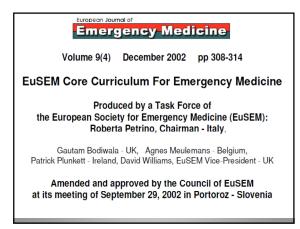
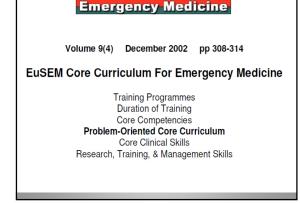


# Promotes advancement of EM in Europe Recognises EM as a primary specialty Seeks to establish similar standards of training in EM throughout Europe Recommends Principles of Training and a Core Curriculum Includes Federation of National EM Societies





European Journal of





- · Statutory purpose of UEMS is the harmonisation and improvement of medical specialist practice in the European Union
- Key element is education and UEMS is seeking to formulate common policies in the field of training
- 53 Sections & 5 Multidisciplinary Joint Committees

### **EM Multidisciplinary** Section at the UEMS



- First meeting in Brussels 2005
- · Representatives from Sections of Anaesthesia, Internal Medicine, Geriatric Medicine, Paediatric Medicine, General Surgery, Orthopaedics & Traumatology, from Junior Doctors & from EuSEM
- Working towards harmonisation of Teaching, Training and Practice of Emergency Medicine
- · Reviewing Curriculum and Competencies

### **European Federation** of EM Societies

- Austria
- · Belgium
- Croatia
- Czech republic
- Denmark
- Estonia Finland
- FRANCE
- Germany
- Greece
- Ireland
- Israel

## European Society for

- Italy
- Lithuania
- Malta
- Netherlands
- Poland
- Portugal
- Romania
- Spain • Sweden
- Switzerland
- Turkey x 2
- UK

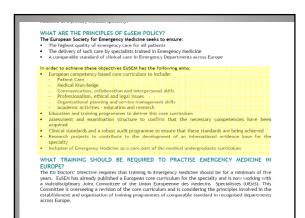
### **EUROPEAN SOCIETY FOR EMERGENCY MEDICINE (EuSEM)**

### POLICY STATEMENT ON EMERGENCY MEDICINE IN EUROPE

WHAT IS EMERGENCY MEDICINE?

triage, resultil disk. Signed by all the presidents of 22 National studes involvement

WHAT IS Societies during the Federation meeting in The Europe Sorrento, september 2007.



# **EuSEM Task Force** on Curriculum

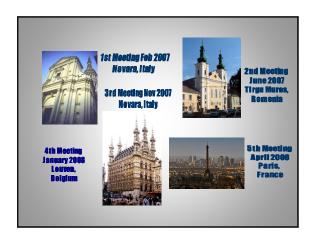


A group of experts and academicians, representatives of the National Societies in EM affiliate to the EuSEM Federation



### Aim of the Task Force

The aim is to prepare a comprehensive document containing the Curriculum, the Competencies and Structure of Training for the European Emergency Physician







# European Curriculum for Emergency Medicine

A document of the EuSEM Task Force on Curriculum approved by the Council of the European Society for Emergency Medicine and by the UEMS Multidisciplinary Joint Committee on Emergency Medicine

Final Draft (May 2008)

Curriculum Committee Chair Roberta Petrino, Italy

> EuSEM President Gunnar Ohlen, Sweden

UEMS MJC in EM Chairman, EuSEM Immediate Past President
David Williams, UK

### National Representatives

- 1. Belgium Marc Sabbe, President, Belgian Society for Emergency and Disaster Medicine
- 2. Czech Republic Jana Seblova, President, Czech Society for EM
- 3. *Estonia* Alexander Sipria, Representative, Estonian Association of E Physicians
- France Abdel Bellou, Representative, French Society of Emergency Medicine Germany Thomas Fleischman, Representative, German Society of Emergency Medicine
- 5. Greece Helen Askitopoulou, President, Hellenic Society of Emergency Medicine
- 6. Ireland Patrick Plunkett, Representative, Irish Society of Emergency Medicine, Editor EJEM
- Italy Roberta Petrino, Representative, Italian Society of Emergency Medicine (SIMEU)
   MaltaAnna Spiteri, Secretary, Association of Emergency Physicians of Malta
- 9. Netherlands Pieter van Driel, Secretary, Dutch Society for Emergency Medicine
- 10. *Poland* Ewa Raniszewska, Secretary, Polish Society of Emergency Medicine
- 11. Romania Raed Arafat, President, Romanian Society for Emergency and Disaster Medicine
- 12. Spain Tato Vazquez, Representative, Spanish Society of Emergency Medicine
- 13. Sweden Lisa Kurland, Rrpresentative for the Swedish Society for Emergency Medicine
- Switzerland Joseph Osterwalder, Representative, Swiss Society for Emergency Medicine
   Turkey Polat Durukan, Representative, Turkish Academy of Emergency Physicians
- 16. UK David Williams, Representative, College of Emergency Medicine

### Preface

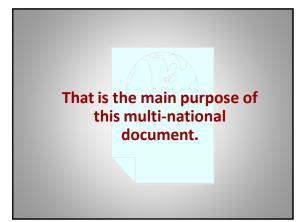
- The essential features of a clinical specialty include
  - a unique field of action,
  - a defined body of knowledge and
  - a rigorous training programme.

### Preface

• Emergency Medicine has a unique field of action, and this curriculum document not only incorporates the relevant body of knowledge and associated competencies but also establishes the essential principles for a rigorous training programme

### **Preface**

 Not all European countries may choose to pursue the path of a primary medical specialty at this stage but those that do so choose should be encouraged to adopt this curriculum and to train Emergency Physicians to a European standard which will enable them to transfer their skills across national borders.



### Structure of Curriculum

- 1. Introduction
- **2. Competencies** of the European Emergency Physician
- 3. System-based core knowledge
- 4. Symptom-based curriculum
- 5. Specific aspects of Curriculum
- 6. Clinical procedures and skills

# Competencies of the Emergency Physician

Recognition of the need of evaluating specialists not only on knowledge and skills but also on several different competencies to avoid frequent medical errors

Accreditation Council for Graduate Medical Education. ACGME Outcome Project; 2006.



# General Competencies for Graduate Training

- 1. Medical knowledge
- 2. Patient Care
- 3. Professionalism, ethical and legal issues
- 4. Communication and Interpersonal Skills
- 5. Practice based Learning and Improvement
- 6. Systems based Practice

Accreditation Council for Graduate Medical Education. ACGME Outcome Project; 2006.

# Specific Competencies for Emergency Medicine

- 1. Medical knowledge
- 2. Patient Care
- 3. Professionalism, ethical and legal issues
- 4. Communication and Interpersonal Skills
- 5. Organizational planning and service management skills
- 6. Academic activities education and research.

### Medical Knowledge

### The curriculum



### Patient care

- EPs care for patients with a wide range of pathology from the life threatening to the self limiting and from all age groups.
- The attendance and number of these patients is unpredictable and they mostly present with symptoms rather than diagnoses.
- The provision of care needs to be prioritised, and this is a dynamic process.

### Patient care

- The approach to the patient is global rather than organ specific.
- Patient care includes physical, mental and social aspects.
- Patient education and public health aspects must be considered in all cases.

# Communication, Collaboration and Interpersonal Skills

- Emergency Medicine is practised in difficult and challenging environments.
- Effective communication is essential for safe care and for building and maintaining good relationships avoiding barriers such as emotions, stress and prejudices.

# Communication, Collaboration and Interpersonal Skills

- EPs must be able to demonstrate communication and interpersonal skills that include:
  - Patients and relatives
  - Colleagues and other health care providers
  - Other care providers such as the police, the fire department and social services
  - Mass media and the general public

# Professionalism and other ethical and legal issues

- 1. Professional behaviour and attributes
- 2. Working in a team or as a leader of a team
- 3. Delegation and referral
- 4. Patient confidentiality
- 5. Autonomy and informed consent
- 6. The competent/incompetent patient
- 7. Abuse and violence

# Organizational planning and service management skills

- Emergency Physicians must continuously adapt existing and available resources to meet the needs of all patients and maintain the quality of care.
  - Case management
  - Quality standards, audit and clinical outcomes
  - Time management
  - Information management

### Education and research

- · Self education and improvement
- · Teaching skills
- · Critical appraisal of scientific literature
- Clinical and basic research

### Structure of training

 This part of the document is based on the "World Federation for Medical Education (WFME) for Quality Assurance for Postgraduate Medical Education in Europe", on "Postgraduate Medical Education and Training Board (PMETB) for Curriculum Development", and on UEMS recommendations "Charter on Training of Medical Specialists in the European Community"

- ➤ PMETB describes the features of a curriculum to be an effective guide for learning, teaching and experience
- ➤ The WFME specifies standards using 2 levels of pertinence:
  - > Basic standards are the minimal requisited for accreditation and are espressed with a "must".
  - ➤ Standards for quality development means that a standard is worldwide recognized as the best practice for postgraduate medical education. They are expressed with a "should".

### References

- Postgraduate Medical Education and Training Board. Standards for Curricula. March 2005.
   Accessed 10.11.2007 www.pmetb.org.uk.
- WFME. Postgraduate Medical Education. WFME
  Global Standards for Quality improvement. WFME:
  University of Copenhagen, Denmark, 2007.
  <a href="http://www.eua.be/fileadmin/user\_upload/files/newsletter/EUROPEAN-SPECIFICATIONS-WFME-GLOBAL-STANDARDS-MEDICAL\_EDUCATION.pdf">http://www.eua.be/fileadmin/user\_upload/files/newsletter/EUROPEAN-SPECIFICATIONS-WFME-GLOBAL-STANDARDS-MEDICAL\_EDUCATION.pdf</a>.

### The Curriculum roadmap

- Approval by the UEMS May 2008
- Official presentation to the EuSEM congress in Munich September 2008
- Approval by the Council of UEMS February 2008

So now it is a UEMS endorsed document!

### The Curriculum Roadmap

- March 2010 Creation of the European Board of Emergency Medicine
- June 2010 Decision by the EuSEM Council, following a request of the MJC and Board in EM, to create a Task Force for the European "Board Examination" in EM", like many other specialties in Europe

# Council for European Specialist Medical Assessment (CESMA)

• Glasgow Declaration on European Board Examinations

The essential components are that the examinations:

- have no Legal Value
- are complementary to National Examinations
- should be considered as Labels of Excellence
- have clarity of Eligibility Criteria
- are associated with well defined Curricula and Reference Books
- lead to provision of Certificates/Diplomas to successful candidates

### Task Force for EBEEM

- 1. Roberta Petrino (Chair, Italy)
- 2. Helen Askitopoulou (Vice-Chair, Greece)
- 3. David Williams (Chairman UEMS MJC-EM, UK)
- 4. Abdel Bellou (EuSEM President, France)
- 5. Raed Arafat (Romania)
- 6. Ruth Brown (UK)
- 7. Cornelia Hertel (Sweden)
- 8. Janusz Sokolowski (Poland)
- 9. Fernando Schiraldi (Italy)
- 10.Stefan Trenkler (Slovakia)



