

These training requirements apply to those who begin training on or after July 1, 2018.

The following training experiences are required or recommended, as indicated.

TRANSITION TO DISCIPLINE (TTD)

The focus of this stage is the orientation and introduction of new trainees to the emergency medicine team. Trainees are expected to assess and provide initial management for key emergency presentations, as well as to recognize critically ill patients and initiate basic life support. Trainees will demonstrate effective and appropriate communication with patients and members of the health care team to facilitate the flow of information necessary for patient care, including the use of clinical informatics and the provision of appropriate documentation of patient encounters.

Required training experiences (TTD stage):

1. Clinical training experiences
 - 1.1. Adult or general emergency medicine
2. Other training experiences
 - 2.1. Simulated presentations of cardiorespiratory arrest, dysrhythmias, shock, respiratory distress, and altered level of consciousness
 - 2.2. Orientation to institutional policies and practices
 - 2.3. Orientation to the Royal College Competence by Design (CBD) process
 - 2.4. Orientation to residency curriculum
 - 2.5. Formal instruction in
 - 2.5.1. Local and provincial legal requirements relevant to the practice of medicine
 - 2.5.2. Institutional requirements for documentation in the emergency department (ED)
 - 2.5.3. Clinical informatics
 - 2.5.3.1. Retrieval and manipulation of data across multiple data sources
 - 2.5.3.2. Data security, authentication, and veracity of information retrieval
 - 2.5.3.3. Decision support via point-of-care tools to guide patient management and incorporate best evidence into clinical practice
 - 2.5.4. Professionalism
 - 2.5.5. Occupational safety

- 2.5.5.1. Personal protective equipment use
- 2.5.5.2. Self-protection with violent patients

- 2.6. Orientation to resources for physician wellness
- 2.7. Orientation to education resources, including access to sample learning plans

Recommended training experiences (TTD stage):

- 3. Other training experiences
 - 3.1. Formal instruction in
 - 3.1.1. Airway assessment and predictors of difficult bag-valve-mask ventilation, and intubation and basic airway skills
 - 3.1.2. Electrocardiogram (ECG) interpretation
 - 3.1.3. Basic radiology interpretation
 - 3.1.4. Performance and interpretation of point-of-care ultrasound (POCUS)
 - 3.1.5. Wound repair
 - 3.1.6. Immobilization of extremities
 - 3.1.7. Slit-lamp use
 - 3.1.8. How to maintain wellness during residency
 - 3.1.9. Best practices for learning in residency
 - 3.1.10. Verbal and non-verbal de-escalation techniques

FOUNDATIONS OF DISCIPLINE (F)

The focus of this stage is to develop the knowledge and skills required to assess and manage uncomplicated urgent and non-urgent patient presentations, and provide initial resuscitation and symptom management of critically ill or injured patients. Trainees are expected to integrate as a positive and collaborative member of the health care team, contributing to and facilitating high-quality patient-centred care. In addition, trainees will be required to perform basic procedures of Emergency Medicine, interpret basic investigations, and incorporate new evidence into patient care via critical appraisal activities.

Required training experiences (Foundations stage):

- 1. Clinical training experiences
 - 1.1. Adult or general emergency medicine

- 2. Other training experiences
 - 2.1. Simulated presentations in adult and pediatric age group, which must include
 - 2.1.1. Cardiac arrest
 - 2.1.2. Cardiac dysrhythmias
 - 2.1.3. Shock
 - 2.1.4. Respiratory distress
 - 2.1.5. Altered level of consciousness
 - 2.1.6. Airway management

- 2.2. Formal instruction in
 - 2.2.1. Approach to key ED presentations
 - 2.2.2. Basics of resuscitation
 - 2.2.3. Patient safety
 - 2.2.4. Triage systems and processes
 - 2.2.5. Collaboration and teamwork
 - 2.2.6. Evidence-based patient communication
 - 2.2.7. Interpretation of basic radiography and of computed tomography of the head
 - 2.2.8. ECG interpretation
 - 2.2.9. POCUS
 - 2.2.10. Evidence-based medicine and critical appraisal of literature
 - 2.2.11. Resource stewardship (e.g., Choosing Wisely recommendations)
 - 2.2.12. Quality improvement and quality assurance processes

Recommended training experiences (Foundations stage):

- 3. Clinical training experiences
 - 3.1. Adults requiring airway management and ventilation
 - 3.1.1. Planned
 - 3.1.2. Unplanned and/or emergent
- 4. Other training experiences
 - 4.1. Simulation training for procedural skills in adults
 - 4.1.1. Ultrasound-guided central venous access
 - 4.1.2. Intraosseous access
 - 4.2. Simulation training for advanced communication skills
 - 4.3. Formal instruction in the history of Emergency Medicine

CORE OF DISCIPLINE (C)

The focus of this stage is to demonstrate the core skills and knowledge required to diagnose and manage the wide breadth of patient presentations encountered in the emergency department, from pregnancy to end-of-life care. Trainees at this stage build on the skills in previous stages to perform advanced procedures, liaise effectively with emergency medical services, and provide access to community resources. In addition, trainees will be responsible for teaching junior learners and engaging in scholarly activities.

Required training experiences (Core stage):

- 1. Clinical training experiences
 - 1.1. Adult or general emergency medicine
 - 1.2. Community emergency medicine
 - 1.3. Pediatric emergency medicine

- 1.4. Critical care
 - 1.5. Trauma care
 - 1.6. Cardiac care in a critical care environment
 - 1.7. Acute musculoskeletal medicine
 - 1.8. Adult anesthesia in the operating room
 - 1.9. Labour and delivery
 - 1.10. Internal medicine consultations to the emergency department
 - 1.11. Emergency medical service (EMS) experience, including observation of prehospital care
 - 1.12. Medical toxicology
 - 1.13. POCUS
2. Other training experiences
 - 2.1. Simulation training for lumbar puncture in pediatric patients
 - 2.2. Simulated presentations of critical illness in adults
 - 2.2.1. Cardiorespiratory arrest
 - 2.2.2. Altered level of consciousness
 - 2.2.3. Shock
 - 2.2.4. Obstetrical emergencies
 - 2.2.5. Ingestion of or exposure to toxins
 - 2.2.6. Multi-system trauma
 - 2.3. Simulated presentations of critical illness in children
 - 2.3.1. Cardiorespiratory arrest
 - 2.3.2. Altered level of consciousness
 - 2.3.3. Shock
 - 2.3.4. Ingestion of or exposure to toxins
 - 2.3.5. Multi-system trauma
 - 2.4. Simulation training for procedural skills
 - 2.4.1. Extensor tendon repair
 - 2.4.2. Cricothyroidotomy
 - 2.4.3. Thoracotomy
 - 2.4.4. Fiberoptic airway management
 - 2.5. Simulated exercise in disaster medicine
 - 2.6. Formal instruction in
 - 2.6.1. Advanced resuscitation
 - 2.6.2. Clinical and biomedical sciences as they relate to the clinical presentations identified in the *Emergency Medicine Competencies*
 - 2.6.3. Disaster medicine
 - 2.6.4. Teaching large groups
 - 2.6.5. Quantitative and qualitative research methods
 - 2.6.6. Wellness

2.6.7. Ethics and professionalism

Recommended training experiences (Core stage):

3. Clinical training experiences
 - 3.1. Neurosciences for experience in managing acute illness or injury to the brain
 - 3.2. General surgery consultations to the ED
 - 3.3. Pediatric medicine consultations to the ED
 - 3.4. Pediatric anesthesia in the operating room
 - 3.5. Pediatric critical care for experience in resuscitating and managing children with life-threatening illness or injury
 - 3.6. Plastic surgery for experience in managing hand injuries
 - 3.7. Psychiatry for experience in managing acute behavioural and mental health emergencies
 - 3.8. Training to meet individual learning goals (i.e., electives)

TRANSITION TO PRACTICE (TTP)

The focus of this stage is the consolidation of skills required to provide emergency consults and deal with uncertainty and complex personal interaction in the emergency department. Trainees are expected to manage the flow of a busy emergency department while providing high-quality care. In this stage they have greater responsibility for leading quality improvement and educational activities, and planning for their continued professional development.

Required training experiences (TTP stage):

1. Clinical training experiences
 - 1.1. Junior attending role in an emergency department *
2. Other training experiences
 - 2.1. Individualized training in an area of concentrated expertise[†] devoted to achieving particular expertise in an academic practice relevant to the specialty of Emergency Medicine
 - 2.2. Formal instruction in
 - 2.2.1. Career planning
 - 2.2.2. Chairing a meeting
 - 2.2.3. Teaching in the clinical setting
 - 2.2.4. Conflict management
 - 2.2.5. Financial planning
 - 2.2.6. Health care governance
 - 2.2.7. Health informatics

* Junior attending role includes independently managing patients, independently managing emergency department flow, providing expert consultation to other physicians or health care professionals, and supervising and teaching learners with indirect supervision from attending physician.

† An area of concentrated expertise must be clearly defined and structured with specific objectives, learning activities, and a plan for evaluation. An area of concentrated expertise cannot be used for remedial clinical work or general EM. An area of concentrated expertise may be started before TTP and does not need to be continuous. An area of concentrated expertise must be formally approved by the program director. Examples include education, clinical research, health care management, prehospital care, or other clinical disciplines relevant to EM.

- 2.2.8. Medico-legal aspects of practice, including allegations of malpractice, testimony in court, medico-legal reports, and rules of evidence
- 2.2.9. Principles of negotiation
- 2.2.10. Principles of continuous quality improvement
- 2.2.11. Remuneration plans
- 2.2.12. Responding to patient complaints

Recommended training experiences (TTP stage):

- 3. Clinical training experiences
 - 3.1. Emergency department experience in more than one facility
- 4. Other training experiences
 - 4.1. Regular participation in a committee

CERTIFICATION REQUIREMENTS

Royal College certification in Emergency Medicine requires all of the following:

- 1. Successful completion of the Royal College examination in Emergency Medicine; and
- 2. Successful completion of the Emergency Medicine Portfolio.

NOTES:

The Emergency Medicine Portfolio refers to the list of entrustable professional activities across all four stages of the residency Competence Continuum, and associated national standards for assessment and achievement.

MODEL DURATION OF TRAINING

Progress in training occurs through demonstration of competence and advancement through the stages of the Competence Continuum. Emergency Medicine is planned as a 5-year residency program. There is no mandated period of training in each stage. Individual duration of training may be influenced by many factors, which may include but are not limited to the resident's singular progression through the stages, the availability of teaching and learning resources, and/or differences in program implementation. Duration of training in each stage is therefore at the discretion of the Faculty of Medicine, the Competence Committee, and the program director.

Guidance for postgraduate medical education offices

The stages of the Competence Continuum in Emergency Medicine are generally no longer than

*Transition to Discipline: 3 blocks**

Foundations of Discipline: 6-9 blocks

Core of Discipline: 36-40 blocks

Transition to Practice: 12-15 blocks

**One block is equal to 4 weeks*

EMERGENCY MEDICINE TRAINING EXPERIENCES 2018

This document is to be reviewed by the Specialty Committee in Emergency Medicine by December 31, 2019.

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