community, or regional hospital settings.

Specialist emergency medicine physicians are experts in resuscitation of patients, often with undifferentiated presentations. They apply expertise in the anatomy, physiology, pathophysiology, pharmacology, toxicology, and management of all acute presentations. Specialist emergency medicine physicians use their comprehensive knowledge of related fields at the interface between emergency care provision and other components of the health care system, including toxicology, traumatology, prehospital care, environmental medicine, and disaster medicine.

Emergency Medicine is a cornerstone of Canadian health care, providing universal access to care for all patient presentations, including underserved and/or disadvantaged populations, at all times. Specialist emergency medicine physicians are an academic and community resource, providing advanced clinical patient care; supporting other physicians and health care professionals in an emergency setting; providing leadership in the administration of emergency departments, emergency medical systems, health care institutions, and related programs; and conducting research and education with the goal of advancing knowledge and improving individual and/or community health outcomes.

In Canada, residency training leading to specialist Emergency Medicine certification is only completed through Emergency Medicine residency training programs accredited by the Royal College.

## EMERGENCY MEDICINE COMPETENCIES

### Medical Expert

#### **Definition:**

As Medical Experts, specialist emergency medicine physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

**Key and Enabling Competencies: Specialist emergency medicine physicians are able to...**

#### **1. Practise medicine within their defined scope of practice and expertise**

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Emergency Medicine
- 1.3. Apply knowledge of the clinical and biomedical sciences relevant to Emergency Medicine
  - 1.3.1. Anatomy, physiology, and pathophysiology as related to clinical presentations in emergency medicine
    - 1.3.1.1. Anatomy of the internal organs, and the musculoskeletal and neurologic systems, including surface anatomy and sonoanatomy, to guide diagnostic and therapeutic procedures
    - 1.3.1.2. Physiology as it applies to the cardiac, vascular, pulmonary, gastrointestinal and hepatobiliary, genitourinary, gynecologic, endocrine, neurological, musculoskeletal, hematologic, and immunologic systems throughout the life course, including pregnancy and aging
    - 1.3.1.3. Pathophysiology of the cardiac, vascular, pulmonary, gastrointestinal and hepatobiliary, genitourinary, gynecologic, endocrine, neurological, musculoskeletal, hematologic, and immunologic systems
    - 1.3.1.4. Pathophysiology of shock and infection
  - 1.3.2. Epidemiology of common acute illnesses
  - 1.3.3. Microbiology of community and hospital acquired infections
  - 1.3.4. Principles of antimicrobial prophylaxis, antibiotic stewardship, and infection prevention and control
  - 1.3.5. Principles of immune dysfunction in autoimmune disease and the immune-compromised host
  - 1.3.6. Pharmacology as it relates to the pharmacokinetics, pharmacodynamics, mechanism of action, routes of delivery, elimination, and adverse effects
    - 1.3.6.1. Analgesics
    - 1.3.6.2. Antimicrobials
    - 1.3.6.3. Cardiovascular medications

- 1.3.6.4. Endocrine medications
- 1.3.6.5. Immune modulating therapies
- 1.3.6.6. Neuropsychiatric medications
- 1.3.6.7. Respiratory medications
- 1.3.6.8. Common recreational drugs
- 1.3.6.9. Supplementary and complementary medications and products
  
- 1.3.7. Toxicology as relevant to Emergency Medicine
- 1.3.8. General concepts in the management of the injured patient
- 1.3.9. Mechanisms of injury
- 1.3.10. Principles of resuscitation and critical care
- 1.3.11. Principles of prehospital medicine
- 1.3.12. Principles of managing or responding to environmental emergencies
- 1.3.13. Principles of emergency preparedness and disaster medicine
  
- 1.4. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
  - 1.4.1. Modify the management strategy as the patient's condition evolves, as determined from further clinical assessments and diagnostic information
  
- 1.5. Carry out professional duties in the face of multiple competing demands
  - 1.5.1. Triage care for multiple patients, while maintaining emergency department flow and ensuring high-quality care
  
- 1.6. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in Emergency Medicine practice
  - 1.6.1. Identify circumstances in which diagnostic uncertainty exists and use presumptive management appropriately in the resolution of these circumstances
  
- 2. Perform a patient-centred clinical assessment and establish a management plan**
  - 2.1. Prioritize issues to be addressed in a patient encounter
    - 2.1.1. Perform selective clinical investigations concurrently with emergency patient management when circumstances dictate
    - 2.1.2. Recognize and manage crisis situations
    - 2.1.3. Recognize and manage critically ill patients
    - 2.1.4. Triage and set appropriate priorities when dealing with single or multiple critically ill patient(s)

- 2.2. Elicit a history, perform a relevant physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
  - 2.2.1. Perform accurate and complete clinical assessments of patients presenting with non-specific clinical complaints and syndromes
  - 2.2.2. Perform timely and selective clinical reassessments to optimize and facilitate patient care
  - 2.2.3. Perform a mental health assessment to determine a patient's risk for self-harm or harm to others
  - 2.2.4. Use alternative sources of information to complete or substantiate clinical information as appropriate
  - 2.2.5. Identify likely and less common serious/life-threatening conditions
  - 2.2.6. Select medically appropriate investigative methods in a resource-effective and ethical manner with attention to their diagnostic utility, safety, availability, and cost
  - 2.2.7. Interpret relevant diagnostic images, including but not limited to plain radiographs, computed tomographic (CT) studies, and point-of-care ultrasound studies
  - 2.2.8. Interpret relevant laboratory tests
  - 2.2.9. Interpret electrocardiograms
  - 2.2.10. Use sound clinical reasoning and judgment to guide diagnostic and management decisions, even in circumstances where complete clinical or diagnostic information is not immediately available
  - 2.2.11. Recognize and mitigate the risk of over-investigation and over-diagnosis
- 2.3. Establish goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation
  - 2.3.1. Ensure patients receive appropriate end-of-life care
- 2.4. Establish a patient-centred management plan
  - 2.4.1. Organize appropriate investigations in collaboration with the patient and the patient's family\*, when possible
  - 2.4.2. Rapidly assess and manage patients with acute and/or undifferentiated illnesses or injuries, ranging from life-threatening events to less severe conditions
    - 2.4.2.1. Trauma, including injuries to the following areas/body systems
      - 2.4.2.1.1. Head

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\* Throughout this document, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

- 2.4.2.1.2. Spine
  - 2.4.2.1.3. Thorax
  - 2.4.2.1.4. Vascular
  - 2.4.2.1.5. Abdomen
  - 2.4.2.1.6. Genitourinary
  - 2.4.2.1.7. Musculoskeletal
  - 2.4.2.1.8. Nervous system: central and peripheral
  - 2.4.2.1.9. Face
  - 2.4.2.1.10. Skin and soft tissue
- 2.4.2.2. Acute medical and surgical presentations, including but not limited to the following
- 2.4.2.2.1. Head and neck
    - 2.4.2.2.1.1. Diplopia
    - 2.4.2.2.1.2. Eye pain
    - 2.4.2.2.1.3. Acute change in vision
    - 2.4.2.2.1.4. Red eye
    - 2.4.2.2.1.5. Ear pain
    - 2.4.2.2.1.6. Loss of hearing
    - 2.4.2.2.1.7. Dental pain
    - 2.4.2.2.1.8. Dysphagia
    - 2.4.2.2.1.9. Sore throat
    - 2.4.2.2.1.10. Stridor
  - 2.4.2.2.2. Neurological
    - 2.4.2.2.2.1. Altered level of consciousness
    - 2.4.2.2.2.2. Ataxia
    - 2.4.2.2.2.3. Headache
    - 2.4.2.2.2.4. Paralysis
    - 2.4.2.2.2.5. Paresthesia/dysesthesia
    - 2.4.2.2.2.6. Seizures
    - 2.4.2.2.2.7. Vertigo

- 2.4.2.2.3. Cardio-pulmonary
  - 2.4.2.2.3.1. Chest pain
  - 2.4.2.2.3.2. Dysrhythmia
  - 2.4.2.2.3.3. Edema
  - 2.4.2.2.3.4. Syncope
  - 2.4.2.2.3.5. Cough
  - 2.4.2.2.3.6. Cyanosis
  - 2.4.2.2.3.7. Dyspnea
  - 2.4.2.2.3.8. Hemoptysis
  - 2.4.2.2.3.9. Wheezing
  
- 2.4.2.2.4. Abdominal
  - 2.4.2.2.4.1. Abdominal pain
  - 2.4.2.2.4.2. Ascites
  - 2.4.2.2.4.3. Diarrhea
  - 2.4.2.2.4.4. Gastrointestinal bleeding
  - 2.4.2.2.4.5. Jaundice
  - 2.4.2.2.4.6. Nausea and/or vomiting
  
- 2.4.2.2.5. Genitourinary/gynecological
  - 2.4.2.2.5.1. Abnormal vaginal bleeding
  - 2.4.2.2.5.2. Dysuria
  - 2.4.2.2.5.3. Genital rash and ulcers
  - 2.4.2.2.5.4. Hematuria
  - 2.4.2.2.5.5. Pelvic pain
  - 2.4.2.2.5.6. Scrotal pain
  - 2.4.2.2.5.7. Urethral discharge
  - 2.4.2.2.5.8. Vaginal discharge
  - 2.4.2.2.5.9. Urinary retention
  
- 2.4.2.2.6. Musculoskeletal
  - 2.4.2.2.6.1. Back pain
  - 2.4.2.2.6.2. Limb pain/swelling
  - 2.4.2.2.6.3. Joint pain/swelling
  - 2.4.2.2.6.4. Neck pain

2.4.2.2.7. Skin and soft tissue

2.4.2.2.7.1. Abscesses

2.4.2.2.7.2. Soft tissue infections

2.4.2.2.7.3. Necrotizing infections

2.4.2.2.7.4. Bites

2.4.2.2.7.5. Chemical, electrical, and thermal burns

2.4.2.2.7.6. Rashes

2.4.2.2.8. Systemic

2.4.2.2.8.1. Fever

2.4.2.2.8.2. Poisoning

2.4.2.2.8.3. Sepsis

2.4.2.2.8.4. Shock

2.4.2.2.8.5. Weakness

2.4.2.2.8.6. Weight loss

2.4.2.3. Psychiatric and behavioural disorders

2.4.2.4. Conditions presenting in special populations, including

2.4.2.4.1. The pregnant patient and her fetus

2.4.2.4.2. Pediatric patients

2.4.2.4.3. Geriatric patients

2.4.2.4.4. Patients who are immunocompromised and/or transplant recipients

2.4.2.4.5. Patients with cancer

2.4.2.4.6. Patients at the end of life

2.4.2.4.7. Victims of intimate partner abuse, and/or children exposed to abuse or neglect

2.4.2.4.8. Returning travellers

2.4.2.4.9. Recent immigrants

**3. Plan and perform procedures and therapies for the purpose of assessment and/or management**

3.1. Determine the most appropriate procedures or therapies

3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy, when feasible

- 3.2.1. Apply knowledge of the indications, contraindications, methods, and potential complications of the therapeutic and investigative procedures employed in Emergency Medicine
- 3.2.2. Ensure informed consent is obtained for investigations and procedures, when feasible
- 3.3. Prioritize procedures or therapies, taking into account clinical urgency and available resources
- 3.4. Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances

Diagnostic procedures, including but not limited to

- 3.4.1. Abdominal paracentesis
- 3.4.2. Arterial blood gas sampling
- 3.4.3. Arthrocentesis
- 3.4.4. End-tidal carbon dioxide monitoring
- 3.4.5. Emergency urethrography
- 3.4.6. Lumbar puncture and measurement of cerebrospinal fluid pressure
- 3.4.7. Slit-lamp examination
- 3.4.8. Thoracentesis
- 3.4.9. Tonometry
- 3.4.10. Venipuncture

Targeted emergency department ultrasound examinations, including but not limited to

- 3.4.11. Global estimation of left ventricular function
- 3.4.12. Identification of pericardial effusion
- 3.4.13. Identification of pneumothorax
- 3.4.14. Identification of hemothorax or pleural effusion
- 3.4.15. Identification of abdominal aortic aneurysm
- 3.4.16. Identification of abdominal or pelvic free fluid
- 3.4.17. Identification of first trimester intrauterine gestation
- 3.4.18. Facilitation of vascular access

Therapeutic airway procedures, including but not limited to

- 3.4.19. Basic airway management
- 3.4.20. Supraglottic airway device insertion
- 3.4.21. Laryngoscopy
- 3.4.22. Mask ventilation
- 3.4.23. Mechanical ventilation



- 3.4.24. Non-invasive ventilation
- 3.4.25. Orotracheal intubation
- 3.4.26. Percutaneous transtracheal ventilation
- 3.4.27. Rapid sequence intubation
- 3.4.28. Removal of upper airway foreign bodies
- 3.4.29. Surgical cricothyrotomy
- 3.4.30. Tracheostomy tube change
- 3.4.31. Upper airway, laryngeal, and tracheal endoscopy

Minor therapeutic procedures relevant to the practice of Emergency Medicine, including but not limited to

- 3.4.32. Abdominal or inguinal hernia reduction
- 3.4.33. Anterior intranasal packing
- 3.4.34. Bladder catheterization, including suprapubic catheterization
- 3.4.35. Bursa aspiration/injection
- 3.4.36. Hemorrhoid management
- 3.4.37. Penile injection and aspiration
- 3.4.38. Testicular detorsion

Therapeutic procedures relevant to the critically ill patient, including but not limited to

- 3.4.39. Defibrillation
- 3.4.40. Electrical cardioversion
- 3.4.41. Transcutaneous pacing
- 3.4.42. Transvenous cardiac pacing
- 3.4.43. Pericardiocentesis
- 3.4.44. Needle thoracentesis
- 3.4.45. Thoracotomy and pericardiotomy
- 3.4.46. Thoracostomy tube insertion
- 3.4.47. Lateral canthotomy and inferior cantholysis
- 3.4.48. Posterior intranasal packing
- 3.4.49. Perimortem hysterotomy

Peripheral and central vascular access and line insertion/monitoring, including but not limited to

- 3.4.50. Arterial catheterization
- 3.4.51. Femoral vein
- 3.4.52. Internal jugular vein

- 3.4.53. Intraosseous
- 3.4.54. Large and/or deep peripheral vein
- 3.4.55. Subclavian vein (adult patients only)
- 3.4.56. Scalp vein (pediatric patients only)
- 3.4.57. Umbilical vein (neonates only)

Local/regional anesthesia and procedural sedation, including but not limited to

- 3.4.58. Field block
- 3.4.59. Peripheral nerve block
- 3.4.60. Pediatric and adult procedural sedation and systemic analgesia

Simple and complex wound repair, including but not limited to

- 3.4.61. Wound debridement
- 3.4.62. Wound hematoma evacuation
- 3.4.63. Wound closure, including multiple layer closure
- 3.4.64. Application of bandages/dressings
- 3.4.65. Extensor tendon repair
- 3.4.66. Management of fingertip amputation
- 3.4.67. Nail bed laceration repair

Extraction of foreign bodies

- 3.4.68. Corneal or conjunctival
- 3.4.69. Nasal
- 3.4.70. Otic
- 3.4.71. Rectal
- 3.4.72. Skin and subcutaneous tissue
- 3.4.73. Vaginal

Definitive interventions for soft tissue infections, including but not limited to

- 3.4.74. Incision and drainage of abscesses

Management of fractures and dislocations, including but not limited to

- 3.4.75. Application and removal of cervical collar
- 3.4.76. Spinal immobilization
- 3.4.77. Application and removal of femoral traction device
- 3.4.78. Immobilization of unstable pelvic fractures
- 3.4.79. Reduction and immobilization of extremity fractures

3.4.80. Reduction of joint subluxations and dislocations

3.4.81. Reduction of mandibular dislocations

Management of normal and complicated deliveries, including but not limited to

3.4.82. Normal vaginal delivery

3.4.83. Complicated vaginal delivery

3.4.84. Newborn and premature infant resuscitation

3.4.85. Management of postpartum hemorrhage

#### **4. Establish plans for ongoing care and, when appropriate, timely consultation**

4.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation

4.1.1. Provide post exposure prophylaxis or vaccination, as appropriate

4.1.2. Determine the need for referral for medical, mental health and/or psychological services, and social supports

4.1.3. Coordinate outpatient care and follow-up for a discharged patient

4.1.4. Coordinate continuity of care with a physician who has referred a patient to the emergency department for care

4.1.5. Provide follow-up for diagnostic test results that become available after a patient's discharge from the emergency department

#### **5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety**

5.1. Recognize and respond to harm from health care delivery, including patient safety incidents

5.1.1. Recognize near misses in real time and respond to correct them, preventing them from reaching the patient

5.1.2. Actively encourage all involved in providing health care to report and respond to unsafe situations

5.1.3. Disclose adverse events or near misses to patients and their families

5.2. Adopt strategies that promote patient safety and address human and system factors

5.2.1. Apply the principles of situational awareness to clinical practice

5.2.2. Apply appropriate measures for protection of health care providers during the entire patient encounter to avoid exposure or contamination, including infectious agents, and biologic, chemical, and radiation hazards

5.2.3. Practise appropriate infection control precautions

## Communicator

### **Definition:**

As *Communicators*, specialist emergency medicine physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

**Key and Enabling Competencies: Specialist emergency medicine physicians are able to...**

### **1. Establish professional therapeutic relationships with patients and their families**

- 1.1. Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
- 1.2. Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 1.3. Recognize when the perspectives, values, or biases of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
  - 1.3.1. Demonstrate knowledge of and attention to different ethnic, social, and cultural backgrounds
- 1.4. Respond to a patient's non-verbal behaviours to enhance communication
- 1.5. Manage disagreements and emotionally charged conversations
  - 1.5.1. Defuse interactions with patients using verbal and non-verbal de-escalation techniques
- 1.6. Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances

### **2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families**

- 2.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
  - 2.1.1. Act professionally when inquiring about sensitive issues or information
- 2.2. Provide a clear structure for and manage the flow of an entire patient encounter
- 2.3. Seek and synthesize relevant information from other sources, including relevant medical records, the patient's family, other physicians, first responders, and other health professionals, with the patient's consent

### **3. Share health care information and plans with patients and their families**

- 3.1. Share information and explanations that are clear, accurate, and timely while assessing for patient and family understanding

- 3.1.1. Provide effective, clear, and thorough explanations of diagnosis, investigation, management, and expected outcome empathetically, even during times of crisis
- 3.2. Disclose harmful patient safety incidents to patients and their families accurately and appropriately
- 4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals**
  - 4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
  - 4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
  - 4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health
- 5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy**
  - 5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
    - 5.1.1. Document and disseminate information related to the investigations performed when appropriate
  - 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
  - 5.3. Share information with patients and others in a manner that respects patient privacy and confidentiality and enhances understanding

## **Collaborator**

### ***Definition:***

As *Collaborators*, specialist emergency medicine physicians work effectively with other health care professionals to provide safe, high-quality patient-centred care.

### ***Key and Enabling Competencies: Specialist emergency medicine physicians are able to...***

- 1. Work effectively with physicians and other colleagues in the health care professions**
  - 1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care
    - 1.1.1. Respond positively to requests for help or advice

- 1.1.2. Accommodate requests from community or hospital physicians for assistance or advice in patient management
- 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
  - 1.2.1. Optimize and expedite patient care through involvement of other health care professionals and appropriate delegation
  - 1.2.2. Coordinate the activities and interactions of multiple consulting services in complex cases
  - 1.2.3. Solicit input from appropriate members of the health care team and keep the team apprised of management plans and rationale
  - 1.2.4. Communicate effectively during crisis situations in the emergency department
  - 1.2.5. Communicate effectively during disasters involving the emergency department and/or hospital and/or region
- 1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
- 2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts**
  - 2.1. Show respect toward collaborators
  - 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture
- 3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care**
  - 3.1. Determine when care should be transferred to another physician or health care professional
  - 3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care
    - 3.2.1. Exchange necessary information at time of physician handover in a concise and comprehensive manner regarding patients who are expected, active, and discharged

## Leader

### **Definition:**

As *Leaders*, specialist emergency medicine physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

**Key and Enabling Competencies: Specialist emergency medicine physicians are able to...**

### **1. Contribute to the improvement of health care delivery in teams, organizations, and systems**

- 1.1. Apply the science of quality improvement to contribute to improving systems of patient care
- 1.2. Contribute to a culture that promotes safety
- 1.3. Analyze patient safety incidents to enhance systems of care
  - 1.3.1. Participate in the process for addressing adverse events
  - 1.3.2. Modify their practice to address safety and quality concerns
- 1.4. Use health informatics to improve the quality of patient care and optimize patient safety
  - 1.4.1. Demonstrate an understanding of the utility and application of emergency department information systems
  - 1.4.2. Use electronic information systems efficiently to access relevant scientific, clinical, and administrative information
  - 1.4.3. Use information technology to gather evidence when planning operational changes in emergency department

### **2. Engage in the stewardship of health care resources**

- 2.1. Allocate health care resources for optimal patient care
  - 2.1.1. Recognize the importance of the just allocation of health care resources, balancing effectiveness, efficiency, and access with optimal patient care
  - 2.1.2. Demonstrate knowledge of and utilize specific strategies to manage emergency department flow
    - 2.1.2.1. Facilitate management of unexpected surges in patient numbers and/or acuity
    - 2.1.2.2. Facilitate management of real or simulated disaster situations
- 2.2. Apply evidence and management processes to achieve cost-appropriate care

**3. Demonstrate leadership in professional practice**

- 3.1. Demonstrate leadership skills to enhance health care
  - 3.1.1. Support and lead change in the delivery of prehospital care
  - 3.1.2. Contribute to the design and evaluation of hospital mass casualty and disaster medicine policies and procedures.
  - 3.1.3. Develop patient care and/or triage protocols
- 3.2. Facilitate change in health care to enhance services and outcomes

**4. Manage career planning, finances, and health human resources in a practice**

- 4.1. Set priorities and manage time to integrate practice and personal life
  - 4.1.1. Balance clinical, academic, and administrative duties in an emergency medicine practice
  - 4.1.2. Set realistic priorities, and utilize time and resources in an efficient manner to reach goals and to meet personal and professional commitments
- 4.2. Manage a career and a practice
  - 4.2.1. Manage their practice, in alignment with a group of emergency medicine physicians in an emergency department, including finances and human resources
  - 4.2.2. Act as an effective team leader in crisis situations, practising the principles of crisis resource management
  - 4.2.3. Employ strategies to ameliorate the negative effects of crises, affecting individual or multiple patients, on the care of other patients in the emergency department
- 4.3. Implement processes to ensure personal practice improvement



## Health Advocate

### **Definition:**

As *Health Advocates*, specialist emergency medicine physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

**Key and Enabling Competencies: Specialist emergency medicine physicians are able to...**

### **1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment**

- 1.1. Work with patients to address determinants of health that affect them and their access to needed health services or resources
  - 1.1.1. Facilitate patient access to services and resources, particularly underserved and disadvantaged populations
- 1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours
  - 1.2.1. Identify community resources or agencies that address the health needs of patients, particularly underserved and disadvantaged populations
- 1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients, including addictions, injury prevention, interpersonal violence, and child/elder abuse and neglect

### **2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner**

- 2.1. Work with a community or population to identify the determinants of health that affect them
  - 2.1.1. Analyze policies that affect the community they serve, particularly underserved and disadvantaged populations
- 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
  - 2.2.1. Report clusters of unusual cases seen in practice, balancing patient confidentiality with the duty to protect public health
- 2.3. Contribute to a process to improve health in the community or population they serve

## Scholar

### **Definition:**

As *Scholars*, specialist emergency medicine physicians demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating of evidence, and contributing to scholarship.

**Key and Enabling Competencies: Specialist emergency medicine physicians are able to...**

### **1. Engage in the continuous enhancement of their professional activities through ongoing learning**

- 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
- 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

### **2. Teach students, residents, the public, and other health care professionals**

- 2.1. Recognize the influence of role-modeling and the impact of the formal, informal, and hidden curriculum on learners
- 2.2. Promote a safe learning environment
- 2.3. Ensure patient safety is maintained when learners are involved
- 2.4. Plan and deliver learning activities
- 2.5. Provide feedback to enhance learning and performance
- 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

### **3. Integrate best available evidence into practice**

- 3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them
- 3.2. Identify, select, and navigate pre-appraised resources
- 3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 3.4. Integrate evidence into decision-making in their practice

### **4. Contribute to the creation and dissemination of knowledge and practices applicable to health**

- 4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care

- 4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations
- 4.3. Contribute to the work of a research program
- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
  - 4.4.1. Conduct and disseminate scholarly research, quality improvement, or educational work relevant to Emergency Medicine
- 4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

## **Professional**

### ***Definition:***

As *Professionals*, specialist emergency medicine physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

***Key and Enabling Competencies: Specialist emergency medicine physicians are able to...***

- 1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards**
  - 1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
  - 1.2. Demonstrate a commitment to excellence in all aspects of practice
  - 1.3. Recognize and respond to ethical issues encountered in practice
    - 1.3.1. Recognize the role and limits of response to situations that require the physician to act in the best interest of a patient with limited or impaired capacity for consent
  - 1.4. Recognize and manage conflicts of interest
  - 1.5. Exhibit professional behaviours in the use of technology-enabled communication
- 2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care**
  - 2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
    - 2.1.1. Describe the process of performance review and credentialing

2.2. Demonstrate a commitment to patient safety and quality improvement

**3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation**

3.1. Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice

3.1.1. Address complaints from patients, family members, and colleagues

3.1.2. Recognize, document, and appropriately report patients and/or their children experiencing or at risk of violence or neglect

3.1.3. Report illnesses or trauma, as required by legislation, to government agencies

3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions

3.3. Participate in peer assessment and standard-setting

**4. Demonstrate a commitment to physician health and well-being to foster optimal patient care**

4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance

4.1.1. Use effective coping strategies to address negative emotional responses to exposure to violence and emotionally charged events

4.1.2. Adopt best practice self-care to mitigate the effects of shift work

4.1.3. Use effective coping strategies to deal with the stressors of decision-making and prioritizing interventions in a leadership role

4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle

4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need

This document is to be reviewed by the Specialty Committee in Emergency Medicine by December 30, 2019.

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