



International Federation for Emergency Medicine

INTERNATIONAL FEDERATION FOR EMERGENCY MEDICINE MODEL CURRICULUM FOR EMERGENCY MEDICINE

Cherri Hobgood, MD,¹ Venkataraman Anantharaman, MD,² Glen Bandiera, MD,³ Peter Cameron, MD,⁴ Pinchas Halperin, MD,⁵ Nicholas Jouriles, MD,⁶ Darren Kilroy, MD,⁷ Terrence Mulligan, MD,⁸ Andrew Singer, MD,⁹ for the International Federation for Emergency Medicine

Cherri Hobgood, University of North Carolina School of Medicine, Chapel Hill, NC, USA

²Venkataraman Anantharaman, Singapore General Hospital, Singapore, Singapore

³Glen Bandiera, University of Toronto, Toronto, ON, Canada

⁴Peter Cameron, MD

⁵Pinchas Halperin, Tel Aviv Medical Center, Tel Aviv, Israel

⁶Nicholas Jouriles, Akron General Medical Center, Akron, Ohio, USA

⁷Darren Kilroy, College of Emergency Medicine, London, United Kingdom

⁸Terrence Mulligan, Erasmus University School of Medicine, Rotterdam, The Netherlands

⁹Andrew Singer, Canberra Hospital, Woden, Australia

CONTACT INFORMATION: Cherri Hobgood, MD, Associate Professor, Associate Chair, Department of Emergency Medicine, UNC School of Medicine, CB 7594, UNC Hospitals, Chapel Hill, NC 27599; 919-966-6442; hobgood@med.unc.edu

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ABSTRACT

There is a critical and growing need for emergency physicians and emergency medicine resources worldwide. To meet this need, physicians must be trained to deliver time-sensitive interventions and life-saving emergency care. Currently, there is no internationally recognized, standard curriculum that defines the basic minimum standards for emergency medicine education. To address this deficit, the International Federation for Emergency Medicine (IFEM) convened a committee of international physicians, health professionals and other experts in emergency medicine and international emergency medicine development, to outline a curriculum for foundation training of medical undergraduates in emergency medicine. This curriculum document represents the consensus statement of this committee. The curriculum is designed with a focus on the basic minimum emergency medicine educational content that any medical school in the world should be delivering to its students during the undergraduate years of training. The curriculum is designed not to be prescriptive, but to assist educators and emergency medicine leadership in advancing physician education in basic emergency medicine content. The content would be relevant not just in communities with mature emergency medicine systems, but also in developing nations or in nations seeking to expand emergency medicine within current educational structures. We anticipate that there will be wide variability in how this curriculum is implemented and taught reflecting the existing educational milieu, the resources available, and the goals of the institutions' educational leadership.

INTRODUCTION

This curriculum establishes an international consensus on the core content of undergraduate level emergency medicine training with the goal of elevating the quality of acute care worldwide through an expansion of basic emergency medicine education. This curriculum further reflects the level of establishment of emergency medicine as a medical profession worldwide. The document is organized sequentially, as a framework rather than a comprehensive plan for educators. Educators using this curriculum should utilize the framework to develop educational programs that are contextualized and specifically fit to the local context and educational deficits. This model allows easy adaptation of any of the features and provides an example of an expanded 4-year curriculum for a single learning objective.

EXECUTIVE SUMMARY

- Vision:** To create an international model curriculum for foundation training in emergency medicine.
- Rationale:** There is critical, overwhelming and growing need for emergency physicians and other administrative, professional, clinical and academic emergency medicine resources worldwide. Currently, there exist a small number of national curricula for emergency medicine, but no standard, widely recognized international curriculum.
- Demand:** Currently worldwide, there are roughly 50+ countries involved in the processes of emergency medicine development. Internationally, a consensus is building regarding the demand for an international minimum basic standard for emergency medicine curriculum content.
- Goal:** To establish, develop and maintain an international curriculum for foundation training in Emergency Medicine. The curriculum should be developed by an international consortium of physicians, health professionals and other experts in Emergency Medicine and international emergency medicine development; and be approved, amended and maintained by an international collection of such experts.
- Endpoint:** To further train and educate physicians, medical professionals and other experts in Emergency Medicine, in order to provide the best quality emergency care in the multiple and growing number of nations where it is currently practiced, and to further establish Emergency Medicine as a medical profession worldwide.

MISSION STATEMENT

The International Federation for Emergency Medicine believes that:

Society has a right to expect that at the completion of their undergraduate training all physicians possess the basic knowledge of emergency care and the skills to manage common acute problems.

Emergency medicine is a core medical discipline and should be a required portion of the curriculum for every medical school, and every medical student, in the world.

Every physician, and graduating medical student, should be able to provide care in an emergency situation, without any faults or lack of confidence and independent of the location of the emergency.

Every physician, and medical student, should be able to manage clinical decision-making under pressure of time when it is essential to save lives.

Competence in basic emergency medicine should be an outcome measure for all medical students and represent a criteria required for conference of the degree.

PROFESSIONAL DEVELOPMENT

The clinical settings and environmental context for medical education varies widely throughout the world. To attain minimum basic competency in emergency medicine core learning objectives medical students must have a variety of opportunities for professional development. These opportunities should be longitudinal in nature, begin early in the pre-clinical years, and extend into clinical contexts that allow focus on acute and emergency conditions. The following basic guidelines should structure the educational process of achieving core competencies in minimum emergency medicine knowledge and skills.

During undergraduate and early training every medical student should:

- Acquire a fundamental knowledge of basic sciences as applied to emergency medicine and the assessment and immediate treatment of common emergencies.
- Develop existing clinical examination skills and apply them in clinical practice to develop differential diagnoses and provisional management plans for acute medical conditions and undifferentiated patients.
- Acquire expertise in a range of commonly used emergency procedural skills, including basic life support.

- Perform allocated tasks, manage time on the shop floor within the shift, and meet clinical deadlines.
- Teach informally on the shop floor and in specified circumstances in a more formal setting.
- Develop an understanding and basic awareness of clinical management issues when applied to acute care situations.
- Select and perform simple audit projects and understand the audit cycle to monitor care delivery and improve care quality.
- Understand the principles of critical appraisal and research methodology and apply these to acute care situations.
- Demonstrate the capacity to work in multi-professional teams.
- Learn to recognize their own limitations in the provision of emergency care.

EDUCATIONAL OUTCOMES – LEARNING OBJECTIVES:

These learning objectives are designed to allow easy modification to the local needs and are written such that objective measures of performance and competency can be designed to measure attainment of the learning objective.

The Student should:

1. Acquire basic life support skills, including the diagnosis and treatment of shock and the related basic procedural skills, and demonstrate the basic application of these principles in real or simulated patient care scenarios.
2. Demonstrate the capacity to differentiate and treat common acute problems.
3. Provide a comprehensive assessment of the undifferentiated patient.
4. Demonstrate proficiency in basic life support skills and cardiopulmonary resuscitation.
5. Recognize and initiate first aid for airway obstruction.
6. Recognize and be prepared to intervene, in any age group, for all causes of shock etiology.
7. Be able to provide rapid stabilization with intravenous access and fluid/blood administration.

8. Understand the principles of cerebral resuscitation in brain illness and injury.
9. Demonstrate proficiency in the use of an automatic external defibrillator (AED).
10. Understand principles of wound care.
11. Demonstrate basic wound care techniques.
12. Understand the principles of trauma management.
13. Demonstrate basic trauma management skills such as initial assessment using the ABC approach and full spine immobilization.
14. Demonstrate mastery of basic procedural skills, such as airway management and venous access.
15. Recognize life-threatening illness or injury and apply basic principles of stabilization to the early management of these entities.
16. Demonstrate the capacity to prioritize attention to those patients with more urgent conditions.
17. Describe the importance of the ED as a key link between the general population and the health care system.
18. Understand the role of the situations which are unique to Emergency Medicine: acute critical illness, intoxicated patients, media, out-of-hospital personnel, death notification for sudden unexpected death, disaster, language barriers, environmental illness/injury, injury prevention, assessment of complex and undifferentiated patients, ability to synthesize multiple and often incomplete sources of information to develop a management plan.

Unique Content Areas for Emergency Medicine in Foundation Training

Undifferentiated patient presentation
Time constrained decision making
Environmental illness and injury
Pre-hospital care
Transition point between community and hospital
Focused history and exam
Prioritized differential diagnoses

Lead Role Areas for Emergency Medicine in Foundation Training

- Acute illness
- Acute injury
- Disaster management
- Death notification
- Injury prevention
- Medical decision making
- Resource utilization
- Toxicology

Example Curriculum Format

To assist educators in crafting a curriculum that fits local needs, we have provided an example of a four year plan for a single learning objective. Educators may use this as a guide to construct individual, national, and institution specific models for content delivery. This method is not intended to be prescriptive, but to provide a simple model for tailoring content to the unique educational models that exist throughout the world.

Learning Objective # 5: Recognize and initiate first aid for airway obstruction

Curriculum Year 1:

Readings – Basic life support manuals, basic first aid manuals [e. g. American Heart Association Advanced Life Support Manual, Dallas, TX USA or equivalent manuals of the local community.]

Performance indicators:

1. Obtain BCLS certification
2. Demonstrate chin lift
3. Demonstrate bag – valve mask ventilation
4. Demonstrate ability to clear an obstructed airway

Curriculum Year 2

Readings – Pathophysiology of respiratory failure

Curriculum Year 3 and/or 4

Readings – Introduction to anesthesia, Introduction to airway management

Performance indicators:

1. Demonstrate endotracheal intubation
2. List indications for intubation
3. List contraindications for intubation
4. Describe medications used for rapid sequence intubation
5. Describe the physiology of artificial ventilation

Outcome Measures

At time of graduation, student will demonstrate the ability to:

- manage an obstructed airway,
- manage a basic airway, and

- perform an endotracheal intubation.

This will be assessed by simulation on a mannequin or using direct observation of student skills by trained faculty during clinical situations.

UNDERGRADUATE EMERGENCY MEDICINE CURRICULUM CONTENT

Skills curriculum

1. Clinical care skills
 - 1.1. History and examination
 - 1.2. Documentation
 - 1.3. Decision making
 - 1.4. Time management
 - 1.5. Safe prescribing
 - 1.6. Continuity of care
 - 1.7. Therapeutic interventions
2. Communication skills
 - 2.1. With colleagues
 - 2.2. With patients and caregivers
 - 2.3. Breaking bad news
 - 2.4. Working with a team
3. Maintaining good medical practice - life long learning
 - 3.1. Audit and clinical outcomes
 - 3.2. Critical appraisal
 - 3.3. Information management
4. Professional behaviour and probity – professional attributes
 - 4.1. Career and professional development
5. Ethics and Legal
 - 5.1. DNAR and advanced directives
 - 5.2. The competent adult
 - 5.3. Informed consent
6. Education – developing learning for others
 - 6.1. Basic educational information delivery
 - 6.2. Assessment and appraisal
 - 6.3. Feedback
7. 7.1: Maintaining good clinical care - risk management
 - 7.1. 7.2: Medico-legal issues
 - 7.2. 7.3: Confidentiality

Speciality Specific Curriculum

- 1: Generic Objectives for Resuscitation
 - 1.1: Resuscitation - Airway
 - 1.2: Cardiac Arrest / Peri-arrest
 - 1.3: Shock - all varieties (varieties?)
 - 1.4: Coma

- 2.1: Anaesthetics and Pain Relief - Pain Management
 - 2.2: Local anesthetic techniques
 - 2.3: Safe conscious sedation
- 3.0: Wound Management
 - 3.1: Basic wound debridement and closure
 - 3.2: Identification and treatment of infected wounds
- 4.0: Generic Objectives for Trauma
 - 4.1: Major Trauma
 - 4.2: Head Injury
 - 4.3: Chest Trauma
 - 4.4: Abdominal Trauma
 - 4.5: Spinal Injury
 - 4.6: Maxillo-facial Trauma
 - 4.7: Burns
 - 4.8: Orthopedic Trauma
- 5: Generic Objectives for Musculoskeletal Conditions
 - 5.1: Upper limb disorders
 - 5.2: Lower limb and pelvis disorders
 - 5.3: Spine and spinal cord conditions
- 6.0: Vascular Emergencies
 - 6.1 Arterial limb threat
 - 6.2: Venous - Deep Venous Thrombosis (DVT)
- 7.0 Abdominal Conditions
 - 7.1: Undifferentiated abdominal pain
 - 7.2: Haematemesis / malena
 - 7.3: Anal pain and rectal bleeding
 - 7.4: Diverticulitis
 - 7.5: Abdominal aortic aneurysm
- 8: Urology
 - 8.1: Acute urinary retention or bladder obstruction
 - 8.2: Nephrolithiasis and colic
- 9: Sexually Transmitted Diseases
 - 9.1: Identification and initial treatment for endemic diseases
- 10: Eye Problems
 - 10.1: Acute conjunctivitis - bacterial and viral
 - 10.2: Acute vision loss
 - 10.3: Acute eye trauma including globe rupture
- 11: ENT Conditions
 - 11.1: Epistaxis
 - 11.2: Infections of the head and neck
- 12: Dental Emergencies
 - 12.1: Dental abscess
 - 12.2: Dental fracture
- 13: Gynecology
 - 13.1: Pelvic pain
 - 13.2: Dysfunctional uterine bleeding

- 14: Obstetrics
 - 14.1: Ectopic pregnancy
 - 14.2: Uncomplicated emergency vaginal delivery
- 15: Cardiology
 - 15.1: Basic electrocardiographic analysis
 - 15.2: Recognition and initial treatment of acute myocardial infarction
 - 15.2: Recognition and initial treatment of life threatening arrhythmia
- 16: Respiratory Medicine
 - 16.1: Airway obstruction
 - 16.2: Respiratory failure
 - 16.3: Asthma and restrictive airway disease
 - 16.4: Acute pneumothorax
 - 16.5: Pulmonary embolism
- 17: Neurological Emergencies
 - 17.1: Acute stroke
 - 17.2: Spinal cord lesions
 - 17.3: Peripheral neuropathies
 - 17.4: Acute mental status change
 - 17.5: Migraine
 - 17.6: Meningitis
 - 17.7: Vertigo
- 18: Hepatic Disorders
 - 18.1: Acute hepatitis
 - 18.2: Liver failure
 - 18.3: Acute cholecystitis and cholangitis
- 19: Toxicology
 - 19.1: Treatment of acute ingestions
 - 19.2: Identification of basic toxidromes
- 20: Acid Base and Ventilatory Disorders
 - 20.1: Identification of acid base disorders
 - 20.2: Initial management of the mechanically ventilated patient
- 21: Fluid and Electrolytes
 - 21.1: Basic principles of fluid administration
 - 21.2: Dehydration
 - 21.3: Hyperkalemia
 - 21.4: Hyponatremia
- 22: Renal Disease
 - 22.2: Acute renal failure
- 23: Diabetes and Endocrinology
 - 23.1: Disorders of glucose metabolism
 - 23.2: Thyroid disorders
- 24: Haematology
 - 24.1: Anemia
 - 24.2: Disorders of red cell function
 - 24.3: Disorders of clotting
- 25: Infectious Diseases and Sepsis

- 25.1: Endemic infectious diseases
- 25.2: Sepsis
- 25.3: Common infectious diseases or conditions (e.g. pneumonia)
- 25.4: Cellulitis and gangrene
- 26: Dermatology
 - 26.1: Blistering and exfoliative diseases
 - 26.2: Differential diagnosis of rash
 - 26.3: Parasitic conditions and infestations
- 27: Rheumatology and Immunology
 - 27.1: Crystal arthropathy
 - 27.2: Arthritis
 - 27.3: Immune disorders
 - 27.4: Anaphylaxis
- 28: Child Protection and Children in Special Circumstances
 - 28.1: Child abuse signs and symptoms
 - 28.2: Legal rights of parents to refuse care
- 29: Neonatology
 - 29.1: Neonatal resuscitation
 - 29.2: Hyperbilirubinemia
 - 29.3: Disorders of feeding
 - 29.4: Neonatal fever
- 30: Environmental Emergencies
 - 30.1: Hyperthermia
 - 30.2: Hypothermia and frostbite
 - 30.3: Envenomation and environmental toxin exposure
- 31: Oncology
 - 31.1: Acute leukemia
 - 31.2: Neutropenia and neutropenic fever
 - 31.3: Solid tumors
 - 31.3: Complications of chemotherapeutic agents
- 32: Pediatrics
 - 32.1: Basic management of pediatric airway
 - 32.2: Basic pediatric resuscitation
 - 32.3: Common infectious diseases of childhood
 - 32.4: Fever in the first 6 months of life
 - 32.5: Common injury patterns for normal children
- 33: Psychiatry
 - 33.1: Acute psychosis
 - 33.2: Mood disorders
 - 33.3: Personality disorders
 - 33.4: Acute suicidal and homicidal ideation
 - 33.5: Substance abuse
- 34: Major Incident Management
 - 34.1: Concepts and application of triage
 - 34.2: Field to hospital communication and chain of command
- 35: Legal Aspects of Emergency Medicine

- 35.1: Refusal of care
- 35.2: Informed consent
- 36.3: Malpractice
- 36: Research
 - 36.1: Formulating a research question
 - 36.2: Review of the medical literature
 - 36.3: Basic research design
 - 36.4: Basic preparation of manuscripts and written publications
- 37: Management
 - 37.1: Leading teams and giving orders
 - 37.2: Basic concepts of debriefing and giving feedback
 - 37.3: Time flow management