

Emergency Medicine

GOALS AND OBJECTIVES

Rotation Goals

During the Emergency Medicine rotation, junior residents are exposed to a wide variety of acute presentations, including both medical and minor trauma cases. The focus of this rotation is on developing fundamental skills in assessing undifferentiated patients, initiating basic investigations and treatments, and recognizing unstable conditions that require immediate attention. Residents will also learn when and how to seek timely subspecialty input. By the end of the rotation, residents will demonstrate competence in the initial assessment and management of common emergency presentations appropriate to their stage of training.

Entrustable Professional Activities

TRANSITION TO DISCIPLINE

- D1 Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care
- D2 Identifying and assessing unstable patients, providing initial management, and obtaining help
- D3 Performing the basic procedures of internal medicine

FOUNDATIONS OF DISCIPLINE

- F1 Assessing, diagnosing, and initiating management for patients with common acute medical presentations in acute care settings
- F3 Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan
- F4 Formulating, communicating, and implementing discharge plans for patients with common medical conditions from acute care settings
- F5 Assessing and providing targeted treatment for unstable patients and consulting as needed
- F6 Discussing and establishing patients' goals of care
- F7 Identifying personal learning needs while caring for patients and addressing those needs
- F8 Providing and receiving handover in transitions of care

Objectives (by Stage of Training)

The specific objectives for this rotation align with the CanMEDS Competencies and Milestones as outlined in the *Royal College 2023 Entrustable Professional Activities for Internal Medicine document (Version 3.0, 2023)* and the *Royal College Internal Medicine Competencies (Version 1.0, 2018)*. Objectives are structured to ensure progressive acquisition of competence across stages.

Transition to Discipline

Medical Expert

1. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner (ME1.4)
2. Prioritize issues to be addressed in a patient encounter (ME2.1)
3. Determine the most appropriate procedures or therapies (ME3.1)
4. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy (ME3.2)
5. Plan and perform procedures and therapies for the purpose of assessment and/or management (ME3)
6. Establish plans for ongoing care and, when appropriate, timely consultation (ME4)

Communicator

1. Establish professional therapeutic relationships with patients and their families (CM1)
2. Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding (CM3.1)
3. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements (CM5.1)

Collaborator

1. Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care (CL3.2)

Foundations of Discipline

Medical Expert

1. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner (ME1.4)
2. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice (ME1.6)
3. Prioritize issues to be addressed in a patient encounter (ME2.1)
4. 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 (ME2.3)
5. Establish plans for ongoing care and, when appropriate, timely consultation (ME4)
6. Adopt strategies that promote patient safety and address human and system factors (ME5.2)

Communicator

1. Establish professional therapeutic relationships with patients and their families (CM1)
2. Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety (CM1.2)

3. Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances (CM1.6)
4. Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding (CM3.1)
5. Use communication skills and strategies that help patients and their families make informed decisions regarding their health (CM4.3)
6. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements (CM5.1)

Collaborator

1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centered collaborative care (CL1.1)
2. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions (CL1.3)
3. Determine when care should be transferred to another physician or health care professional (CL3.1)
4. Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care (CL3.2)

Health Advocate

1. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients (HA1.3)

Scholar

1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice (SC1.1)
2. Identify, select, and navigate pre-appraised resources (SC3.2)

Professional

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 (PR1.1)
2. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians (PR2.1)

Core of Discipline

N/A – residents in COD do not participate in this rotation.

Transition to Practice

N/A – residents in TTP do not participate in this rotation.