

**1. Critical Care and Emergency Medicine Congress,
6-8 November 2013, Istanbul**

Juliusz Jakubaszko

RELATIONSHIP OF EMERGENCY MEDICINE AND CRITICAL CARE



Some facts from late 60'

Peter Safar, William Shoemaker, Ake
Grenvik –

„Fathers of *Emergency Medicine*
and *Critical Care*”

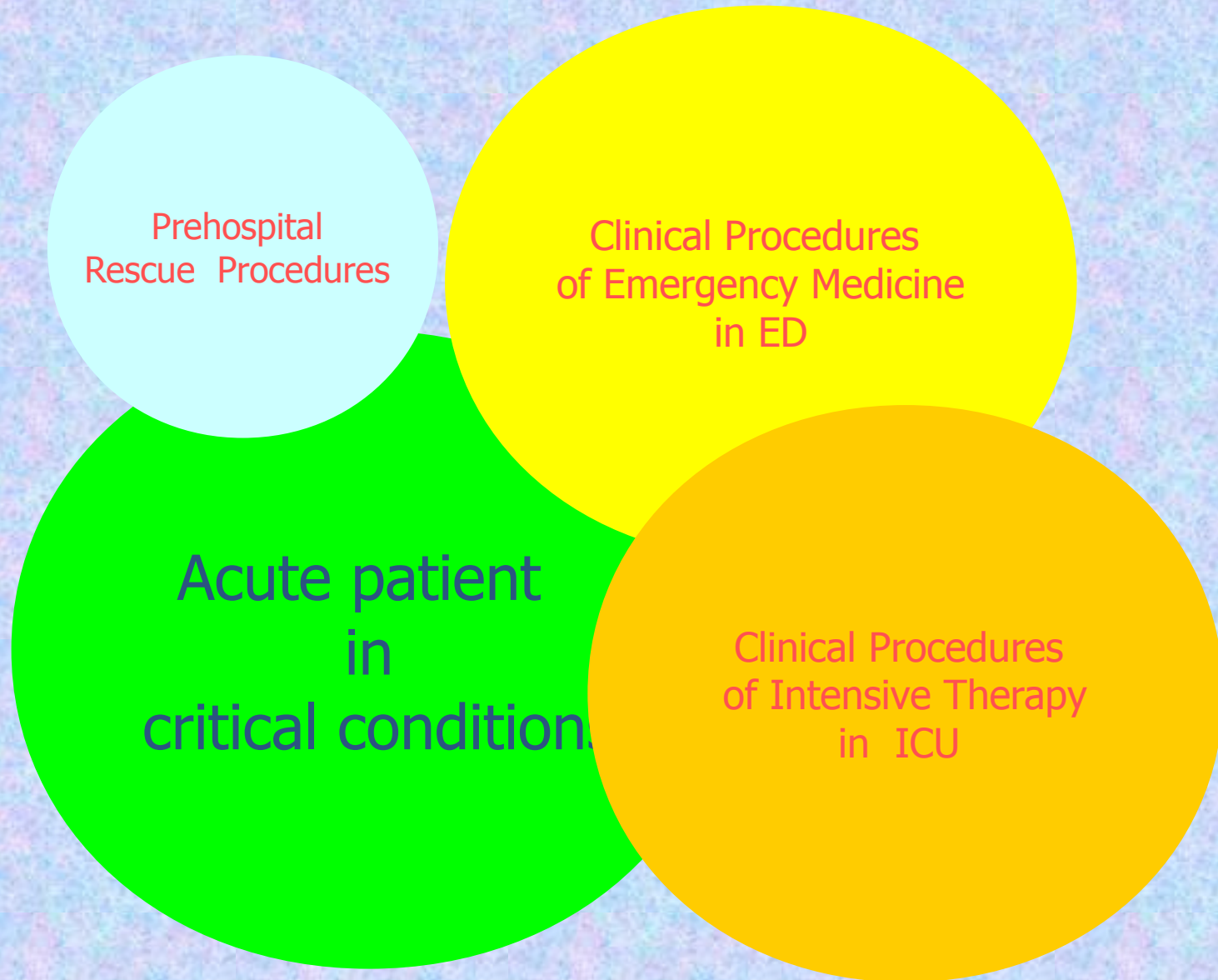
described basics and necessity of
Immediate Care

as a new type of clinical practice
and new doctors supra-speciality -

Some facts from late 80'

Expanding number of medical disciplines
identified themselves with Intensive Care
as a part of clinical activity:
internal medicine, surgery, pediatrics,
anesthesiology, emergency medicine,.....

EMERGENCY MEDICINE – INTENSIVE CARE



Some facts from late 90'...

- growing number of ED patients require critical care procedures
- growing number of ED patients need admission to ITU
- prolonged waiting time in ED for transfer to ITU
- overcrowding of Emergency Departments

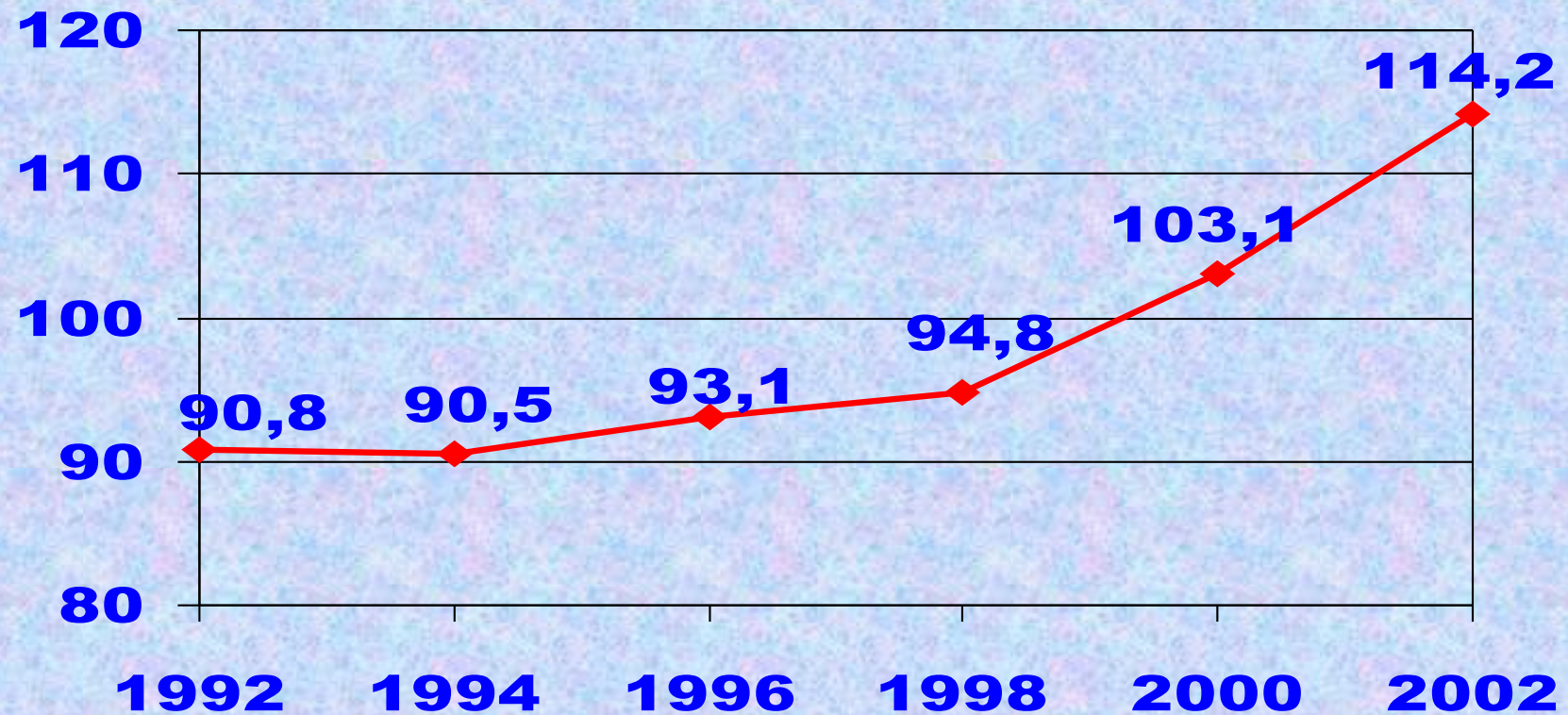
Intensive Care within Emergency Department

- ✓ Average time of patient's stay in ED is 6 h
 - ✓ 30% of critical patients await in ED for free space in ITU
 - ✓ Awaiting time for free bed in ITU is 3 – 30 h
- Emergency Department must function
appropriately as Intensive Care facilities

Buffer role of ED

Number of admissions to EDs in USA

(millions)





EUROPEAN SOCIETY FOR EMERGENCY MEDICINE (EuSEM) *(from 1994)*

The European Society for Emergency Medicine (EuSEM) incorporates a federation which currently includes 28 European national societies of Emergency Medicine and represents more than 12,000 emergency physicians in Europe.



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

***POLICY STATEMENT
ON EMERGENCY MEDICINE
IN EUROPE***



EUROPE

WHAT IS EMERGENCY MEDICINE?

Emergency Medicine is a specialty based on the knowledge and skills required for the prevention, diagnosis and management of urgent and emergency aspects of illness and injury ... in which time is critical. The practice of Emergency Medicine encompasses the pre-hospital and in-hospital triage, resuscitation, initial assessment and management of undifferentiated urgent and emergency cases. It also includes involvement in the development of pre-hospital and in-hospital emergency medical systems.

WHAT IS THE CURRENT STATUS OF EMERGENCY MEDICINE IN EUROPE?

Emergency Medicine is currently recognised as an **independent specialty** in eleven member states of the European Union (**EU Directive 2005/36/EC**) ... high quality emergency care requires physicians with specialised training in Emergency Medicine because this is the most effective way (in both clinical and financial terms) to provide high quality care during the critical initial stages of emergency treatment. **All European countries should thus work towards the establishment of Emergency Medicine as a primary medical specialty.**

WHAT ARE THE PRINCIPLES OF EuSEM POLICY ?

- In order to achieve these objectives EuSEM has the following aims:
- European competency-based core curriculum to include:
 - Patient Care
 - Medical Knowledge
 - Communication, collaboration and interpersonal skills
 - Professionalism, ethical and legal issues
 - Organisational planning and service management skills
 - Academic activities – education and research
- Education and training programmes to deliver this core curriculum
- Assessment and examination structure to confirm that the necessary competencies have been acquired
- Clinical standards and a robust audit programme to ensure that these standards are being achieved
- Research projects to contribute to the development of an international evidence base for the specialty
- **Inclusion of Emergency Medicine as a core part of the medical undergraduate curriculum**

ACADEMIC CURRICULUM for EMERGENCY MEDICINE

Polish
Society for
Emergency
Medicine
series



Juliusz Jakubaszko

Wrocław 2009



Polskie Towarzystwo
Medycyny Ratunkowej
Polish Society for
Emergency Medicine

THE SPECIALTY OF EMERGENCY MEDICINE

The EU Doctors' Directive (2005/36/EC) includes Emergency Medicine as a primary specialty which requires at least five years of training.

WHAT TRAINING SHOULD BE REQUIRED TO PRACTICE EMERGENCY MEDICINE IN EUROPE?

The EU Doctors' Directive requires that training in Emergency Medicine should be for a minimum of five years. EuSEM has already published a **European core curriculum for the specialty** and is now working with a Multidisciplinary Joint Committee of the Union Europeenne des Medecins Specialistes (**UEMS**). This Committee is overseeing a revision of the core curriculum and is considering the principles involved in the establishment and organisation of training programmes of **comparable standard in recognised departments across Europe.**

PURPOSE OF THE EUROPEAN CURRICULUM FOR EMERGENCY MEDICINE

The main function and purpose of the European Curriculum for Emergency Medicine is the establishment and organisation of training programmes of comparable standard in recognised departments across Europe. EuSEM has already published a European core curriculum for the specialty. The present curriculum was developed by the Curriculum Task Force of EuSEM and the Multidisciplinary Joint Committee of the Union Européenne des Médecins Spécialistes (UEMS). The curriculum was agreed by the National Societies for Emergency Medicine of 15 European countries



European Curriculum for Emergency Medicine

A document of the EuSEM Task Force on Curriculum

**approved by the Council and Federation National Societies of the European Society for
Emergency Medicine, and by the UEMS Multidisciplinary Joint Committee on Emergency**

Medicine, and by the Council of UEMS at their plenary meeting in Brussels on 25 April

2009

**Final Version (April 2009)
Curriculum Committee Chair**

Roberta Petrino, Italy

EuSEM President

Gunnar Ohlen, Sweden

UEMS MJC in EM Chairman, EuSEM Immediate Past President

David Williams, UK

CORE CURRICULUM in EMERGENCY MEDICINE

The orientation of training in Emergency Medicine shall encompass the following:

- Core Competencies of the European Emergency Physician
- Common Presenting Symptoms and Problems Core Knowledge
- System-Based Core Knowledge
- Specific Topics Core Knowledge
- **Core Clinical Procedures and Skills.**

3.5 Core Clinical Procedures and Skills

3.5.1 CPR Skills

3.5.2 Airway Management Skills

3.5.3 Analgesia and Sedation Skills

3.5.4 Breathing and Ventilation Management Skills

3.5.5 Circulatory Support and Cardiac Skills and Procedures

3.5.6 Diagnostic Procedures and Skills

3.5.7 ENT Skills and Procedures

3.5.8 Gastrointestinal Procedures

3.5.9 Genitourinary Procedures

3.5.10 Hygiene Skills and Procedures

3.5.11 Musculoskeletal Techniques

3.5.12 Neurological Skills and Procedures

3.5.13 Obstetric and Gynaecological Skills and Procedures

3.5.14 Ophthalmic Skills and Procedures

3.5.15 Temperature Control Procedures

3.5.16 Transportation of the Critically Ill Patient

3.5.17 Wound Management

Core Curriculum for Emergency Medicine in Europe

Good practice in emergency medicine will maximise the likelihood of a favourable outcome for the patient. Therapy should be consistent with current knowledge and care must be provided in a humane and respectful manner with psychosocial support available as required. There is no defined time limit to the duration of emergency care.

Core Curriculum for Emergency Medicine in Europe

Each country will have a National Training Authority to visit and accredit centres to national criteria, which will be based on, and referenced to, European criteria. There should be a programme of periodic re-visitation and re-accreditation by representatives of the National Training Authority.

Core Curriculum for Emergency Medicine in Europe

The variety of clinical material presenting to the emergency department demands the attention of a medical practitioner with significant breadth and depth of experience and knowledge, ensuring a detailed understanding of the patient's requirements.

Who is an Emergency Physician ?

- The Emergency Physician (EP) looks after patients with a wide range of pathologies from the life threatening to the self limiting in all age group.
- The EP is expert in establishing the diagnosis and differential diagnosis especially in life threatening situations.
- The EP is able to identify the critically ill and injured, provide safe and effective immediate care and establish the diagnosis and initiate or plan for definitive care.
- The EP is an expert in resuscitation, skilled in the practical procedures needed.

Who is an Emergency Physician ?

- The EP safely and effectively differentiates and places patients on care pathways which lead to appropriate discharge with follow up when needed / admission to an ED based observation unit or admission into hospital.
- The EP works in the difficult and challenging environment of the Emergency Department and is able to re-prioritise and respond to new and urgent situations.
- The EP is part of a multi-disciplinary team where good communication and inter personal skills are essential.
- The EP is able to work both within and lead a team to ensure the patient's needs are met.

PATIENT CARE

- Triage
- Primary assessment and stabilisation of life threatening conditions
- Focused medical history
- Secondary assessment and immediate clinical management
- **Clinical decision making**
- Clinical documentation
- Re-evaluation and further management

Clinical decision making

Clinical decision making includes:

- re-triage
- immediate care initiated in the ED
- definitive care
- planning for admission or discharge.

Core Competencies for Emergency Medicine in Europe

Training programmes in emergency medicine should produce emergency physicians prepared with the following

basic competencies:

1. Provide for the recognition, resuscitation, stabilization, evaluation, and care of the full range of patients who present to the emergency department;
2. Apply critical thinking to determine the priorities for evaluation and treatment of multiple emergency department patients with different complaints and needs;
3. Evaluate oxygen supply, oxygen need, oxygen deficit and oxygen debt;
4. Arrange appropriate follow-up or referral as required;
5. Manage the out-of-hospital care of the acutely ill or injured patient;

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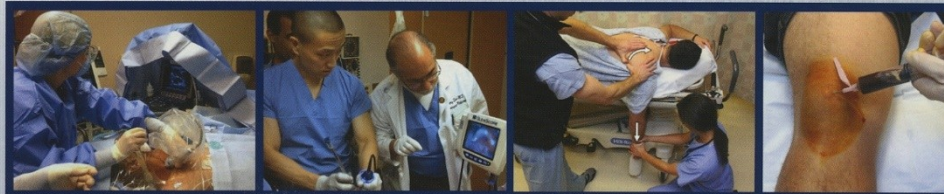
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ROBERTS & HEDGES'

CLINICAL

PROCEDURES

in Emergency Medicine



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CHUDNOFSKY
DEBLIEUX
MATTU
SWADRON

SIXTH
EDITION

ELSEVIER
SAUNDERS

Emergency Medicine



AN ILLUSTRATED COLOUR TEXT

Edited by
Paul Atkinson
Richard Kendall
Lee van Rensburg

Foreword by Jerome R. Hoffman



CHURCHILL
LIVINGSTONE
ELSEVIER

Intensive Care

AN ILLUSTRATED COLOUR TEXT

Michael Avidan
Kara M. Barnett
Laureen L. Hill
Lara Hopley
Nicola Jones
Johan Michael van Schalkwyk

CHURCHILL
LIVINGSTONE
ELSEVIER



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THE NATIONAL CENTER FOR
MEDICAL POSTGRADUATE TRAINING



EMERGENCY MEDICINE

Specialization program

Basic program for physicians

Emergency medicine as the primary specialization

Warsaw 2000

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This specialization program was prepared by:

Prof. Juliusz Jakubaszko, MD PhD
National Co-ordinator for
Emergency Medicine

The following specialization program was prepared based on European Society for Emergency Medicine specialization guidelines, British Association for Accident and Emergency Medicine guidelines, European Resuscitation Council and American College of Emergency Physicians guidelines.

FORMS OF EDUCATION IN TRAINING PROGRAMME

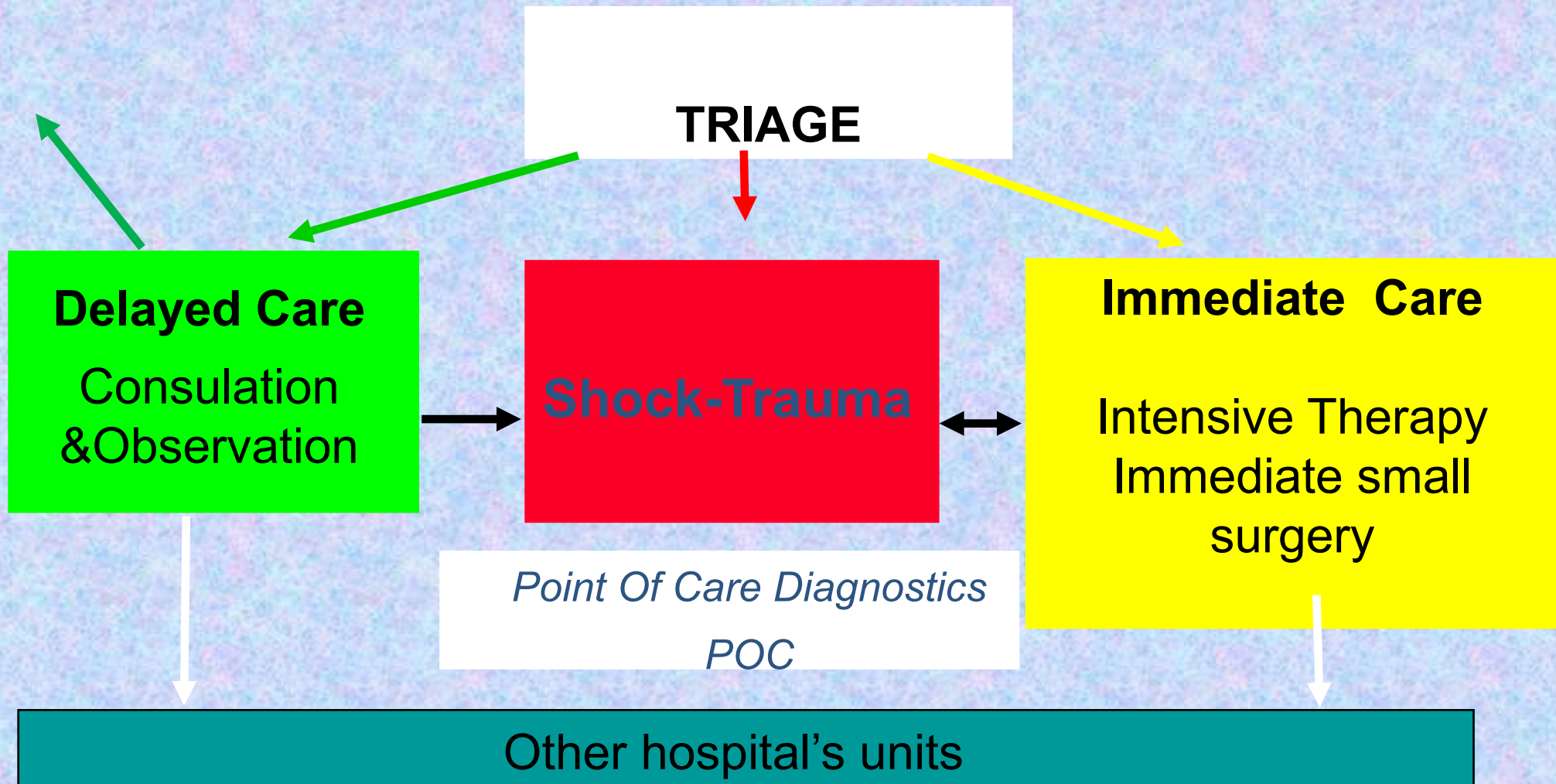
- Basic course; Introduction to emergency medicine
- Advanced courses (4 x): Progress in emergency medicine
- Evaluation course
- Specialist clinical training:
 - at least 2 years in full profile ED
 - at least 1 year in full profile ICU
 - at least 6 months in general surgery dept

FORMS OF EDUCATION IN TRAINING PROGRAMME

- at least 2 months in:
 - children dept
 - orthopaedic dept
 - internal diseases dept
- at least 1 month in:
 - psychiatry dept
 - gynaecology dept
 - anaesthesia dept
 - radiology dept
 - Academic Emergency Dept

***Literature survey, preparing publication,
activity in scientific societies for EM.***

Emergency Department



Hospital Emergency Department



- ① - triage area
- ② - resuscitation area
- ③ - observation unit
- ④ - ICU
- ⑤ - consultation cubicles
- ⑥ - diagnostic area
- ⑦ - personel area









Szpitalny Oddział Ratunkowy
Emergency Department



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