The McGill University College of Family Physicians of Canada Emergency Medicine Program

2016 - 2017

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Introduction and History

The McGill Family Medicine – Emergency Medicine program will be starting its 31st year as of July 2016. It continues to flourish and is one of Canada's largest CFPC-EM programs with 9 residents.
During 1985-86 several members of the Department of Family Medicine of McGill University met and discussed the need to form a third year program in Family Medicine - Emergency Medicine at McGill. At the time, there were several such programs across Canada with limited positions. Dr. Judith Levitan, then the Director of Family Medicine at the Queen Elizabeth Hospital, coordinated the submission to the College to initiate the third year program. Dr. Levitan and Dr. Victor Einagel were the driving force that enabled the development of the program. Dr. Levitan became the first Program Director and Dr. Einagel was the first Academic Coordinator. Dr. Einagel also assisted in the cooperation and collaboration with the FRCP Emergency Medicine Specialty Program. Dr. Brian Connolly, Dr. Marc Afilalo, and Dr. Peter Duffy completed the committee in 1986 and were instrumental in its development. Dr. Unger was Program Director from 1995 until January 2007 and had been instrumental in maintaining the premiere status of the program and in creating the largest Family Medicine Emergency Medicine program in Canada. Dr. Richard Kohn was the next program Director for 4 years and was recognized for his mentorship and dedication. There is now a CAEP Mentorship award in his memory. Debbie Pollack was the coordinator for 16 years, we hold her in our memories as well, for her contribution and for the good hearted support she gave the residents.

By the end of the 2015-2016 academic year two hundred and fourty-four residents from across Canada have completed the third year program in Family Medicine-Emergency Medicine at McGill. Several of the graduates have continued in an academic stream and are teaching students and residents, while others are practicing in rural and community hospitals combining Emergency Medicine and Family Medicine practice. Many of our graduates are presently involved in the administration of the Emergency Departments where they are presently working.

Our residents have gone on to become leaders in the hospitals, communities and Emergency Departments they have joined.

McGill CCFP-EM Program Overview

The goal of a one-year training program in emergency medicine is to provide family doctors with extra competency in the management of acutely ill and injured patients. As such these doctors are able to serve as a resource to their community, whether it be as a rural family doctor who is the person called upon when a patient is crashing or as an emergency physician in an academic emergency department. The training year is necessarily intense, as all fundamental emergency medicine topics need to be covered. In particular, the resident is expected to become extremely competent in the resuscitation of unstable patients and to have absolute mastery of the skills and information that one does not have time to look up when a patient's life is on the line. Maintenance and recovery of the ABC's (Airway, Breathing, and Circulation) is paramount.

The academic component of the year is comprised several elements: clinical rotations, rounds, interactives and written exams, oral examinations, ultrasound training, simulation sessions, and a Critically Appraised Topic project which is presented at rounds.

The clinical rotations, described henceforth in detail, consist of rotations in trauma/emergency medicine, tertiary emergency medicine, community emergency medicine, pediatric emergency medicine, tertiary intensive care, community intensive care, anesthesia, musculoskeletal medicine, and ER-administration/foundations of emergency medicine rotation (see description further in program manual). Residents have one month for an ER-related elective.

Rounds are held every Wednesday morning. During the first and 4th Wednesdays of the period, CCFP-EM residents attend rounds with their FRCP-EM colleagues and staff ER physicians. Fundamental EM topics are covered during these rounds. Journal club is included in these sessions. It is during these rounds that CCFP-EM residents present their Critically Appraised Topics (see description later in program manual).

On the second Wednesday of each period, CCFP-EM residents attend a session to review the topic specified for that month (see overall teaching schedule). Residents are expected to have prepared the topic by reading the relevant chapters in Tintinalli and other sources. A written examination is held and then reviewed as a group. The third Wednesday of each period is reserved for oral examination practice sessions about that period's topic.

The ultrasound training program consists of a 2-day course at the beginning of the year during which the resident will have the opportunity to perform many supervised scans and make progress toward certification. Further sessions are held throughout the year on more advanced topics in bedside ER ultrasound.

Simulation sessions are held throughout the year with the FRCP-EM residents. We are currently developing a CCFP-EM simulation curriculum to ensure that core emergency medicine topics are covered annually. The McGill CCFP-EM program benefits greatly from a close relationship with the FRCP-EM residency program. The benefits extend beyond the academic enrichment residents enjoy by attending rounds, simulations, and resuscitation sessions with their FRCP-EM colleagues. The groups also hold social functions together. This collegial

relationship continues in (and, no doubt, is a reflection of) the function of the academic emergency departments at McGill, which are comprised of a mixture of CFPC and FRCP-trained emergency doctors who work together in an amicable and constructive environment. The McGill CCFP-EM training program provides a very strong academic foundation in emergency medicine. The program received full accreditation from the CFPC in 2013.

The other great strength of the program is the people. There is a core group of highly dedicated staff doctors and administrative coordinator, who are invested in the CCFP-EM residents' success. There is an established mentorship program wherein each resident is matched with a staff person who acts as a resource to them. Residents are encouraged to inform the staff immediately of any problem in order for it to be rectified as rapidly as possible. The program director has an open-door policy with program residents and meets with them quarterly for formal feedback, as well as other times as needed.

The final and perhaps most important factor which has made the McGill CCFP-EM program a success is the residents. Over the past 30 years the program has benefitted from outstanding residents whose primary goal is to be the best CCFP-EM physicians they can be and contribute to their communities. The groups enjoy a warm and supportive dynamic that results in an intense, unforgettable year with lifelong friendships formed. Our graduates practice medicine throughout Canada and the United States and around the globe. Some do international and humanitarian work, others work in small rural communities, and others in large academic centres. Many are leaders in their fields. Wherever they go and whatever they do, they will always have a home at the McGill CCFP-EM program.

Administrative Structure 2016-2017

C.F.P.C. Emergency Medicine Program Director:

Dr. Zachary Levine

C.F.P.C. Emergency Medicine Assistant Directors:

Dr. Tan Le (JGH)
Dr. Jerman Chirgwin (SMH)
Dr. David Lasry (MGH/MCH)
Dr. Tiffany Gasse (JGH)
Dr. Mai-Anh Levan (MGH)
Dr. Sanjeet Singh Saluja (MUHC/SMH)

C.F.P.C. (EM) Curriculum Committee Members:

Dr. Sanjeet Singh Saluja (MUHC/SMH)
Dr. Tan Le (JGH)
Dr. Bernard Unger (JGH)
Dr. Jerman Chirgwin (SMH)
Dr. Robert Drummond (SMH)
Dr. David Lasry (MGH)
Dr. Mai-Anh Levan (MGH)
Dr. Phyllis Vetere (MUHC/SMH)
Dr. Hugo Viladevall (SMH)
Dr. Josh Chinks (MUHC)
Dr. Steven Herskovitz (SMH)
Dr. Jennifer Alper (JGH)

C.F.P.C. (EM) Academic Secretary:

Anna De Palma 514-934-1934 x42501
anna.depalma@muhc.mcgill.ca

McGill Family Medicine Postgraduate and Enhanced Skills Coordinator:

Ms. Dina Szathmary 514-399-9126
E-mail: enhancedskills.fammed@mcgill.ca

Overall Educational Objectives

The McGill University C.F.P.C. (EM) Program is trained family physicians to take on a leadership role in rural, community or urban hospital Emergency Departments, and to be future teachers of Family Medicine residents in university affiliated hospitals. This concurs with the official goals of the College of Family Physicians of Canada in Emergency Medicine which are:

The goals of the College of Family Physicians of Canada in emergency medicine (EM) are:

1. To improve the standards and availability of emergency care from practicing family physicians.

2. To establish guidelines for the development and administration of training programs in emergency medicine for family physicians.

3. To ensure the availability of teachers for training programs in family medicine/emergency medicine.

McGill University and the Department of Family Medicine have played a leadership role in recognizing the need for establishing a third year program for Family Physicians with increased interest in Emergency Medicine. The McGill University Family Medicine Department, along with Laval University, pioneered the third year program for the Family Medicine - Emergency Medicine Competency Certificate Program in Quebec in 1986 and since then, the other faculties in Quebec have developed their own third year program.

The educational objectives of the McGill University Family Medicine - Emergency Medicine Program are:

1. To expand the knowledge, clinical, and research skills of the Family Physician in Emergency Medicine required during his/her future practice.

2. To educate the physician in developing expertise in managing a broad spectrum of problems presenting in the emergency.

3. To develop diagnostic and technical skills that will allow the physician to be a teacher and leader in the rural, community or urban Emergency Department.

4. To educate the physician in assessing current Emergency Medicine literature and essentials of research in Emergency Medicine in order to assume leadership in continuing education in the rural, community or urban Emergency Department.

The Family Medicine Emergency Medicine Program Directors Committee has updated the program objectives as of January, 2014.

A list of priority topics in emergency medicine that residents are expected to master can be found here: *http://www.cfpc.ca/priority_topics_in_EM*

Curriculum- Academic Activities

Oral, Written and Interactive Sessions

Core Teaching Rounds

Hospital Rounds

Critical Appraisal Topic (CAT)

Ultrasound Training

Oral, written and interactive Sessions

Oral, written and interactive sessions are held on a monthly basis and are a compulsory part of the curriculum. The purpose of these sessions is three-fold:

- To require the resident to review and study a large body of information in a systematic manner.
- To help prepare the resident for the oral part of his/her certification exam.
- To monitor the residents progress during the year.

These sessions take place on Wednesday mornings, corresponding to weeks 2 & 3 of the period. They generally run from 8:30 am to 12:00 pm.

These sessions are a **compulsory** part of the curriculum. In order to ensure and monitor your progress through the year, you will be evaluated during these sessions, both on your performance during the oral and written as well as your participation and preparedness during the interactive sessions. There will be introductory sessions in the month of July that will review the basics of how to do an oral exam.

The textbook that serves as the basis for these sessions is the American College of Emergency Medicine Study Guide (Tintinalli) though other sources are also suggested (e.g. - ACLS / ATLS texts, Rosen, etc.).

These sessions alternate between the hospital centers of the C.F.P.C.(EM) Program - S.M.B.D. Jewish General Hospital, St. Mary's Hospital, the McGill University Health Center.

At the beginning of the academic year, the residents are given a schedule of the topics for these sessions, the topics deriving from the chapters of Tintinalli[1] and other texts. Prior to each session, it is the responsibility of each resident to review that topic, often using the above text as the main reference, with other references being used on an as needed basis.

Oral Examinations

The morning of these sessions are organized in the following way: the residents are divided into two to three groups, each assigned to one or two or three staff physicians (the physician often being chosen based on their particular interests and areas of expertise). The staff physician will have prepared several cases to use and will subsequently test each resident in a format similar to the actual exams.

Following the actual exam, critique and evaluation will take place by both the staff physician as well as the other residents in the group with a few minutes of discussion revolving around each case. Each resident will in turn be the candidate. These sessions have been found to be quite valuable in preparing the residents for the exams both with respect to the format and approach as well as allowing them the opportunity to review major bodies of information. Furthermore, the learning process is enhanced by not only being subjected to being the candidate, but also by being an observer with the ability to critique following a fellow resident's oral.

Following the oral sessions (approximate time allotted - 1, 5 to 2 hours) both the staff physicians and residents will convene together for a 1,5 to 2-hour interactive session in which the staff will act as moderators while reviewing the topics for that session in a quiz-answer format. This allows the staff to do some teaching on the finer points of a particular topic. Questions asked by the staff considered "core material" that is unsuccessfully answered are logged in a book, with the obligation of the residents to review those questions and come back with an answer at the following session.

Written Exams/Interactive Sessions

The sessions help begin with a written exam on the topic, followed by an interactive session on the topic by one or two staff physicians.

The feedback from the residents and staff has generally been quite positive, with continued evaluation of this teaching process ongoing.

Please note that a majority of the orals have to be passed. A failure of 50% or more will be equivalent to a borderline evaluation.

Schedule: Orals/Written/Interactives 2016-2017

week 2- Interactive sessions / written examination week 3- Oral examinations

Period	Dates	Topics	Examiners	Tintinalli
1	July 1- July 31	Introduction	JGH/SMH staff	
2	Aug 1 - Aug. 28	Trauma / Shock / Resuscitation	MGH-ED staff	*Sections 3, 4, 21*
3	Aug. 29 - Sept. 25	Cardiovascular & Pulmonary Emergencies	SMH-ED staff	*Sections 7, 8*
4	Sept. 26 - Oct. 23	Toxicologic Emergencies	RVH-ED Staff	*Sections 15*
5	Oct. 24 - Nov. 20	Analgesia/Wound care/ MSK/Orthopedic Emergencies	JGH-ED staff	*Sections 5, 6, 22, 23*
6	Nov. 21 - Dec.18	Endocrinologic Heme, Oncological Emergencies	RVH-ED staff	*Sections 17, 18 & Sections ch. 19-21*
7	Dec. 19 - Jan. 15	Opth-Ent/ Derm/ Interactive Only	SMH-ED staff	*Sections 19, 20*
8	Jan.16 - Feb. 12	Environmental Emergencies	JGH-ED staff	*Sections 16*
9	Feb. 13 - Mar. 12	Pediatrics	MGH/MCH-ED staff	*Sections 12*
10	Mar.13 - Apr. 9	Obstet – Gyneco / Urological / Renal Emergencies	JGH-ED staff	*Sections 10,11*
11	Apr. 10 - May 7	Infectious Emergencies/ GI Emergencies	SMH-ED staff	*Sections 9, 12*
12	May 8 – June 4	Neurological Behavioural Emergencies	SMH-ED staff	*Sections 14, 24, 25*
13	June 5 – June 30	Final Orals	Program Staff	

Core Teaching Rounds

On weeks 1 and 4 the CCFP-EM residents attend rounds with the FRCP-EM residents. Topics include new advances in Emergency Medicine, review of controversial Emergency Medicine topics, introduction of new equipment and protocols and review of on-going research in Emergency Medicine. Journal club is one component of the joint core teaching rounds. Rounds are held at the Royal Victoria Hospital, and Jewish General Hospital. Participation and attendance by all the residents is **MANDATORY**. There will be several of these sessions presented throughout the course of the year by C.F.P.C.(EM) Residents. The CCFP-EM residents will present their CAT projects during these rounds.

The purpose of these is to prepare in-depth reviews of a topic pertaining to Emergency Medicine. These could include a discussion of changing concepts in our understanding of a particular disease process; new or changing concepts of management; discussion of other controversial or non-conventional areas. These are meant to be given at a post-graduate level.

Hospital Rounds

Interesting Case Rounds
St. Mary's Hospital

These rounds are organized by the Residents and Attending Emergency Physicians of St. Mary's Hospital. The diagnosis and management are the major exercises of the rounds. These rounds are held at 7h30 on Tuesdays.

Morbidity and Mortality Rounds
St. Mary's Hospital

These rounds are organized by the Residents and Attending Emergency Physicians of St. Mary's Hospital. The diagnosis and management are the major exercises of the Morbidity and Mortality Rounds. These Rounds are held at 7h30 on the fourth Tuesday of the rotation.

Integrated Core Rounds
St. Mary's Hospital

These rounds, held every day at noon by the staff at St. Mary's, include didactic lectures on a variety of subjects. These rounds are given in part by the Emergency Department and include the participation of the third year residents.

Emergency Resident Rounds
St. Mary's Hospital

Sessions on Emergency Department management and administration for the Resident are given during the rotation at St. Mary's Hospital.

Daily Teaching
Hospitals: St. Mary's /Jewish General/Montreal General/Royal Vic/Montreal Children's

Small group sessions covering core topics in emergency medicine are held daily throughout all emergency medicine rotations. CCFP-EM residents are responsible for leading one of these sessions per rotation. Learners range from medical students to staff physicians.

Critical Appraisal Topic (CAT)

CAT (Critically Appraised Topic) Project

Each CCFP-EM resident is expected to research and present a CAT project. This project's purpose is to practice answering a clinically-relevant question using a focused review of the existing literature. This is an exercise in evidence-based medicine where the purpose is efficient, practical and clinically-relevant utilization of the medical literature.

It entails first formulating good clinical query. You are encouraged to use a question that actually comes up during a shift, or something you've been wondering about in your readings. The question should be relevant to Emergency medicine clinical practice, and it should be in "PICO" format. Once the question is clearly delineated, you are expected to use the various EBM resources available to you to answer it.

Each resident must prepare one CAT project and present it at Wednesday morning teaching rounds. The presentation schedule will be determined at the beginning of the year.

Here are some resources for understanding CAT projects, PICO questions and general EBM information:

1) **A "CAT maker" from Oxford:** http://www.cebm.net/index.aspx?o=1157
2) **User's Guide to the Medical Literature – JAMA evidence** (just put in your McGill username and password to access): https://login.proxy2.library.mcgill.ca/login?qurl=http%3a%2f%2fsite.ebrary.com%flib%fmcgill%fdocDetail.action%3fdocID%3d10246365
3) **Centre for Evidence Based Medicine – Oxford:**
    - Critical Appraisal Link: http://www.cebm.net/index.aspx?o=1157
    - Asking PICO questions: http://www.cebm.net/index.aspx?o=1036
    - Finding the evidence: http://www.cebm.net/index.aspx?o=1900
4) **University of Alberta CAT Walk:** http://guides.library.ualberta.ca/cpmtemt/[j[?pid=199250&sid=166428

Resources for searching the medical literature abound. An excellent site that has links to all the usual suspects and more is the McGill Emergency Medicine webpage. You are strongly encouraged to visit this site: http://www.mcgill.ca/emergency/links/

As an aside, the landscape of medical education is changing with the omnipresence of social media. Twitter is fast becoming a forum for teaching and sharing of ideas and current evidence, especially in Emergency Medicine. Go ahead and "follow" us @mcgillccfpem.

Please contact Dr. Tiffany Gasse (tiffany.gasse@mail.mcgill.ca) with any questions.

CAT Project Goals & Objectives

Scholar

1. To keep residents and staff abreast of current cutting edge literature and best literature.
2. To learn the techniques of critical appraisal as they apply to different study designs.
3. To learn the three general critical appraisal skills of evaluation the validity of study methods, appreciating the strength and precision of results and applying the results with an eye to changing practice or informing decision-making.
4. To learn and apply the EBM concepts and skills.
5. To learn skills and habits that will allow lifelong reading behaviour and learning habits.
6. To become aware of important publications outside the EM literature.

Medical Expert

1. To develop knowledge on key topics and the supporting literature.
2. To improve clinical practice consistent with the latest research findings and critically appraised best evidence.
3. To integrate critically appraised best evidence into decision making through considerations that include values and perspectives that relate to the ethical, managerial, professional and health advocate dimensions of an emergency physician.

Communicator

1. To develop and hone interactive teaching and presentation skills.
2. Based on the knowledge and insights gained, to effectively and impressively communicate with your patients and colleagues in other specialities on critical and up to date issues.
3. Consideration should be given to reaching a wider audience of EM colleagues through peer-reviewed publication of your Journal Club summaries (posting on website, writing letters to editors, publishing summaries).

Collaborator

1. To work as a team with other residents (both FRCPC and CCFPEM)
2. To invite and interact in a dynamic learning environment with special guests who are experts on the topic or issues being presented.

Ultrasound Training

McGill CCFP (EM) Emergency Ultrasound Program

The ultrasound training program consists of a 2-day course at the beginning of the year during which the resident will have the opportunity to perform many supervised scans and make progress toward certification. Further sessions are held throughout the year on more advanced topics in bedside ER ultrasound.

Summary

Beginning in 2010 and every year since, the residents in the CCFP (EM) program have been trained in Emergency Ultrasound. The ultrasound training during the CCFP (EM) year is based on SAEM and ACEP guidelines for Ultrasound resident training and takes advantage of the exposure residents get when rotating through Emergency rooms in community hospitals, tertiary care hospitals and Pediatric hospitals as well as Intensive Care Units in the McGill University hospital network.

The Emergency Ultrasound program is based at the Saint Mary's Hospital Centre but relies heavily on the exposure and hands on training residents will get at the MUHC hospitals, including the Trauma Center at the Montreal General Hospital Emergency Department, the Pediatric Emergency Department at the Montreal Children's Hospital, as well as the Jewish General Hospital Emergency Department.

The curriculum consists of an educational component composed of an introductory course at the beginning of the year that covers ultrasound basics and confers an EDTU certificate for independent practice. The introductory course is the CAEP EDTU course. This is followed by a series of modules for advanced ultrasound given during the year. The advanced ultrasound covers lung ultrasound, echocardiography, kidney, bladder and ureter, abdomen and gallbladder, MSK, ocular, DVT assessment, IVC and soft tissue. This is combined with a heavy clinical exposure throughout the residency year that will allow the integration of the acquired medical ultrasound knowledge with clinical ultrasound skills relevant to the clinical setting of emergency and critical care medicine. At the end of the year there is an examination that integrates the entire curriculum and that confers a certificate of completion of the advanced ultrasound program.

Ultrasound Goals & Objectives

Objectives

MEDICAL EXPERT

1. Understand the knobology of the ultrasound machine

2. Demonstrate understanding and proficiency with the use of various probe types

3. Demonstrate proper ultrasound technique including probe manipulation and image optimization

4. Demonstrate proficiency at image generation and interpretation in the following areas:

    - Cardiac: views including parasternal long, parasternal short, apical 4 chamber, subxiphoid. Assessment of cardiac function, chamber size, fluid responsiveness, pericardium, aorta
    - Abdomen: including detection of free fluid in the upper quadrants and the pelvis
    - First trimester obstetrics: including detection of intrauterine pregnancy and findings suggestive of ectopic pregnancy
    - Aorta: including detection of abdominal aortic aneurysm
    - Lung: including detection of pneumothorax, pulmonary edema and pleural effusion
    - Gallbladder: including detection of gallstones and cholecystitisg. DVT: including detection of thrombosis
    - Ocular: including detection of retinal detachments, posterior vitreous hemorrhages and papilledema
    - IVC: including assessing size/collapsibility and applying this in the context of the patient's fluid status
    - Joints: including detection of fluid and, if necessary, subsequent aspiration under ultrasound guidance
    - Nerves: including understanding the technique and optimal locations to provide analgesia for different indications
    - Renal and bladder: including detection of hydronephrosis, ureteric jets, bladder volume, and foley catheter placement
    - Procedural ultrasound: including thoracentesis, paracentesis, pericardiocentesis, lumbar puncture
    - Vascular access: including central venous access, intravenous access, arterial lines, intraosseous lines
    - Soft tissue: including detection of cellulitis, abscess, necrotizing infections, foreign body detection and removal

5. Understands principles of integrated point-of-care ultrasound protocols in assisting with patient resuscitation. Examples include:

    - BLUE protocol for shortness of breath
    - Extended FAST (eFAST) for trauma

6. Understand the importance of rejecting indeterminate scans

7. To be able to apply emergency ultrasound findings in clinical management of emergency patients

8. Understand the limitations of emergency ultrasound

COMMUNICATOR

1. Converse effectively and sensitively with patients and their families

2. Ensure patients understand the differences between emergency ultrasound and radiology-performed scans

3. Communicate and document ultrasound findings appropriately

4. Demonstrates effective communication skills when teaching ultrasound skills to others

COLLABORATOR

1. Work effectively as part of a health care team

2. Understands how emergency ultrasound contributes to the overall care of the patient

3. Develops understanding of how other specialties incorporate bedside ultrasound into their practice

MANAGER

1. Demonstrates proper documentation of ultrasound scans

2. Manages time efficiently

3. Demonstrates proper care of the ultrasound equipment

4. Understands the background of emergency ultrasound and the role that it has played in changing the bedside diagnostic environment

5. Understands the medico-legal implications of emergency ultrasound in patient care and in physician certification process

HEALTH ADVOCATE

1. Acts as an advocate for individual patients in the emergency department

2. Understands the importance of access to emergency ultrasound devices for all resuscitation and acute care areas of the emergency department

3. Understands the importance of training all acute care physicians in the use of point-of-care ultrasound to improve patient care

4. Advocates for increased point-of-care ultrasound resources for the emergency department, hospital, and university

SCHOLAR

1. Critically evaluate the literature as it pertains to emergency ultrasound
2. Stays up-to-date on new evidence as it pertains to point-of-care ultrasound
3. Understand the evidence supporting the commonly performed emergency ultrasound scans
4. Understand the limitations of emergency ultrasound literature and the need for further high-quality research in this area

PROFESSIONAL

1. Be sensitive to any discomfort caused by ultrasound scans, especially when performing training scans or when scanning volunteers
2. Adhere to the code of ethics of the CMA and the institution
3. Treat patients and colleagues with respect
4. Self-evaluate, including insight into strengths and weaknesses
5. Demonstrate commitment to lifelong learning
6. Be responsible, reliable, punctual, and accountable for one's actions

COMPETENCY ASSESSMENT

1. Technical Skill Assessment:
    - An assessment of technical skills takes place during the introductory course and at the end of the year for all the basic and advanced skills learned and integrated throughout the year
2. Image interpretation Assessment
    - For basic applications, the EDTU course at the beginning of the year assesses image interpretation skills. For advanced topics, a short answer examination will be given at the end of the year to assess image interpretation and clinical integration

Curriculum- Clinical Rotations

Core Rotation	Periods
Family Medicine Clinics (Optional)	longitudinal
Adult Community Emergency Medicine	2
Adult Tertiary Emergency Medicine	2
Pediatric Emergency Medicine	2
Adult Community Intensive Care	1
Adult Tertiary Intensive Care	1
Emergency Medicine & Trauma	1
Emergency Medicine & Toxicology	1
Administration and Core EM Topics	1
Musculoskeletal (MSK)	0.5
Anaesthesia	0.5
Elective	1

Must be approved by the program director

Family Medicine Clinics

Congruent with its mandate to produce family doctors with enhanced skills in emergency medicine, the McGill University CCFP-EM program encourages its residents to maintain a regular part-time family medicine practice during their training year. Most recently, this has consisted of 2 half-day family medicine clinics per month. The site can be any of the McGill family medicine teaching sites. The program tries to facilitate residents' maintenance of a continuity clinic by informing the rotations of this protected time and requesting that rotations take into account this extra commitment when making their respective schedule.

Adult Community Emergency Medicine
St. Mary's Hospital

Introduction

St. Mary's Hospital is a 440-bed acute care McGill University community teaching Hospital which provides training in Emergency Medicine to Family Medicine and third-year Family / Emergency Medicine residents. About thirty-seven thousand patient visits are made to the Emergency Department annually; of these approximately 13,000 are stretcher cases, consistent with a high acuity level. Over 50% of all hospital admissions are through the Emergency Department. All consult services are available on site with the exception of Neurosurgery. Staffing for the Department consists largely of C.C.F.P. and C.C.F.P. (E.M.) certificants and several F.R.C.P. certificants.

General Description:

The purpose of the training program for third year residents at St. Mary's Hospital is to provide teaching and exposure to commonly encountered adult medical problems in a community hospital Emergency Department. Learning is accomplished through a combination of didactic early morning teaching sessions given by attending staff and resident colleagues and discussions around diagnosis and management of individual cases, as well as, reading of the emergency medical literature. The R-3 will, upon completion of his/her training, be able to investigate adequately and treat all acute and non-acute patient medical problems presenting to the Emergency Department.

The R-3 will learn to categorize patients into one of three groups; admission, D/C home with appropriate follow up and instructions or short-term / focused observation in the Emergency Department. Consults and investigations will be requested only if they are necessary for diagnosis or treatment. As part of the third year of training, the R-3 will gain exposure to skills necessary to manage flow in the Emergency Department. He/she will be given the opportunity to manage his/her own patients, review cases with more junior residents and decide on patient disposition (home, admission, observation) based on hospital and consultant resources and demands made on her/him by community based ambulatory services.

In conclusion, while rotating through the Emergency Department at St. Mary's, the R-3 will learn principles of care for all adult patients presenting in the Emergency Department. He/she will be able to examine, investigate, diagnose and consult appropriately and determine patient disposition early in the course of treatment. He/she will be given the opportunity to teach junior residents and organize the flow in the Emergency Department. Upon completion of the Family-Emergency Residency training, the candidate will have all the skills and knowledge necessary to successfully complete the C.F.P.C.(EM) examination. He/she will be capable of efficiently managing a community hospital Emergency Department and have the knowledge necessary to aid in organization of hospital and pre-hospital emergency medical services.

Rotation Specific Learning Objectives
CCFP-EM Residency Program

Community Emergency Medicine Rotation

Overall Goal of the Rotation

To utilize the relevant competencies contained within the CanMEDS-FM roles to develop the skills necessary to manage undifferentiated patient presentations to a community emergency department. To develop and appreciate the management of emergency department patients in a setting with more limited resources.

Education Objectives:

Role of Family Medicine-Emergency Medicine (FM-EM) Expert

The resident should:

- Develop the ability to evaluate, diagnose, treat and arrange definitive care for patients in a community emergency department setting.
- Develop skills in the assessment and management of a variety of medical, surgical and psychiatric presentations to a community emergency department, across a spectrum of severity of such illnesses.
- Develop good judgement regarding the decision to transport a patient to a tertiary care hospital, and effectively prepare the patient for that transport
- Develop proficiency in the initial stabilization and arrangement of definitive care for a variety of clinical conditions which may include the following:
    - Trauma
    - Shock from any cause
    - Acute Coronary syndromes
    - Acute CVA
    - Gastrointestinal Hemorrhage
    - Cardiac Dysrhythmias
    - Poisoning
    - Psychiatric Illness including the acutely agitated or suicidal patient
    - Sepsis
    - Respiratory Failure from any cause
    - Vascular Crises including aortic aneurysm or dissection

- Status epilepticus
- Hypothermia and Hyperthermia
- The acute abdomen and hepatobiliary disease

- Develop proficiency in the assessment and management of common fractures and dislocations. Develop proficient skills in the reduction, splinting and casting of common fracture and dislocations. Describe and demonstrate proficiency in a variety of analgesia and sedation options specific to these fractures and dislocations.
- Examples:

  - Distal Radius/Ulna fracture
  - Scaphoid fracture
  - Metacarpal fracture
  - Humeral fractures including shaft, head/neck, and supracondylar
  - Radial and ulnar shaft fractures and fracture dislocations
  - Hip fractures
  - Femoral shaft fractures
  - Tibial plateau fractures
  - Tibial/fibular shaft fractures
  - Ankle fractures and fracture-dislocations
  - Elbow dislocations
  - Shoulder dislocations
  - Hip dislocations
  - Patellar dislocations
  - Knee dislocations

- Clinically assess skin integrity, limb alignment, neurovascular status and patient lifestyle factors and demonstrate an understanding of how these factors influence management of these orthopaedic injuries.
- Learn the rational use of consultants, as well as laboratory, radiographic and other diagnostic tests with limited availability when managing patients in more rural areas.
- Understand the responsibility and the liability involved with the transfer of patients from one institution to another.
- Demonstrate the skills to organize (monitoring, transport, venue) and supervise a safe transfer.

Role of Communicator

Overall Goal

The resident will act to facilitate the doctor-patient relationship and establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy.

The resident should be able to:

- Discuss a wide variety of medical conditions and their treatments with patients and their families in language that they can understand.
- Establish and maintain a therapeutic relationship with patients, their families and the medical team while fostering an environment characterized by understanding, trust, empathy and confidentiality.
- Accurately describe a patient's clinical condition to consultants using appropriate medical terminology.
- Initiate appropriate telephone consultation with other specialists at local and remote locations
- Using the patient centered clinical model, gather information not only about the disease but also about the patient's beliefs, concerns and expectations about the illness, and how the illness affects the patient's family and the patient's life as a whole.
- Work to enhance the patient's continuing relationship with their family physician.
- Keep thorough and accurate written medical records.
- Communicate effectively with patients, family members and the health care team.
- Whenever appropriate, involve the patient's family physician in the acute care and follow up related to the patient's emergency visit.

Collaborator

Overall Goal

The resident will work cooperatively with patients, families, and other members of the healthcare team to achieve optimal patient care.

The resident should be able to:

- Develop a care plan for a patient they have assessed, including investigation, treatment and continuing care, in collaboration with the members of the interdisciplinary team.
- Utilize medical expertise available within the local community.
- Collaborate with members of the health care team that are at a site distant to the site of the patient to arrange telephone advice, interhospital transfer, and follow up care where necessary.
- Maintain collegial and respectful relationships with medical and paramedical staff in the more rural area.
- Demonstrate an ability to promote the autonomy of patients and families and to promote their involvement in decision-making.

Role of Manager

Overall Goal:

The resident will play a central role in the organization of the care delivered to the patient during their community emergency department visit. They will coordinate the members of the health care system and utilize resources in a way that sustains and improves the health of their patient population.

The resident should be able to:

- Effectively manage the care of multiple patients while working in the community emergency department.
- Effectively triage patients and manage emergency department flow in a single physician coverage emergency department with limited radiologic, laboratory, nursing and paramedical staff resources.
- Develop and/or reflect on the management plan for a mass casualty incident in their rural community hospital.
- Make clinical decisions and judgments based on sound evidence for the benefit of individual patients and the population served.
- Work effectively as a member of a team.

Role of Health Advocate

Overall Goal

The resident will use their role as an emergency department physician in a rural area to influence and advance the health and wellbeing of patients

The resident should be able to:

- Expedite transfer of patients to referral centres where necessary.
- Identify the medical, social, economic, and familial needs of patients, the interactions of these factors, and offer community resources and referrals where appropriate.
- Respect and foster patient autonomy in all decision making where appropriate.
- Develop proficiency with informed consent and measurement of capacity.
- Have knowledge of and utilize community resources where appropriate to assist in the management of illness.
- Communicate with the patient's family physician where appropriate to obtain further history, ensure follow up care, and enhance continuity of care. Encourage participation of the patient's family physician in the acute medical care of the patient where appropriate.

Role of Scholar

Overall Goal

To demonstrate a commitment to self-learning and the creation, translation, and dissemination of medical knowledge.

The resident should be able to:

- Identify his/her own learning needs and make use of available learning resources including members of the medical team unique to the rural area with local expertise.

- Demonstrate critical thinking and integrate critical appraisal of the literature into the bedside approach.
- The interested resident may wish to pursue research or a CAT topic related to rural emergency medicine or medicine involving a social, environmental, industrial or recreational phenomenon involving the community in which he/she is practicing.

Role of Professional

Overall Goal

To display commitment to an ethical practice and high personal standards of behaviour in a manner that is commensurate with the importance of the doctor-patient relationship.

The resident will display professional attitudes and behaviours, including:

- Being punctual for shifts, meetings, and educational events.
- Following through on assigned tasks.
- Being respectful, honest and compassionate care when dealing with patients, families and other professionals.
- Considering racial and cultural issues in selecting treatment regimens for patients.
- Demonstrating responsibility by being reliable and dependable.
- Developing the ability to respectfully collaborate with other medical and paramedical professionals in a small community.
- Take an interest in aspects of the community that are outside of the medical setting.
- Maintain an appearance that conveys a sense of dignity commensurate with the importance of the patient-physician interaction

Adult Tertiary Emergency Medicine
Jewish General Hospital

Introduction

The Jewish General Hospital is a 659 bed McGill University tertiary care hospital strongly committed to research, academia, and training at both the undergraduate and graduate levels, including both CFPC-EM and FRCP residents. The Emergency Department is fully committed to the above, and has been recognized as a "Department of Excellence" by the hospital having received full support for research and academic growth.

The Emergency Department has approximately 84,000 visits per year and still growing, now the busiest adult ED in the province and one of the busiest adult ED in the country. This is based upon our high percentage of elderly, oncology, cardiac patients and diversely ethnic patients in the immediate area, as well as the hospital serving as a referral center for all other sub-specialties. In 2014 the Jewish General Hospital opened a new state of the art linear pod ED with a new critical care tower. The new ER is 80,000 square feet (the largest in Canada) and features its own dedicated CT scanner, as well as private stretcher areas and a negative pressure system to prevent and contain the spreading of infection. The new ER implements new innovations such as a rapid assessment zone (RAZ), which provides expedited assessment, diagnosis and discharge of moderately ill patients. This and other innovations are resulting in improved patient flow and shorter length of stay in the ER and more rapid triage of patients to the appropriate care.

The Department is staffed by thirty two physicians. The physicians are C.C.F.P., C.C.F.P. (EM), ABEM, FRCPC or CSPQ in Emergency Medicine. Nine members hold Assistant Professorship status at the university level with the Director, Dr. Marc Afilalo and former CFPC (EM) Program Director, Dr. Bernard Unger holding Associate Professorship status.

In addition to their clinical roles, all physicians are involved in extra-clinical activities - research, medico-administrative, academic/ teaching. This commitment to all of emergency medicine's facets makes the J.G.H. Emergency Department a unique and excellent opportunity for the training of residents.

General Description

As a high volume adult tertiary care hospital, with the highest percentage and number of seriously ill patients in the province, and as a research and academic oriented Emergency Department, the JGH offers residents an intense academic Emergency Medicine experience.

The R3's are encouraged to review junior residents' cases and organize the flow of the Emergency Department during their second month. As C.F.P.C. (EM) and F.R.C.P. Residents work alongside each other, there exists an atmosphere of friendly cooperation where residents develop a genuine and mutual respect for each other.

During the eight weeks in the JGH Emergency Department the resident will demonstrate the ability to recognize acute illnesses and injuries presenting to the Emergency Department and be able to gather appropriate data, develop a differential diagnosis and suggest management and treatment modalities. Concurrent to the clinical experience gained in the emergency, ample time is allotted for in-depth discussions of current cases with the attending, access to our Emergency Department library and computer equipment.

The resident will develop competence in the knowledge, clinical skills, technical skills, and attitudes consistent with the progression of his/her training.

By the end of their two months, the residents are expected to have an understanding of anatomy, physiology, pharmacology, toxicology and pathophysiology with the ability to demonstrate competency in the recognition, evaluation and management of acute illnesses and injuries.

Rotation Specific Learning Objectives
CCFP-EM Residency Program

Emergency Medicine Rotation

Overall Goal:

To utilize the relevant competencies contained within the CanMEDS-FM roles to develop the skills necessary to manage undifferentiated patient presentations to the emergency department.

Educational Objectives:

Role of Family Medicine-Emergency Medicine (FM-EM) Expert

The FM-EM resident will develop expertise in the ability to:

- Identify and treat conditions requiring immediate resuscitation or stabilization
- Synthesize all available data, including interview, physical exam, and lab data to define each patient's central clinical problem
- Formulate an appropriate differential diagnosis listing life-threatening and common (most likely) disorders
- Develop a strategy of investigation and treatment appropriate to the patients presenting complaint
- Modify differential diagnosis, investigations and treatment based on clinical course

The resident will develop expertise in the assessment and management of common emergency presentations including:

NOTE: the following list contains broad categories of clinical presentations only. For a more complete list of clinical presentations the resident is referred to the document entitled "Educational Reference Manual: Core Emergency Medicine Training in Family Medicine Residency Programs"
http://www.cfpc.ca/local/files/Education/CoreFamilyMed-ResidencyPrograms.pdf

General

- Airway obstruction
- Respiratory Distress
- Shock

- Sepsis
- Trauma (blunt and penetrating)
- Syncope
- Fever
- Allergic reactions including anaphylaxis
- Burns

Cardiac

- Cardiac Arrest
- Arrythmias (SVT, Afib, Vtach, Bradycardias)
- Acute Coronary Syndromes
- Sudden death/asystole
- Palpitations
- Chest Pain
- Hypertensive crises
- CHF/Pulmonary Edema

Neurologic

- Coma and Altered Level of Consciousness
- Seizure
- Acute neurologic deficit/CVA/TIA
- Weakness
- Headache
- Vertigo

Environmental

- Hypothermia and hyperthermia
- Acute or Chronic poisoning
- Burns and frostbite
- Diving injuries

Respiratory

- Dyspnea, stridor or wheeze
- Cough
- Hemoptysis

Endocrine/Metabolic

- Hyper or hypoglycemia
- DKA
- Hyper/hypothyroidism
- Dehydration and electrolyte abnormalities

Psychiatry

- Psychosis and agitation
- Anxiety and panic
- Behavioural and personality disorders
- Suicidal Ideation and mood disorders

Ophthalmology

- Vision loss or disturbance
- Ocular pain
- The red eye
- Foreign body or chemical exposure

Gastrointestinal Disorders

- Abdominal Pain including the acute abdomen
- Vomiting, Diarrhea or constipation
- Gastrointestinal hemorrhage
- Jaundice
- Dysphagia
- Hemorrhoids
- Perianal abscess
- Ingested foreign body

Genito-urinary Disorders

- Urinary Retention, dyusuria, hematuria or flank pain
- Scrotal pain or swelling
- Non-pregnancy pelvic pain, bleeding, or vaginal discharge
- STI's

Pregnancy

- Vaginal bleeding or pelvic pain in pregnancy or postpartum
- Labour and emergency department vaginal delivery
- Hyperemesis
- Pre-eclampsia, eclampsia

Dermatologic

- Rash
- Pruritis
- Abscess/Cellulitis

Musculoskeletal

- Fracture
- Lacerations

- Dislocations
- Amputations
- Swollen limb
- Foreign bodies
- Back pain and soft tissue injuries
- Joint pain or swelling
- Needlestick injuries

Ear, Nose and Throat

- Epistaxis
- Sore throat
- Neck swelling
- Ear pain
- Acute hearing loss
- Dental pain

Women's Health

- Sexual Assault
- Domestic Violence

Pediatric

- Neonatal resuscitation
- Neonatal Jaundice
- Neonatal cyanosis
- Irritability or lethargy
- Fever
- Non-accidental trauma
- Stridor, wheeze, and respiratory distress
- Limp or painful joint
- Vomiting, diarrhea and dehydration
- Soft tissue infections
- Gastrointestinal bleeding
- Rash

The Resident will develop expertise in the following procedural skills:

- Airway Management
    - Bag-valve mask ventilation
    - Endotracheal intubation with standard laryngoscopy
    - Alternative airway management techniques which may include: gum elastic bougie, laryngeal mask airway (LMA), lighted stylet, intubating LMA, glide scope, combitube, trans-tracheal jet ventilation, cricothyroidotomy, retrograde intubation, and flexible fiberoptic bronchoscopy

- Tube Thoracostomy (pigtail catheter and standard chest tube)
- Circulatory access
    - Peripheral vein access
    - Central venous catheterization (including the use of ultrasound)
    - Intraosseous insertion
- Cardiac Defibrillation
- Transcutaneous pacemaker set up
- Nasogastric and orogastric tube insertion
- Foley catheter insertion
- Paracentesis
- Thoracentesis
- Lumbar puncture
- Fracture reduction, casting and splinting
- Reduction of a dislocated joint
- Arthrocentesis
    - Knee
    - Shoulder
    - Ankle
    - Elbow
- Abscess incision and drainage
- Nail trephination/wedge resection/removal
- Regional anesthesia blocks
    - Supraorbital nerve
    - Infraorbital nerve
    - Mental nerve
    - Radial, median and ulnar nerve blocks
    - Digital blocks
    - Dental blocks
- Wound management
    - Repair of lacerations
    - Simple debridement of wounds including burns
    - Extensor tendon repair
- Opthalmological
    - Slit lamp examination of the eye
    - Corneal foreign body removal
- ENT
    - Nasal Packing
    - Nasal cautery
- Procedural Sedation including airway assessment
- Emergency Department Ultrasound
- Orogastric lavage
- Whole Bowel Irrigation

The resident will develop expertise in the indications for, risks of and interpretation of the following diagnostic tests:

- Arterial and venous blood gas
- O2 Sat
- Electrocardiogram
- Common Lab tests including ESR,CRP, drug levels, osmolar gap, anion gap
- X-ray
    - Chest
    - Abdomen
    - Head, C-spine
    - MSK
- Computed Tomography (basic interpretation)
    - Abdomen and Pelvis
    - Head
    - Chest
- MRI (basic interpretation
- Ventilation/Perfusion Scan (basic interpretation)
- Bone Scan (basic interpretation)

Role of Communicator

Overall Goal

The resident will communicate effectively with members of the healthcare team. The resident will facilitate the doctor-patient relationship and establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy

The resident should demonstrate expertise in the ability to:

- Rapidly establish rapport with patients and families in such a way as to develop an understanding of patients' experiences of illness including their ideas, feelings, and expectations and of the impact of illness on the lives of patients and families
- Incorporate into the individual patient interaction an understanding of the human condition, especially the nature of suffering and patients' response to illness
- Overcome barriers to communication such as language, patient disabilities, cultural differences and age group differences
- Manage the difficult patient encounter
- Explain complex medical issues in language adapted to the needs of the individual patient
- Deliver bad news in a compassionate and humane manner including "death telling"
- Maintain clear (legible), accurate and concise medical records
- Discuss a "Goals of Care" designation level with patients and families
- Field paramedic patch calls with ability to give succinct, clear orders

Role of Collaborator

Overall Goal

The resident will work cooperatively with patients, families and other members of the healthcare team to achieve optimal patient care.

The resident will demonstrate expertise in the ability to:

- Participate in a team based model in the care of emergency department patients
- Recognize and respect the diversity of roles, responsibilities and competencies of other professionals in relation to their own and consult other specialists in such a way as to respect the consultants individual skills
- Maintain respect for the principle of effective resource allocation
- Participate effectively in inter-professional team meetings, either as a team leader or a member of the team
- Demonstrate the use of crisis resource management skills when needed (communication, teamwork, situational awareness, and leadership)
- The resident will demonstrate a respectful attitude towards other colleagues and members of an inter-professional team
- The resident will function as a resource to the community as a consultant in emergency medicine
- Work to enhance the patient's continuing relationship with their family physician

Role of Manager

Overall Goal:

The resident will play a central role in the organization of the care delivered to patients during their emergency department visit. They will coordinate the members of the health care system and utilize resources in a way that sustains and improves the health of their patient population.

The resident will develop expertise in the ability to:

- Understand the principles of Quality Improvement (QI)
- Allocate finite healthcare resources appropriately
- Understand the issues that affect emergency department patient flow
- Work collaboratively with other health care professionals and community organizations to provide coordinated care for patients
- Use appropriate (electronic) decision support tools and references
- Take part in hand-over at beginning/end of shifts

- The resident will seek some experience in Emergency Department administration through participation in QI/QA activity including participation in an x-ray discrepancy reporting system and through attendance at academic sessions covering administrative issues in the Emergency Department

Role of Health Advocate

Overall Goal

The resident will use their role as an emergency department physician to influence and advance the health and wellbeing of patients

The resident will develop expertise in the ability to:

- Evaluate patients with respect to determining their status regarding determinants of health and potential barriers to care and implement a disease prevention strategy tailored to each patient's unique status regarding those determinants of health
- Identify and respond to the health needs of the communities that they serve including vulnerable or marginalized population
- Understand the concepts of informed consent and measurement of capacity
- Develop an understanding of living wills, advanced directives, durable power of attorney, personal directives and the "Freedom of Information and Privacy Act"
- Understand the concept of medical futility and understand how to discuss this idea with patients and their families

Role of Scholar

Overall Goal

To demonstrate a commitment to self-learning and the creation, translation, and dissemination of medical knowledge.

The resident should be able to:

- Adapt and increase their skills and knowledge to meet the needs of their emergency department patients
- Critically appraise the literature and its relevance to their practice
- Attend Journal club to facilitate critical appraisal skills
- Incorporate into their emergency department practice the relevant published Clinical Practice Guidelines
- Facilitate the medical education of patients, families, emergency department learners, health professional colleagues and the public
- Take part in clinical teaching of junior learners in the Emergency Department

- Contribute to the creation, application and translation of new medical knowledge and practices
- Utilize local computer information systems and Computerized Physician Order Entry Systems

Role of Professional

Overall Goal

To display commitment to an ethical practice and high personal standards of behaviour in a manner that is commensurate with the importance of the doctor-patient relationship.

The resident should:

- Exhibit professional behaviours in practice including honesty, integrity, reliability, compassion, respect, altruism, and a sincere commitment to patient well-being
- Be punctual for clinical and educational events
- Follow through on assigned tasks
- Demonstrate respect for colleagues and team members
- Recognize the principles and limits of patient confidentiality
- Maintain appropriate professional boundaries
- Balance personal and professional priorities to ensure personal health during the rotation
- The resident will respect the appropriate boundaries of the doctor patient relationship
- The resident will respect patient confidentiality and privacy.
- The resident will have respect for patient autonomy as a major guiding principle in the doctor-patient relationship
- Take part in evaluation systems for learning events in order to provide/contribute feedback to colleagues/teachers

Pediatric Emergency Medicine
Montreal Children's Hospital

Introduction

Until recently, there were no specific guidelines for what constitutes adequate training in Pediatric Emergency Medicine for residents of the one year fellowship program administered by the College of Family Physicians of Canada. Please refer to the document mentioned at the beginning of the manual.

General Description

The McGill C.F.P.C. (EM) Residency Training Program consists of a mandatory 2 period rotation in the University's center for Pediatric Emergency Medicine, the Montreal Children's Hospital (MCH). Furthermore, residents are encouraged to participate in the Pediatric Advanced Life Support course which is given annually by the MCH.

The Montreal Children's Hospital is a 178-bed tertiary care pediatric hospital that serves a large multicultural population. The Emergency Department is one of the busiest in Canada, with over 80,000 visits per year. Both medical and surgical cases are seen in the ED and residents rotate through both sectors. Approximately 8,000 children are admitted to the hospital each year, with 3,200 admissions to the medical teaching units or about 10 medical admissions/day. All pediatric subspecialties are represented at MCH. In 2015 the MCH moved to a new state of the art facility at the Glen site.

The Emergency Department of the MCH has a strong commitment to the teaching of students and residents. There is 22 full-time attending staff working in the Emergency Department, all with faculty positions and strong interests in Pediatric Emergency Medicine. The teaching of Emergency Medicine is well structured at the MCH. In addition to the large volume of patients seen in the Emergency Department and the availability of knowledgeable staff to help review cases and supervise patient care, there is a regular series of didactic and hands on teaching rounds to which attendance is mandatory for C.F.P.C.(EM) Residents. These include weekly X-ray rounds, Emergency Medicine rounds, senior resident rounds, where C.F.P.C. (EM) Residents are asked to present a topic, and weekly-arrests conducted in the Emergency Department crash room. A review of staff evaluations by residents reveals that 70% of the attending staff was ranked as above average or excellent in their teaching ability.

Most trainees in the C.F.P.C. (EM) Program are graduates of the McGill Family Medicine Residency and will have already spent a one month rotation in the MCH Emergency Department. Partly as a result of this, C.F.P.C. (EM) trainees are expected to function as senior residents when rotating through the Emergency Department, this involves caring for more critically ill patients and being given the role of principal physician for patients requiring resuscitation or invasive procedures (i.e. lumbar puncture, central lines).

Residents who have gained the confidence of the attending staff are encouraged to take on a teaching role and review cases with more junior trainees.

1. Singer, J.I., and Hamilton, G.C. Objectives to direct training of emergency medicine residents in pediatric emergency medicine. Journal of Emergency Medicine, Vol.11, p.211 -218.

Rotation Specific Learning Objectives
CCFP-EM Residency Program

Pediatric Emergency Medicine Rotation

Overall Goal:

To utilize the relevant competencies contained within the CanMEDS-FM roles to develop the skills necessary to manage undifferentiated pediatric patient presentations to the emergency department.

Educational Objectives:

Role of Family Medicine-Emergency Medicine (FM-EM) Expert

The FM-EM resident will develop expertise in the ability to:

- Identify and treat pediatric conditions requiring immediate resuscitation or stabilization
- Learn to recognize the "toxic" versus "non-toxic" looking child
- Synthesize all available data, including interview, physical exam, and lab data to define each patient's central clinical problem
- Formulate an appropriate differential diagnosis listing life-threatening and common (most likely) disorders
- Develop a strategy of investigation and treatment appropriate to the patients presenting complaint
- Modify differential diagnosis, investigations and treatment based on clinical course

The resident will develop expertise in the assessment and management of common pediatric emergency presentations and learn management principles in dealing with less common critical care presentations. These presentations may include:

General

- Airway obstruction
- Neonatal resuscitation
- Neonatal cyanosis
- Respiratory Distress
- Shock

- Sepsis
- Trauma (blunt and penetrating)
- Fever
- Allergic reactions including anaphylaxis
- Child Abuse and non-accidental trauma

Cardiac

- Cardiac Arrest
- Arrythmias (SVT, Bradycardias)
- Sudden death (including SIDS)
- Congenital Heart Disease

Neurologic

- Coma and Altered Level of Consciousness
- Seizure
- Headache
- Vertigo

Environmental

- Hypothermia and hyperthermia
- Acute or Chronic poisoning
- Burns and frostbite

Respiratory

- Dyspnea, stridor or wheeze (including bronchiolitis, croup)
- Cough
- Airway Foreign Bodies

Endocrine/Metabolic

- Hyper or hypoglycemia
- DKA
- Hyper/hypothyroidism
- Dehydration and electrolyte abnormalities

Psychiatry

- Psychosis and agitation
- Anxiety and panic
- Behavioural and personality disorders
- Suicidal Ideation and mood disorders

Ophthalmology

- Vision loss or disturbance
- Ocular pain

- The red eye
- Foreign body or chemical exposure

Gastrointestinal Disorders

- Abdominal Pain including the acute abdomen (appendicitis, intussesception, hernias, volvulus)
- Phymosis (and reduction)
- Vomiting, Diarrhea or constipation
- Jaundice in the newborn
- Ingested foreign body

Genito-urinary Disorders

- Urinary Retention, dyusuria, hematuria or flank pain
- Scrotal pain or swelling (including torsion, hydroceles, epididymitis)
- Non-pregnancy pelvic pain, bleeding, or vaginal discharge (vaginal Foreign bodies)
- STI's in the adoloscent

Dermatologic

- Rash
- Pruritis
- Abscess/Cellulitis

Musculoskeletal

- Fracture (including splinting and casting techniques)
- Lacerations
- Dislocations
- Limp or painful joint (including transient synovitis, septic joint)
- Swollen limb
- Foreign bodies
- Joint pain or swelling

Ear, Nose and Throat

- Epistaxis
- Sore throat
- Neck swelling
- Ear pain
- Dental pain

The Resident will develop expertise/familiarity in the following procedural skills:

- Airway Management
    - Bag-valve mask ventilation
    - Endotracheal intubation with standard laryngoscopy

- Alternative airway management techniques which may include use of LMA
- Circulatory access
    - Peripheral vein access
    - Intraosseous insertion
- Lumbar puncture
- Fracture reduction, casting and splinting
- Reduction of a dislocated joint
- Abscess incision and drainage
- Nail trephination/wedge resection/removal
- Regional anesthesia blocks
    - Supraorbital nerve
    - Infraorbital nerve
    - Mental nerve
    - Radial, median and ulnar nerve blocks
    - Digital blocks
    - Dental blocks
- Wound management
    - Repair of lacerations
    - Simple debridement of wounds including burns
- Opthalmological
    - Slit lamp examination of the eye
    - Corneal foreign body removal
- ENT
    - Nasal Packing
    - Nasal cautery
- Procedural Sedation including airway assessment

The resident will develop expertise in the indications for, risks of and interpretation of the following diagnostic tests:

- Arterial and venous blood gas
- O2 Sat
- Electrocardiogram
- Common Lab tests including ESR,CRP, osmolar gap, anion gap
- X-ray
    - Chest
    - Abdomen
    - Head, C-spine
    - MSK
- Computed Tomography (basic interpretation)
    - Abdomen and Pelvis
    - Head
    - Chest
- MRI (basic interpretation)

Role of Communicator

Overall Goal

The resident will communicate effectively with members of the healthcare team. The resident will facilitate the doctor-patient relationship and establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy.

The resident should demonstrate expertise in the ability to:

- Rapidly establish rapport with patients and families in such a way as to develop an understanding of patients' experiences of illness including their ideas, feelings, and expectations and of the impact of illness on the lives of patients and families
- Incorporate into the individual patient interaction an understanding of the human condition, especially the nature of suffering and patients' response to illness
- Overcome barriers to communication such as language, patient disabilities, cultural differences and age group differences
- Manage the difficult patient (or family) encounter
- Explain complex medical issues in language adapted to the needs of the individual patient
- Deliver bad news in a compassionate and humane manner including "death telling"
- Maintain clear (legible), accurate and concise medical records
- Discuss a "Goals of Care" designation level with patients and families

Role of Collaborator

Overall Goal

The resident will work cooperatively with patients, families and other members of the healthcare team to achieve optimal patient care.

The resident will demonstrate expertise in the ability to:

- Participate in a team based model in the care of emergency department pediatric patients
- Recognize and respect the diversity of roles, responsibilities and competencies of other professionals in relation to their own and consult other specialists in such a way as to respect the consultants individual skills
- Maintain respect for the principle of effective resource allocation
- Participate effectively in inter-professional team meetings, either as a team leader or a member of the team

- Demonstrate the use of crisis resource management skills when needed (communication, teamwork, situational awareness, and leadership)
- The resident will demonstrate a respectful attitude towards other colleagues and members of an inter-professional team
- The resident will function as a resource to the community as a consultant in emergency medicine
- Work to enhance the patient's continuing relationship with their family physician

Role of Manager

Overall Goal:

The resident will play a central role in the organization of the care delivered to patients during their emergency department visit. They will coordinate the members of the health care system and utilize resources in a way that sustains and improves the health of their patient population.

The resident will develop expertise in the ability to:

- Understand the principles of Quality Improvement (QI)
- Allocate finite healthcare resources appropriately
- Understand the issues that affect emergency department patient flow
    - Increased ability to manage patient volumes in the ED
- Work collaboratively with other health care professionals and community organizations to provide coordinated care for patients
- Use appropriate (electronic) decision support tools and references

Role of Health Advocate

Overall Goal

The resident will use their role as an emergency department physician to influence and advance the health and wellbeing of patients

The resident will develop expertise in the ability to:

- Evaluate patients with respect to determining their status regarding determinants of health and potential barriers to care and implement a disease prevention strategy tailored to each patient's unique status regarding those determinants of health
- Identify and respond to the health needs of the communities that they serve including vulnerable or marginalized population
- Understand the concepts of informed consent with patients and families

Role of Scholar

Overall Goal

To demonstrate a commitment to self-learning and the creation, translation, and dissemination of medical knowledge.

The resident should be able to:

- Adapt and increase their skills and knowledge to meet the needs of their pediatric emergency department patients
- Critically appraise the literature and its relevance to their practice
- Attend academic rounds to facilitate critical appraisal skills
- Incorporate into their emergency department practice the relevant published Clinical Practice Guidelines
- Facilitate the medical education of patients, families, emergency department learners, health professional colleagues and the public
- Take part in clinical teaching of junior learners in the Emergency Department
- Contribute to the creation, application and translation of new medical knowledge and practices
- Utilize local computer information systems and Computerized Physician Order Entry Systems

Role of Professional

Overall Goal

To display commitment to an ethical practice and high personal standards of behaviour in a manner that is commensurate with the importance of the doctor-patient relationship.

The resident should:

- Exhibit professional behaviours in practice including honesty, integrity, reliability, compassion, respect, altruism, and a sincere commitment to patient well-being
- Be punctual for clinical and educational events
- Follow through on assigned tasks
- Demonstrate respect for colleagues and team members
- Recognize the principles and limits of patient confidentiality
- Maintain appropriate professional boundaries
- Balance personal and professional priorities to ensure personal health during the rotation
- The resident will respect the appropriate boundaries of the doctor patient relationship
- The resident will respect patient confidentiality and privacy.
- The resident will have respect for patient autonomy as a major guiding principle in the doctor-patient relationship
- Take part in evaluation systems for learning events in order to provide/contribute feedback to colleagues/teachers

Adult Community Intensive Care
St. Mary's Hospital

Introduction

C.F.P.C. (EM) Residents spend a total of 2 months in an adult ICU setting - one at St. Mary's Hospital Center (a 7-bed ICU, 7-bed step down care Unit, and, a 5-bed Coronary Monitoring Unit).

The objectives set out for these two months coincide with the overall objectives of the C.F.P.C.(EM) Program. Residents will become more proficient in caring for critically ill patients and all facets of their care - an experience readily pertinent to the Emergency Physician. More specifically, residents will gain knowledge in the use of important pharmacologic agents during both the resuscitative and post-resuscitative phases. This will enable residents an opportunity to monitor responses to such agents over relatively long periods of time - an experience often not possible in the Emergency Department due to time constraints. In addition, residents will become more adept in certain procedures e.g. intubations, peripheral arterial line insertions, and central line insertions. Lastly, because the C.F.P.C. (EM) Residents are the most senior amongst the ICU house staff at St. Mary's Hospital Center, they take on more responsibility, both in the ICU as well as responding to calls within the Hospital and Emergency Department.

Staffing

The staffing of the ICU differs somewhat from the traditional approach. Two levels of staffing operate the ICU:

1. A Family Physician with special interest in intensive care, and

2. An attending intensivist acting primarily as senior consultant in the ICU.

The involvement of the Family Medicine Department is in keeping with the prominent role overall of the daily operations of this adult community based hospital.

There is always one intensivist responsible for the ICU patients per week (out of a pool of approximately nine). These Physicians also round at other tertiary ICU facilities in the McGill system. There is always an intensivist on 1st or 2nd call. He/she shares the 1st call with the F.P. Staff.

Residents benefit by having two "staff" physicians rounding weekly and overall during a month being exposed to eight staff physicians and eight different styles of practice.

Teaching

Rounds are based on this "two tier" system:

- Work Rounds 08:00 - 09:30: The Family Physician leads house staff in making appropriate decisions regarding patient care e.g. tests needed during day, etc...
- Bedside Rounds 09:30 - 12:00 noon: Led by the intensivist on a daily basis who incorporates a didactic approach to overall patient management.
- Didactic Teaching Rounds afternoons (3 times per week): Given by either an attending staff physician or house staff presenting various topics of pertinence.
- Morbidity and Mortality Rounds once per month: Include involvement of other groups in the Hospital e.g. Emergency Physicians, Internists, Cardiologists, Pathologists and Surgeons.

During their month rotation, C.F.P.C.(EM) Residents are also supervised and guided during procedures. C.F.P.C. (EM) Residents, on average, do approximately 4 arterial lines, 2 intubations, and 2 central line insertions per week.

Call

C.F.P.C. (EM) Residents are on call usually one in four and are responsible for the care of the ICU patients; step down care Unit (i.e. Intermediate Unit or IU) and Coronary Monitoring Unit in addition to responding to consults in the Emergency Department of all potential ICU or CMU candidates. They are expected to be involved early during resuscitative manoeuvres in the Emergency Department. Because the C.F.P.C.(EM) Residents are most senior, they are encouraged to assess themselves in decision - making, especially while on call. However, they are given ample opportunity to confer with or receive assistance from 1st or 2nd call Attending Staff (or both). This differs from the rotation in the adult tertiary care centre ICU where the residents are not necessarily the most senior house staff and often are given less autonomy.

Adult Tertiary Intensive Care
Jewish General Hospital/Montreal General Hospital/Royal Victoria Hospital

Introduction

ICU rotations offer the resident the opportunity to manage critically ill patients with various problems of the type they would encounter in the Emergency Department setting. As the ICU experience allows residents to follow these patients for a longer period of time, a greater understanding of pathophysiology and prognosis can be gleaned which will ultimately aid the resident in his future decisions and therapies initiated in the Emergency Department. A number of useful skills and procedures, which have Emergency Department applications, are also learned.

The three sites available for tertiary care ICU are the Jewish General Hospital, a high volume multi-ethnic centre, the Royal Victoria Hospital, a transplant and cardiac surgery centre, and the Montreal General Hospital, a trauma centre. Each offers the resident a unique experience in managing acutely ill patients under the tutelage of intensive care specialists.

Rotation Specific Learning Objectives
CCFP-EM Residency Program

Intensive Care Unit Rotation

Overall Goal of the Rotation

To utilize the relevant competencies contained within the CanMEDS-FM roles to rapidly evaluate, diagnose, and treat the critically ill ICU patient, with special emphasis on those clinical presentations and procedures common to the Emergency Department.

Educational Objectives

Role of Family Medicine Expert:

The resident should:

- Develop the ability to rapidly perform a history and physical exam appropriate for a critically ill patient
- Develop sound judgment regarding the assessment and management of critically ill patients
- Develop the ability to generate a differential diagnosis and initiate immediate stabilization of the critically ill patient
- Develop a fundamental understanding of the pathophysiology, presenting signs and symptoms, diagnosis, and management of critically ill patients who may present with the following disease states:

    - acute coronary syndromes
    - cardiac arrhythmias
    - pericarditis and myocarditis
    - respiratory failure
    - pneumonia
    - multisystem organ failure syndrome
    - sepsis
    - the acute abdomen
    - gastrointestinal hemorrhage
    - perforated hollow viscous
    - renal failure
    - hepatic failure

- coma, status epilepticus, and neuromuscular diseases
- endocrine disturbances of the critically ill patient
- disturbances of water and electrolytes in the critically ill patient
- acid base disorders
- hypothermia and hyperthermia
- polytrauma and head injury
- burns
- the severely poisoned patient

- Develop expertise in procedural skills relevant to the management of the critically ill patient including:

  - Endotracheal intubation
  - Bag valve mask ventilation
  - CPAP/BiPAPCricothyrotomy *
  - Tube thoracostomy
  - Arterial line placement
  - Central Venous Access (including the use of US for line placement)
  - Transvenous cardiac pacing
  - Nasogastric Tube insertion
  - Foley catheter insertion

    *rare procedure – if not actually performed, should be able to describe technique

- Develop expertise with monitoring critically ill patients including:

  - ABG interpretation
  - Invasive hemodynamic monitoring
  - Intracranial pressure monitoring
  - Pulse oximetry
  - End tidal CO2 monitoring
  - ECG rhythm monitors
  - Ventilator monitoring

- Demonstrate a working knowledge of common ventilator modes and the indications for each as well as troubleshooting common ventilator problems
- Develop expertise in safe use of medications common in the resuscitation of critically ill patients suffering from shock, sepsis, fluid and electrolyte abnormalities, cardiac failure, cardiac dysrhythmias, renal failure, hepatic failure and toxicologic emergencies
- Develop a fundamental understanding of the pathophysiology, presenting signs and symptoms, diagnosis, and management of the various forms of shock
- Demonstrate a working knowledge of the following problems of long term ICU patients:

  - Coagulation disorders
  - Nutrition
  - Transportation of the critically ill patient

- Pain, anxiety and sleep
- Rehabilitative needs

- Demonstrate the appropriate use of consultants and multidisciplinary team members in critically ill patients
- Demonstrate an understanding of the legal and ethical issues surrounding the care of critically ill patients
- Demonstrate a fundamental understanding of the diagnosis of brain death and issues around tissue and organ donation

Role of Communicator

Overall Goal

The resident will act to facilitate the doctor-patient relationship and establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy.

The resident will demonstrate expertise in the ability to

- Communicate with the patient and their family in a way that takes into account the patient's own experience of the illness (feelings, expectations, and ideas) and the impact of the illness and ICU experience on the lives of patients and families, considering such factors as age, gender, socio-economic status, cultural and religious/spiritual values.
- Communicate with the members of the ICU health care team in a way that respects the skills of team members and facilitates an optimal team based approach to the care of the critically ill patient
- Effectively communicate with consultants
- Keep legible, coherent and complete written medical records including the ability to summarize a patients ICU care when the patient is transferred to the ward
- Clearly articulate a summary of a patient's problem list and care plan to the multidisciplinary ICU team during daily rounds
- Compassionately deliver bad news including death-telling
- Understand issues related to patient confidentiality
- Communicate effectively with the emergency department care team when acting as a representative of the ICU team that has been consulted

Role of Collaborator:

Overall Goal

The resident will act to facilitate the doctor-patient relationship and establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy.

- Develop an understanding of the role of specialist consultants in the ICU
- Maintain collegial relationships with the team members in the ICU including ICU attending physicians, resident colleagues, consultants, nurses, respiratory therapists, spiritual care representatives and physiotherapists
- Participate in interdisciplinary team meetings, demonstrating the ability to respect both the expertise and limitations of the other team members
- Respect team ethics including confidentiality, resource allocation and professionalism

Role of Manager

Overall Goal:

The resident will play a central role in the organization of the care delivered to patient during their stay in the intensive care unit. They will coordinate the members of the health care system and utilize resources in a way that sustains and improves the health of their patient population.

- The resident should be able to effectively manage the care of multiple critically ill patients in the ICU
- The resident should be able to serve equally effectively as a leader or member of a team
- Understand the effective use of patient-related databases, computer based medical information and the use of medical informatics
- Demonstrate an ability to understand the importance of appropriate allocation of healthcare resources
- Develop an approach to balancing patient care responsibilities with other personal and family responsibilities
- Develop an understanding of the principles of Quality Improvement as they relate to the care of critically ill patients

Role of Health Advocate

Overall Goal

The resident will use their role as an ICU resident to influence and advance the health and wellbeing of patients

The resident will develop expertise in the ability to

- Evaluate patients with respect to determining their status regarding determinants of health (i.e. unemployment) and implement a disease prevention strategy tailored to each patient's unique status regarding those determinants of health
- Obtain informed consent and measurement of capacity
- Understand living wills, advanced directives, durable power of attorney, and personal directives.
- Understand the concept of medical futility and understand how to discuss this idea with patients and their families

Role of Scholar

Overall Goal

To demonstrate a commitment to self-learning and the creation, translation, and dissemination of medical knowledge.

Demonstrate expertise in the ability to

- Self-identify learning needs and make use of available learning resources in the ICU setting including the Human Patient Simulator, medical data bases on-line in the ICU, and the local expertise of physicians, nurses, respiratory therapists, social workers, spiritual care representatives and other members of the ICU team
- Understand evidence based medicine and clinical practice guidelines as they relate to the critically ill patient
- Facilitate the learning of students, patients, colleagues through a learner-centered approach to teaching
- Learn how to give and receive effect feedback regarding teaching skills

Role of Professional

Overall Goal

To display commitment to an ethical practice and high personal standards of behaviour in a manner that is commensurate with the importance of the doctor-patient relationship.

- The resident will display professional attitudes and behaviours, including:
- Honesty, integrity, reliability, compassion, respect, altruism and a sincere commitment to patient well being
- The resident will be punctual for all learning activities and patient care events
- The resident will follow through on assigned tasks
- The resident will maintain an appearance that conveys a sense of dignity commensurate with the importance of the patient-physician interaction
- The resident will balance personal and professional priorities to ensure maintenance of personal health during an 8- week rotation in the ICU

Emergency Medicine & Trauma
Montreal General Hospital

The Montreal General Hospital is a 323 bed acute care McGill University tertiary care teaching hospital. The ED sees 37640 patients per year. The MGH is mandated as a Level 1 Trauma Center that sees 1500 trauma cases per year.

The Department is staffed by 38 dedicated emergency physicians. The physicians are either C.C.F.P., C.C.F.P. (EM), FRCPC or CSPQ certified in Emergency Medicine. In addition to their clinical roles, all physicians are involved in extra-clinical activities - research, medico-administrative, and/or academic/ teaching.

In their R3 CCFP-EM training year, residents spend one period (4 weeks) rotating in the MGH ER. During the rotation, residents are assigned shifts exclusively in the Monitored Care Area (MCA). As such they are the first to have contact with the sickest patients and all significant trauma cases. With respect to traumas, the role of the R3 is to quickly assess, diagnose and manage all severity of traumas coming through our doors. Backup is provided by the staff physician assigned to the MCA, as well as through our dedicated Trauma Team and Trauma Team Leader.

The R3 will likely have opportunities to perform procedures during this rotation including intubation, central line insertion, fracture and dislocation reduction and immobilization, perform procedural sedation, as well as other techniques, such as thoracostomy. On top of the ABC's of trauma care, the R3 will be expected to learn to request appropriate imaging, manage an intubated patient, use sedatives/hypnotics/paralytics safely, care for injuries, decide on appropriate consultation, and generally manage the trauma patient from admission to disposition. They must be able to handle multiple sick patients simultaneously, as well as to liaise and coordinate with multiple consultants working on the same patient. This is on top of the R3's responsibilities in managing the rest of the medical and surgical patients in the MCA.

Rotation Specific Learning Objectives
CCFP-EM Residency Program

Emergency Trauma Rotation

MEDICAL EXPERT

Basic Scientific Knowledge

1. Discuss the principles of anatomy and physiology specifically relating to traumatic disorders, in particular:

    - The various zones of the neck
    - The posterior chest
    - The posterior abdomen and flanks

2. Compare blunt and penetrating mechanisms of injury, further differentiating gunshot wounds and stab wounds.

3. Describe the indications and limitations, mechanism of actions, interactions and complications of pharmacologic agents used in the context of trauma:

    - Analgesic agents
    - Sedatives and induction agents
    - Paralytic agents
    - Antibiotics
    - Vasopressor agents
    - Corticosteroids

4. Knowledge of the principles of fluid therapy in a multiply injured patient.

5. Learn a systems approach to trauma management at local and provincial levels.

6. Learn the principles of pre-hospital trauma care

Basic Clinical Knowledge:

1. Describe the presentation, pathophysiology, natural history and therapy of various injuries/syndromes related to trauma of body systems in the adult, paediatric and geriatric population. More specifically, knowledge about:

    - Immediately life-threatening injuries
    - Potentially life-threatening injuries
    - Limb-threatening injuries
    - Closed head injuries
    - Raised ICP
    - Facial trauma
    - Blunt and penetrating neck trauma
    - Zone I,II, III injuries
    - Airway injuries
    - Esophageal injuries
    - Blunt and penetrating chest trauma
    - Tracheobronchial injuries
    - Pneumothorax
    - Hemothorax
    - Aortic injuries
    - Lung confusion
    - Diaphragmatic injuries
    - Blunt and penetrating abdominal trauma
    - Posterior chest and abdominal injuries
    - Pelvic trauma including uro-genital trauma
    - Spinal cord trauma and syndromes
    - Extremity trauma, including peripheral vascular injuries, partial or complete amputations, fractures, tendons injuries, lacerations
    - Compartment syndrome

2. Describe special considerations in the evaluation and management of the pregnant, Pediatric and geriatric trauma patient.

3. Demonstrate the principles of trauma resuscitation, stabilization, and disposition.

4. Describe principles of burn management.

5. Describe principles of inhalation injuries.

6. Assess and develop the appropriate differential diagnoses of clinical presentations in the trauma patient, describing the various potential lesions associated with specific mechanisms of injury.

7. Acquire knowledge of indications and limitations of the following tests with respect to the trauma patient: plain radiography, CT scanning, echography, angiography, endoscopy, blood work.

History & Physical Examination

1. Competently complete a clinical assessment of a trauma patient in an organized and timely fashion.

2. Demonstrate knowledge of common signs of major traumatic injuries.

3. Demonstrate knowledge of the Glasgow Coma Scale.

Interpretation and Utilization of Information

1. Assess and develop the appropriate differential diagnoses of specific clinical presentations in the adult, paediatric and geriatric population (e.g. abdominal pain, UGI bleed, LGI bleed etc.).

2. Compare / contrast the use of diagnostic peritoneal lavage, ultrasound and CT scan in the evaluation of abdominal trauma.

3. Come / contrast the use of CT scanning, echocardiography and angiography for thoractic aortic injuries.

Clinical Judgement & Decision Making

1. Identify indications for immediate laparotomy and thoracotomy.

2. Set the priorities, and initiate the required resuscitation, stabilization, investigation and disposition of the traumatized patient.

3. Identify the needs for consultations/admission/transfer of such patients presenting to the Emergency Department.

4. Initiate the appropriate management of acute traumatic conditions in the adult, paediatric and geriatric patient according to injuries identified.

Technical Skills Required in the Specialty

1. List the indications, techniques and complications of manipulative procedural skills;

    - Endotracheal intubation with C-spine recautions
    - Cricothyroidotomy
    - Needle decompression of chest
    - Chest tube insertion
    - Resuscitative thoracotomy
    - Cardiorrhaphy (suturing the heart)
    - Diagnostic peritoneal lavage
    - F.A.S.T exam

- Venous cut down
- Insertion of large bore peripheral lines
- Insertion of central venous lines (IJ, subclavian and femoral)
- Naso and orogastric tube insertion
- Suturing of basic and complex wounds
- Reduction of major joint dislocations
- Pelvis immobilization
- Foley catheter insertion
- Proper splinting and reduction of extremity fractures
- Local would exploration in penetrating trauma

2. Perform the required manipulative/procedural skills.

3. Ability to interpret specific radiological tests in a trauma patient:

    - Plain films of the cervical thoracic, lumbar spine; chest; pelvis, extremity
    - Focused ultrasonography of the abdomen/pericardium
    - CT of the head for the presence of the epidural and subdural hematoma, cerebral confusion, subarachnoid hemorrage
    - Perform and interpret a retrograde urethrogram

COMMUNICATOR

Interprofessional Relationships with Physicians and With Other Allied Health Professionals

1. Communicate effectively with the multi-disciplinary team.

Communications with Patients

1. Demonstrate skill and behaviour towards alleviating patient anxiety, appropriate for patient age and gender.
2. Demonstrate ability to discuss the patient's care and counsel regarding risk modification with the patient and family.
3. Show skill in explaining risks, benefits and obtaining consent for relevant procedures and surgeries.

Communications with Families

1. Demonstrate ability to discuss and explain to families "bad news" in a sensitive, concise and understandable manner.
2. Demonstrate ability to discuss living wills, advanced directives and *do not* resuscitate orders.

Written Communication and Documentation

1. Ability to document concisely and precisely pertinent findings on history and examination as relevant to the trauma patient.

COLLABORATOR

Interacts and Consults Effectively With All Health Professionals by Recognizing and Acknowledging Their Roles and Expertise

1. The resident will recognize the role of each health care team member with respect to the patient's care.
2. Demonstrate ability to resolve common team conflict problems.
3. Demonstrate ability to work in a multi-disciplinary team, work as part of a trauma team.
4. Consults appropriate services for the definitive care of the patient.

Delegates Effectively

1. Demonstrates ability to delegate various parts of the evaluation and procedures during trauma resuscitation.

MANAGER

Uses Health Care Resources Cost-Effectively

1. Recognize resources of tertiary care trauma centres and the use and rationalization of these for the individual patient and the population served.
2. Demonstrate knowledge of trauma systems and the function it serves to the hospital and the region.
3. Comprehend the rationale, organization and resources required to create trauma centers and systems.

Organization of Work & Time Management

1. Ability to establish priorities in a single complex trauma patient under stressful conditions.
2. Be capable of managing multiple ill patients concurrently.

HEALTH ADVOCATE

Advocates for the Patient

1. Be capable of discussing with patients risk and harm reduction strategies.
2. Be the patient's advocate at all times, particularly when they are unable to do so themselves.

Advocates for the Community

1. Learn principles of disaster management.

2. Be able to discuss and promote injury prevention.

3. Be aware of organ procurement procedures.

SCHOLAR

Motivation to Read and Learn

1. Be consistent in reading around clinical cases and improving trauma knowledge base.

Critically Appraises Medical Literature

1. Demonstrate knowledge and applicability of landmark (specialty relevant) studies in trauma care.

Teaching Skills

1. Demonstrate ability to supervise students and more junior residents in the evaluation of the traumatised patient and performance of procedure.

PROFESSIONAL

- Show respect at all times for the patient's;

    - Race/Ethnic background
    - Language
    - Religion /belief system
    - Gender/sexuality
    - Confidentiality

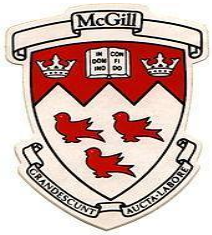
- Be insightful of one's own strengths and weaknesses (and when to call for back up).

- Be able to receive and accept constructive feedback.

- Display ethical behaviour compatible with a physician at all time with;

    - Patients and their families
    - Allied health staff
    - Attending staff, residents, and students.

- Be a role model for colleagues and other health care professionals.



Emergency Medicine and Toxicology
Royal Victoria Hospital

Poison Control Centre Toxicology Rotation at the MUHC

Description

For many years, Quebec Poison Control Centre has been actively providing medical toxicology training for Quebec emergency medicine residents.

A Poison Control Centre Toxicology rotation is now available for residents of the McGill University community. The medical toxicology rotation at the MUHC allows emergency medicine residents the possibility to get problem-oriented toxicology training from Poison Control consultants using a variety of cases from the daily exposures reported to Poison Control.

Through formal didactic lectures and a comprehensive reading program, residents will cover all the aspects of medical toxicology pertinent to a practice in emergency medicine.

General objectives

At the end of the rotation, residents will have the knowledge and skills necessary to evaluate and manage common and life-threatening exposures seen in an emergency medicine practice.

Residents will be able understand the basic scientific principles of clinical pharmacology and toxicology and apply these principles to their daily practice in emergency medicine.

Residents will be able to understand the resources and expertise provided by a provincial Poison Centre for the assessment and management of poisoning emergencies.

Schedule

The Poison Control Centre Toxicology Rotation at the MUHC is a combined Medical Toxicology / Emergency Medicine rotation.

For each period, residents will have 12 days dedicated to toxicology for Poison Control case studies and formal didactic lectures.

Residents will also be scheduled for approximately 6 shifts of clinical work in the Emergency Department.

Scheduling

Poison Control Cases

Residents will participate in the daily assessment and management of Poison Control toxicology cases. Residents will be asked to present their approach for the initial stabilization, evaluation, risk assessment and management of each case to the Poison Control consultant.

Didactic lectures

Residents will be given 12 lectures on important medical toxicology topics including : initial evaluation of the toxicology patient, gastro-intestinal decontamination techniques, cardiovascular toxins, analgesics, psychopharmacological medications, psychoactive substances, antidotes, chemicals and environmental toxins.

Reading

Residents will be expected to complete a reading program of 30 selected chapters from the reference textbook : Goldfrank's Toxicologic Emergencies, 10th edition.

Role of teachers

Teaching and supervision will be done by Poison Control consultants and Fellows of the McGill University Clinical Pharmacology and Toxicology program. Teachers will be responsible for presenting daily Poison Control cases to residents, reviewing the management plan for each case and suggesting additional readings.

Teachers will be scheduled according to their availability for the dedicated toxicology days, on Monday, Wednesday and Friday of each rotation week.

Rotation coordination

Martin Laliberté MD
Department of Emergency Medicine
McGill University Health Centre

Maude St-Onge MD
Medical Director
Centre antipoison du Québec

MUHC RVH Emergency Medical Toxicology Elective
Specific CanMEDS Objectives

MEDICAL EXPERT AND CLINCAL DECISION-MAKER

Residents should be able to

1. Obtain a history that is accurate, pertinent and concise for the nature of the problem
2. Perform physical examination that is sufficient to initiate a diagnosis or management plan
3. Discriminate types of poisoning with the knowledge of the different toxidromes.
4. Diagnose and treat withdrawal states
5. Identify the need for gastrointestinal decontamination and the benefits and risks of
    - Gastric lavage
    - Emesis
    - Single and multiple dose activated charcoal
    - Cathartics
    - Whole Bowel irrigation
6. Demonstrate the ability to interpret accurately the results of common diagnostics tests.
    - Anion gap
    - Specific drug levels
    - Urine toxicology screen
7. Demonstrate knowledge in
    - Principles of therapeutics ; pharmacokinetics, pharmacodynamics and their application to toxicology
    - Adverse drug reaction and interactions
    - Principle of drug abuse, drug dependence, drug withdrawal and tolerance
    - A practical classification of poisoning
8. Demonstrate some knowledge in the mechanism of toxicity, principle of stabilization and treatment modalities of:
    - Analgesics
        - Acetaminophene
        - NSAID's
        - Aspirin
        - Opioids methadone

- Autonomic agents
    - Anticholinergic
    - Antihistamines
    - Serotoninergics
    - Cholinergics
    - Methylxanthines
    - Benzodiazepines
    - Over the counter non benzodiazepines sedatives
    - Sympathomimetics
- Chemicals and substance of abuse
    - Alcohol
    - Cannabinoids
    - Stimulants
    - CNS depressants
    - GHB
    - Nicotine and tobacco
    - Opiods
    - Cocaine, amphetamines
- CNS drugs
    - Anticonvulsants
    - Antidepressants (TCA's, MAOI)
    - Antipsychotics
    - SSRI's and SNRI
    - Lithium
    - Hallucinogens
    - Anxiolytics
- Cardiovascular
    - Anti-arrhythmic
    - Anticoagulants
    - Antihypertensives
    - Inotropes
    - Nitrates and nitrites
- Endocrine
    - Insulin
- Anti-diabetic drugs
- Environmental
    - Cleansers
    - Caustics
    - Biological incidents
    - Chemical incidents
    - Household products
    - Hydrocarbons
    - Toxic alcohols, Solvents
    - Fumes
- Gastrointestinal agents
- Heavy metals
    - Arsenic
    - Lead
    - Lithium

        - Mercury
        - Iron
        - Metal fumes
    - Hematology
        - Anti-platelets
        - Anticoagulants
        - Methotrexate
        - Colchicine
    - Toxic gases
        - Carbon monoxide
        - Cyanide
        - Hydrogen sulphide
        - Smoke inhalation
        - Simple asphyxiants
        - Products of combustion
    - Hydrogen fluoride
    - Pesticides, herbicides and rodenticides
        - Organophosphates
        - Carbamates

9. Permethrines Demonstrate knowledge of mechanisms of action and indications for the following antidotes
    - benzoliazepine antagonists
    - cyproheptadine
    - dandrolene
    - glucagon
    - hydroxocobalamine and cyanide treatment “kit” (amyl nitrite, sodium nitrite, thiosulfate)
    - calcium
    - methylene blue
    - opiods antagonists
    - oxygen and HBO
    - physostigmine
    - pyridoxine
    - oximes
    - atropine
    - protamine
    - thiamine
    - vitamin K
    - folic acid
    - lipid emulsion

COMMUNICATOR

Residents should be able to demonstrate effective communication skills by their ability to

- work harmoniously with the team
- be able to formulate a clear plan of action and convey information to other colleagues
- deliver information to patient and families in a sensitive manner using the appropriate vocabulary for their understanding of the situation

- understand the different levels of risk perception and elaborate a strategy for effective risk communication to patients, family and other professional
- link effectively with the provincial Poison Center, summarize the evidence to allow for better consultation and follow-up on the cases
- leave legible and pertinent written documentation enabling another professional to access the information pertaining to the case.

COLLABORATOR

Residents should be able to act as leader of the multidisciplinary team required for the management of poisoned patients in the Emergency Department. More specifically, residents should contact and request assistance of other allied health professionals when dealing with

- high risk suicidal patient
- high risk of aggressivity patient
- suspicious poisoning
- occupational poisoning with other potential victims
- patient requiring enhanced elimination modalities
- patient requiring ventilatory or monitoring support

MANAGER

Residents should understand and be able to apply in their practice

- principles of HAZMAT
- principles of risk assessment
- principles of telephone consultation and interaction with Poison Control
- principles of administration of a regional Poison Control and quality assurance
- providing effective consultation and liaison with the Poison Control Centre when referral from an outside hospital is requested and be able to utilize resources judiciously in suggesting a transfer for an intoxicated patient.

HEALTH ADVOCATE

Residents should be able to recognize and advise patients and their families regarding the general epidemiology and prevention of poisonings and more specifically:

- inappropriate use of medications
- inappropriate use of medications
- dangerous interactions between medications
- risks of polypharmacy and inappropriate over-the-counter medication use.
- health issues pertaining to drug and illicit substance abuse
- social issues relating to the behaviour of deliberate self-harm and poisoning.
- use of Poison Control Center for prevention and surveillance of poisonings

SCHOLAR

Residents should be able to demonstrate an intellectual approach to medical practice in the following areas during participation on patient rounds, teaching sessions, journal clubs and interdisciplinary meetings.

- Continuing medical education;
  - Show interest in self-education skills by demonstrating knowledge in the evolving concepts in the management of poisoned patients and new pharmacological developments.
- Critical Appraisal of the Medical Literature;
  - Demonstrate the ability to research the medical literature (papers, online information, databases, conference abstracts), and identify the best available evidence for any patient related question.
  - Identify limitations in current toxicological research
- Scientific interest
  - Show interest in other scientific areas closely related to clinical toxicology such as biochemistry, basic pharmacology, agricultural and occupational toxicology by recognizing potential implication of these fields into clinical practice
  - Demonstrate ability in identifying areas in toxicology where gaps in knowledge or expertise exists by retrieving the essentials of the literature, summarizing the evidence to date and develop research ideas to fill these gaps while being able to demonstrate the clinical relevance of finding answers to the question at hand.

- Teaching skills
  - Residents should be able to explain the mechanisms of poisoning and share knowledge with others in a manner that helps others to develop their own skills.
  - Be available to answer questions or discuss common toxicological problems to the patient's treating team.

PROFESSIONAL

Residents should be familiar with medical, legal, psychiatric and social aspects of medical toxicology. They should approach situations with the highest level of integrity and honesty. They should show responsibility and reliability in the exercise of their function and demonstrate awareness of their own limitations and seek advice appropriately.

Resident should more specifically demonstrate professionalism in the following issues:

- Obtain consent for therapeutic modality or research study inclusion by the patient or the next of kin.
- Respect patient's rights to confidentiality and neutrality in the face of legal authority involvement whilst fulfilling legal obligations as per the provincial medical code of ethics and local regulations.
- Recognize the limitation of medical practice in the face of threat or aggression and decide when appropriate to involve legal authorities.
- Recognize the impact on the delivery of care to patients with impaired judgment or inability to decide for one self that can be created by intoxicated states.
- Seek appropriate advice from consultants to achieve the best therapeutic or management plan for these patients.

Administration and Core EM Topics

The focus of the Medical Administrative rotation is educating the resident on global ER function. In addition, this period is a time when specific topics in EM are reviewed and reinforced, largely based on the resident's needs. It is based at the Jewish General Hospital.

Goals & Objectives

This four-week rotation is designed to teach effective management and administration skills as they relate to the practice of Emergency Medicine. The resident will be exposed to all levels of administration. The resident will be expected to learn basic principles of leadership and administration develop an understanding of the function of the Emergency Department within the institution and its relationship with other departments. Other key objectives will include: understanding important medico-legal aspects of emergency medicine, understand aspects of quality assurance, professionalism, risk management, and crisis resource management.

Structure

1. During this rotation, the resident will receive lectures in ED administration and hospital toics covering interdepartmental protocols and policies. Some of the topics presented include;
    - ED Design
    - Information Technology and the Medical Health Record
    - Canadian Triage System
    - Trauma Systems
    - Morbidity and Mortality Review Process
    - Patient Complaints
    - Quality Assurance
    - Legal Aspects of Emergency Medicine
    - Career Planning
    - Time Management
    - Protocol and Procedure development
    - Overcrowding and Bed utilization
    - Lean philosophy on patient flow
    - Role of the DPS, Role of the Department Chief
    - Negotiation and Conflict Resolution
    - Practice Management seminar

2. The resident will familiarize themselves with the process of responding either to a patient complaint letter, or to investigating and completing a Morbidity and Mortality project investigating the various issues related to medical and system errors. Both projects are completed under the supervision of a faculty mentor and it is expected that the resident present his/her findings at Rounds.

3. The resident will participate directly in the ED as a flow coordinator at the JGH learning how to handle different flow situations and cases. Clinical responsibilities will include 6 shifts at the JGH with a focus on ED flow.

Evaluation

Evaluation of the resident will be bases on their attendance and participation in lecture, the feedback during their reassessment shifts in the ED, as well as their administrative project (M & M or patient complain letter).

MEDICAL EXPERT

The resident will be expected to

1. Participate in the management of difficult cases
2. Learn efficient decision making in cases of unclear disposition
3. Deciding on admissions/discharge vs. consultations
4 The resident will focus on re-assessment of cases already present in the ED, and learn the evolution of the patient stay and decide on appropriate work-up bases on their current state which may have evolved during the patient's stay in the ED.
5 The resident will be required to learn the key protocols and policy guidelines as they apply to each of the ED sites.

COMMUNICATOR

The resident will learn to deal effectively with patients and families in increasingly difficult and challenging patient encounters. He-She will need to be able to communicate effectively at meetings. The resident will also need to provide effective written response to ta patient complaint letter or M+M case.

COLLABORATOR

The resident will be expected to become comfortable communicating and collaborating with residents, other health care providers, consultant staff physicians.

MANAGER

The resident will be expected to demonstrate organizational skills in ED administration; learn to organize, manage and lead committees both on an ED level and a hospital level. This may include budgeting and staffing according to objective measures.

HEALTH ADVOCATE

The resident will be expected to be able to recognize the determinants of illness and injury seen in the Emergency Department and able to act on these findings; advocating for the patients in the ED, sometimes through a long stay in the emergency.

SCHOLAR

The resident will be expected to familiarize themselves with the concepts of medical and system errors, and how to determine the roles they play in undesirable patient outcomes. A Mandatory project will be required to be completed. This will include either a response to a patient complaint letter, or to an M+M case. Residents are encouraged to read academic EM material relevant to topics addressed.

PROFESSIONAL

The resident will be expected to treat patients and fellow staff with non-judgmental respect, prepare for meeting and learning encounters, exhibit professional demeanour (appearance, punctuality work ethic). He/she will be required to exhibit the following qualities: reliability, honesty, maturity, respect for others, accept constructive criticism and demonstrate sincere concern for others. The resident will need to demonstrate understanding of physician wellness issues and be aware of ethical considerations of Emergency medicine practice.

In addition, the rotation is used as an opportunity to teach and reinforce topics in emergency medicine tutorials and sessions include the following;

- Critical Appraisal
- MSK
- Casting
- Reductions and splinting
- EKG
- Flow
- Reading radiological films
- Mass Casualty
- Humanitarian work
- CMPA/professional liability
- Quality Assurance/CQI
- Ophthalmology
- ACLS refresher
- PALS refresher
- E-charting
- Time Management
- EMS

- Successful CME
- ED Design
- Disaster Plan
- Addressing Complaints
- DPS Role -- DPS
- Billing

Many of these sessions are given by experts in the respective field. In addition, refresher courses in ACLS, PALS, and ATLS are offered.

Residents also benefit from continued U/S tutorials and practice during the period.

Musculoskeletal (MSK)
Montreal General Hospital / Montreal Children's Hospital

Introduction

This two-week rotation is designed to expose the Emergency Medicine resident to general musculoskeletal pathology commonly encountered in the field of Emergency Medicine. This experience will be uniquely based in outpatient environments - primarily, but not necessarily limited to, the Emergency Department, Orthopedic and other clinic settings. Both adult and pediatric experiences will be included within the same rotation. During this rotation, the resident is expected to consolidate their knowledge and skills in the primary ED management and appropriate referral for follow-up and ongoing care of common MSK problems. Through specific clinic experiences, the resident will amass a more specialized knowledge base and advanced skills that can be applied to their ED patient encounters. This exposure will also allow them to better communicate with their consultant colleagues and allied healthcare providers. A suggested reading list, rounds and resident presentations will supplement the clinical learning experiences. With regards to direct teaching responsibilities, the resident will be expected to prepare one (1) MSK-related teaching sessions to be given to the residents and medical students rotating through the Montreal General Hospital Emergency Department during their month on service.

The rotation supervisor/coordinator will be Dr. Monica Cermignani (Emergency Staff Physician at the Montreal General Hospital).

Structure

During this rotation, the resident will participate in direct clinical patient care in the following settings:

- Emergency Department of the Montreal General Hospital
- Various outpatient clinic settings within the McGill-affiliated hospital system

During their time in the ED, the resident will be under the direct supervision of the attending ED staff on shift. They will be expected to see patients in the ambulatory care area of the MGH ED presenting with MSK complaints. They will be responsible for the initial evaluation, ongoing care and disposition of these patients during their visit to the ED. For those patients requiring specialist consultation in the ED, the resident will be expected to accompany the consultant during their evaluation of the patient and to be involved in any additional investigations, procedures, re-evaluations and ultimate disposition planning in concert with the consultant and attending ED staff. The resident will be encouraged to be aware of patients seen in other areas of the ED with MSK/orthopedic problems and to implicate themselves appropriately in their evaluation and management when possible.

On certain designated days, the resident will work together with the MGH orthopedic on-call team. They will be first call for all orthopedic consultations in the ED for the entire day, beginning at 8am and ending at midnight (unless otherwise specified). Cases will be reviewed with the on-call team and followed by the ED resident until

the end of his/her on-call period. These patients may include those already primarily assessed by the resident while on a concurrent ED shift, and/or patients seen by other ED physicians in all areas of the department.

During their time in clinic, the resident will be under the direct supervision of the attending clinic staff. They will be responsible for the initial evaluation of clinic patients, and together with the attending staff, will make decisions regarding their immediate management and ongoing care. When possible, the resident will also have the opportunity to be involved in the initial assessment of relevant consultations requested by the Emergency Department of the hospital in which the clinic experience occurs. These consults will be reviewed and managed in concert with the responsible consultant service resident and attending staff.

Evaluation

The resident will be responsible for obtaining a completed daily evaluation form from the attending physician for each of the individual clinical experiences attended during the rotation. If the resident expects to attend a clinic with the same staff on multiple occasions, an interim and final evaluation will be deemed adequate. Daily evaluation forms will be provided to the resident at the beginning of the rotation. The resident is expected to provide a blank form to the attending physician and to review the completed form and obtain some feedback at the end of that same experience.

Patients seen by the resident will be recorded on the back of the daily evaluation sheets (by MRN and diagnosis only), in order to give an idea of the number of patients and breadth of pathology seen in each clinical setting, and during the overall rotation. The resident will also be expected to document other relevant information on these sheets throughout the 2-week rotation, including all procedures performed/witnessed, and any interesting imaging studies (it is hoped that this information will ultimately be used to compile a teaching database for the residency program). It is expected that the resident will submit all completed evaluations along with a completed end of Rotation Feedback form to the rotation coordinator at the end of the rotation.

Rotation Specific Learning Objectives
CCFP-EM Residency Program

MSK Rotation

Overall Goal:

To utilize the relevant competencies contained within the CanMEDS-FM roles to develop the skills necessary to manage common orthopedic presentations to the emergency department.

Educational Objectives:

Role of Family Medicine-Emergency Medicine (FM-EM) Expert

The FM-EM resident will develop expertise in the ability to:

- Learn the use of the diagnostic imaging modalities available for the evaluation of orthopedic disorders.
- Develop skill in the evaluation and management of musculoskeletal trauma
- Develop skill in the diagnosis and treatment of inflammatory and infectious disorders of the musculoskeletal system
- Learn principles of acute and chronic pain management in patients with musculoskeletal disorders.
- Develop ability to correctly perform a history and physical in patients with musculoskeletal disorders.
- Demonstrate ability to correctly order and interpret radiographs in patients with orthopedic injuries.
- Demonstrate understanding of the anatomy, mechanism of injury, presentations, complications, management and prognosis of common musculoskeletal injuries.
- Demonstrate knowledge of standard orthopedic nomenclature.
- Demonstrate knowledge of appropriate aftercare and rehabilitation of common orthopedic injuries.
- Demonstrate knowledge of the differences in pediatric and adult skeletal anatomy and indicate how those differences are manifest in clinical and radiographic presentations.
- Demonstrate ability to apply orthopedic devices, including casts, compressive dressings, splints and immobilizers.
- Demonstrate ability to prioritize and manage the treatment of orthopedic injuries in multiple trauma patient
- Describe the presentation of patients with inflammatory and infectious disorders and demonstrate ability to diagnose and treat them.
- Demonstrate ability to diagnose and treat soft tissue foreign bodies.
- Describe the presentations, complications, diagnosis, management and prognosis of patients with human and animal bites.
- Describe the presentations, complications, diagnosis and management of compartment syndromes.

- Demonstrate ability to provide regional anesthesia, including hematoma blocks, and radial, ulnar, median, posterior tibial and sural nerve blocks.
- Discuss the dosages, indications, contraindications and side effects of standard analgesic and sedative agents used to treat patients with acute orthopedic trauma and demonstrate skills in their use.
- Discuss the differential diagnosis, historical features, physical examination findings, diagnostic modalities and treatment of patients with low back pain.
- Demonstrate ability to recognize and treat soft tissue infections involving muscle, fascia, and tendons.
- Describe how to evaluate and preserve amputated limb parts.
- Demonstrate knowledge of joint injuries, evaluation and grading of joint injuries, treatment of joint injuries and prognosis.
- Discuss the treatment of soft tissue injuries such as strains, penetrating soft tissue injuries, crush injuries, and high-pressure injection injuries.
- Demonstrate knowledge of the anatomy and physical examination of the hand as well as treatment of simple hand injuries including lacerations, dislocations and fractures.
- Demonstrate an understanding of which orthopedic conditions warrant immediate and elective referral to an Orthopedic Surgeon.

The resident will develop expertise in the assessment and management of common emergency orthopedic presentations including:

NOTE: the following list contains broad categories of clinical presentations only. For a more complete list of clinical presentations the resident is referred to the document entitled "Educational Reference Manual: Core Emergency Medicine Training in Family Medicine Residency Programs"
http://www.cfpc.ca/local/files/Education/CoreFamilyMed-ResidencyPrograms.pdf

- **Dislocations** – including shoulder, elbow, hip, knee, ankle, and fingers
- **Fractures** – basic principles of fracture management, including closed reduction of distal ulna, radius, ankle, mid-shaft humerus
- **Sprains/Strains** – including ankle, knee, hip, rotator cuff injury, tennis elbow, wrist, and common pediatric disorders (ie: Osgoode-Schlatter)
- **Septic Joint** – including the ability to perform arthrocentesis of the knee, ankle, wrist and shoulder
- **Over-use syndromes**
- **Pediatric presentations** – including hip disorders (Legg-Perthe's, Slipped capital Femoral Epiphysis), Sever's disease, Osgoode- Schlatter's disease
- **Orthopedic trauma** – including penetrating and high-pressure injuries, crush injuries

Role of Communicator

Overall Goal

The resident will communicate effectively with members of the healthcare team. The resident will facilitate the doctor-patient relationship and establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy.

The resident should demonstrate expertise in the ability to:

- Rapidly establish rapport with patients and families in such a way as to efficiently and effectively deliniate the nature of the problem including mechanism of injury
- Incorporate into the individual patient interaction an understanding of the human condition, especially the nature of suffering and patients' response to illness
- Overcome barriers to communication such as language, patient disabilities, cultural differences and age group differences
- Manage the difficult patient encounter
- Explain orthopedic issues in language adapted to the needs of the individual patient, including immediate and follow-up care plans
- Maintain clear (legible), accurate and concise medical records

Role of Collaborator

Overall Goal

The resident will work cooperatively with patients, families and other members of the healthcare team to achieve optimal patient care.

The resident will demonstrate expertise in the ability to:

- Participate in a team-based model in the care of emergency department and clinic-based orthopedic presentations
- Recognize and respect the diversity of roles, responsibilities and competencies of other professionals in relation to their own and consult other specialists in such a way as to respect the consultants individual skills
- Maintain respect for the principle of effective resource allocation
- The resident will function as a resource to the community as a consultant in orthopedic presentations

Role of Manager

Overall Goal:

The resident will play a central role in the organization of the care delivered to patients during their emergency department, hospital or clinic visit. They will coordinate the members of the health care system and utilize resources in a way that sustains and improves the health of their patient population.

The resident will develop expertise in the ability to:

- Allocate finite healthcare resources appropriately
- Understand the issues that affect the delivery of orthopedic care in the clinic and hospital settings
- Work collaboratively with other health care professionals and community organizations to provide coordinated care for patients
- Manage time effectively to attend to patient needs in the clinic or hospital setting and to recognize when urgent care is needed

Role of Health Advocate

Overall Goal

The resident will use their role to influence and advance the health and wellbeing of patients

The resident will develop expertise in the ability to:

- Evaluate patients with respect to determining their status regarding determinants of health and potential barriers to care in general and as it pertains to musculoskeletal disorders
- Identify and respond to the health needs of the communities that they serve including vulnerable or marginalized population
- Understand the concepts of informed consent and measurement of capacity

Role of Scholar

Overall Goal

To demonstrate a commitment to self-learning and the creation, translation, and dissemination of medical knowledge.

The resident should be able to:

- Adapt and increase their skills and knowledge to meet the needs of their orthopedic patients
- Critically appraise the literature and its relevance to their orthopedic practice
- Facilitate the medical education of patients, families, emergency department learners, health professionals, and colleagues
- Take part in clinical teaching of junior learners in the Emergency Department or orthopedic clinics
- Contribute to the creation, application and translation of new medical knowledge and practices
- Utilize local computer information systems

Role of Professional

Overall Goal

To display commitment to an ethical practice and high personal standards of behaviour in a manner that is commensurate with the importance of the doctor-patient relationship.

The resident should:

- Exhibit professional behaviours in practice including honesty, integrity, reliability, compassion, respect, altruism, and a sincere commitment to patient well-being
- Be punctual for clinical and educational events
- Follow through on assigned tasks

- Demonstrate respect for colleagues and team members
- Recognize the principles and limits of patient confidentiality
- Maintain appropriate professional boundaries
- Balance personal and professional priorities to ensure personal health during the rotation
- The resident will have respect for patient autonomy as a major guiding principle in the doctor-patient relationship
- Take part in evaluation systems for learning events in order to provide/contribute feedback to colleagues/teachers

Anaesthesia
St. Mary's Hospital

The anaesthesia rotation will be a 2 week rotation which will give residents the opportunity to become familiar with the pharmacology of common anaesthetic agents, hemodynamics and respiratory physiology.

During this rotation, residents are paired daily with great anaesthesiologists in the St Mary's Hospital operating room. In addition to developing a deeper understanding of the underlying science, residents have hands-on opportunity to master techniques of airway management and vascular access.

Rotation Specific Guidelines
CCFP - EM Residency Program

Anaesthesia

Overall Goal

To utilize the relevant competencies contained within the CanMEDS-FM roles to develop anesthesia skills relevant to the emergency physician including the management of airway emergencies, performance of procedural sedation and regional anesthesia. Residents will manage patients as a member of the anaesthesia team in the perioperative and operative setting.

Specific Educational Objectives:

Family Medicine Expert

The resident should:

- Develop expertise in airway management skills
- Develop knowledge and skills required for procedural sedation
- Develop familiarity with pharmacological agents used in airway management, procedural sedation, and pain management.
- Perform a relevant pre-operative history and physical exam
- Manage the anesthesia for a patient in the operative setting
- Develop and enhance skills for regional anaesthesia

Airway Management skills

- Describe the optimal timing and method of airway intervention in emergency situations such as CNS depression, trauma, shock, respiratory infections, asthma, and COPD
- Demonstrate the ability to assess airway protection and patency
- Describe the hallmarks of a difficult airway and discuss the management of the difficult airway
- Recognize and manage an obstructed airway
- Compare adult, adolescent, pediatric and neonatal airways and differentiate their management
- Perform interventions (e.g. patient positioning, oxygen delivery, airway adjuncts) appropriate to the situation to maintain airway patency
- Perform bag valve mask ventilation effectively
- Discuss equipment and appropriate sizes required for intubation of adult and pediatric patients
- Perform endotracheal intubation, understanding the indication, contraindications, and complications

- Describe or perform nasotracheal intubation understanding the indication, contraindications and complications
- Perform rapid sequence intubation (RSI) with appropriate preparatory steps and medications
- Describe variations of RSI in patients with hemodynamic compromise, intracranial pathology and acute bronchospasm
- Describe manoeuvres to confirm endotracheal tube placement
- Describe the technique of an awake endotracheal intubation
- Discuss and/or perform alternative airway management techniques such as gum elastic bougie, laryngeal mask airway (LMA), lighted stylet, intubating LMA, glide scope, combitube, trans-tracheal jet ventilation, cricothyroidotomy, retrograde intubation, and flexible fiberoptic bronchoscope while understanding the indications, contraindications, and complications
- Demonstrate an understanding of the indications and the technique of obtaining a surgical airway.
- Describe the criteria for extubation, and perform extubation and post-extubation care
- Understand the role of measuring end tidal CO2 and oxygen saturation in intubated patients
- Demonstrate the ability to assess ventilatory failure
- Understand the basic concepts and use of mechanical ventilators

Procedural sedation:

- Discuss the role of procedural sedation including risks and benefits
- Understand the ASA classification system
- Discuss and perform procedural sedation for adult and pediatric patients, including indications and contraindications
- Describe the indications, contraindications, side effects, advantages and disadvantages of the pharmacologic agents used for procedural sedation
- Describe the standard monitoring techniques required for procedural sedation
- Describe the various levels of sedation

Pharmacologic agents:

- Discuss concepts of common inhalational agents including advantages, disadvantages and relative contraindications
- Discuss concepts of induction agents (ie: thiopental, ketamine, propofol, etomidate)**.**
- Discuss concepts of neuromuscular blocking drugs (depolarizing and nondepolarizing) and reversal drugs
- Discuss concepts of post fasciculation myalgia and pseudocholinesterase deficiency
- Discuss vasopressors and inotropes Including epinephrine, ephedrine, phenylephrine, vasodilators, NTG, nitroprusside, hydralazine).
- Compare and contrast the classes of local anaesthetics
- Classify local anaesthetics and describe their mechanism of action
- Discuss the maximum dose and side effects of lidocaine and bupivacaine
- Describe an approach to someone with possible local anaesthetic hypersensitivity
- Describe the indications, contraindications and technique for topical anaesthesia
- Discuss the dose, metabolism, and systemic effects of narcotics and benzodiazipines used in the emergency department setting
- Discuss the indications, potential side effects and dose of narcotic and benzodiazipine antagonists in an emergency setting
- Discuss the theories describing the mechanism of pain perception

Pre-operative and operative patient management

- Perform a pre-operative history and physical exam
- Discuss pre-operative preparation, sedation, and operative monitoring
- Perform a safety check on the anaesthetic machine
- Demonstrate relevant peripheral and central venous anatomy knowledge
- Demonstrate skill in obtaining peripheral and central venous access
- Manage fluid requirements during anaesthesia
- Assess and manage problems relating to the anaesthetic
- Assess and manage problems under general anaesthetic including hypotension, hypertension, and arrhythmias
- Discuss anaesthetic problems associated with specific conditions including diabetes, asthma, myasthenia, and malignant hyperthermia

Regional Anaesthesia

- Identify the landmarks and describe an approach to common regional nerve blocks
- Describe the indications, contraindications and complications of regional nerve blocks
- Perform spinal anesthesia

Role of Communicator

Overall Goal

The resident will communicate effectively with members of the healthcare team. The resident will act to facilitate the doctor-patient relationship and establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy.

The resident should:

- Demonstrate an ability to discuss the risks and benefits of various anaesthetic techniques relevant to the patient and procedure
- Demonstrate the ability to communicate with the patient and their family in the perioperative period in a way that takes into account the patient's own experience of the illness (feelings, expectations, ideas) and the impact of the illness on the lives of the patients and their families, considering such factors as age, gender, socio-economic status, cultural and religious/spiritual values.
- Demonstrate an ability to communicate with the members of the emergency and surgical health care team in way that respects the skills of team members and facilitates an optimal team based approach to the care of the patient undergoing an anesthetic
- Demonstrate an ability to keep legible, coherent and complete peri-operative history and physical exam notes and procedural sedation records.
- Demonstrate an appreciation of issues related to patient confidentiality

Role of Collaborator

Overall Goal

The resident will work cooperatively with patients, families and other members of the healthcare team to achieve optimal patient care.

The resident should:

- Develop a pre-operative, operative, and post-operative care plan for a patient in collaboration with the surgical health care team.
- Participate in interdisciplinary team meetings, demonstrating the ability to accept, consider and respect the opinions of other team members.
- Maintain collegial and respectful relationships with surgeons, physicians and other health care professionals.
- Identify and describe the role, expertise and limitations of the members of the emergency and surgical health care team including anesthesia technicians, respiratory technicians and OR and post-op nurses.
- Demonstrate an ability to promote the autonomy of patients and families and to promote their involvement in decision-making.

Role of Manager

Overall Goal

The resident will play a central role in the organization of the anesthesia care delivered to the patient. They will coordinate the members of the health care system and utilize resources in a way that sustains and improves the health of their patient population.

The resident should be able to:

- Appropriately triage and prioritize patients requiring urgent airway intervention
- Effectively assemble the health care team and prepare for procedural sedation in a busy department
- Understand common issues around managing patients pre-operatively, in the operating room and recovery room
- Make clinical decisions and judgments based on sound evidence for the benefit of individual patients and the population served
- Work effectively as a member of the health care team, whether as a team leader or team member
- Effectively use patient-related databases, access computer-based information and understand the fundamentals of medical informatics
- Employ effective time management and self-assessment skills to formulate realistic expectations and a balanced lifestyle.

Role of Health Advocate:

Overall Goal

The resident will use their role as a resident in anesthesia to influence and advance the health and wellbeing of patients

The resident should be able to:

- Identify the health needs of an individual patient and advocate for individual patients
- Identify opportunities for health promotion and disease prevention in pre-operative assessments
- Identify the determinants of health, including barriers to accessing care and resources
- Identify vulnerable or marginalized populations and provide appropriate care and resources to these patients
- Demonstrate proficiency in obtaining informed consent
- Advocate for patient safety in the operating room

Role of Scholar

Overall Goal

To demonstrate a commitment to self-learning and the creation, translation, and dissemination of medical knowledge.

The resident should be able to:

- Demonstrate an enthusiasm for learning
- Identify learning issues during the rotation
- Access the available resources to address a learning issue, including staff anaesthetists, respiratory therapists, nurses as well as medical databases.
- Critically appraise the literature and Integrate new knowledge and skills into clinical care
- Improve presentation skills through rounds presentations (if available)
- Learn how to provide effective feedback to teachers

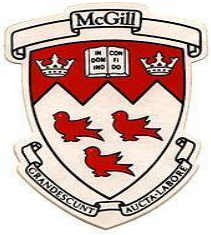
Role of Professional

Overall Goal

To display commitment to an ethical practice and high personal standards of behavior in a manner that is commensurate with the importance of the doctor-patient relationship.

The resident should:

- Exhibit professional behaviours in practice including honesty, integrity, reliability, compassion, respect, altruism, and a sincere commitment to patient well-being
- Be punctual for clinical and educational events
- Follow through on assigned tasks
- Demonstrate respect for colleagues and team members
- Recognize the principles and limits of patient confidentiality
- Maintain appropriate professional boundaries
- Balance personal and professional priorities to ensure personal health during the rotation



Elective

The elective month is an opportunity for the CCFP-EM resident to gain exposure to an area related to family medicine-emergency medicine that is of special interest, that exposes them to a new environment, or in which they feel they could benefit from more training.

Over the years, residents have arranged electives both locally and internationally, in emergency departments, clinics, and other settings. Electives must be approved by the program director. Electives outside the province of Quebec must be approved by the College des Medecins du Quebec.

Rotation Specific Learning Objectives
CCFP-EM Residency Program

Elective Rotation

Overall Goal:

The overall goal of the elective rotation is to allow the resident opportunity to gain further clinical and/or academic exposure within an area of special interest.

NOTE: ***The resident will develop specific goals and objectives pertinent to their chosen elective and submit them with their application for approval to the Program Director.***

The following are general educational objectives and key competencies pertinent to all electives:

Educational Objectives:

Role of Family Medicine-Emergency Medicine (FM-EM) Expert

The FM-EM resident will develop expertise in the ability to:

- Integrate the CanMEDS roles to provide ethical, effective and patient-centred medical care
- Establish and maintain clinical knowledge, skills and attitudes appropriate to their practice;
- Perform a complete and appropriate assessment of a patient;
- Use preventive and therapeutic interventions effectively;
- Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic;
- Seek appropriate consultation from other health professionals, recognizing the limits of their expertise.

Role of Communicator

Overall Goal

The resident will communicate effectively with members of the healthcare team. The resident will facilitate the doctor-patient relationship and establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy.

The resident should demonstrate expertise in the ability to:

- Develop rapport, trust and ethical therapeutic relationships with patients and families;
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals;
- Accurately convey relevant information and explanations to patients and families, colleagues and other professionals;
- Develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop a shared plan of care;
- Convey effective oral and written information about a medical encounter.

Role of Collaborator

Overall Goal

The resident will work cooperatively with patients, families and other members of the healthcare team to achieve optimal patient care.

The resident will demonstrate expertise in the ability to:

- Participate effectively and appropriately in an interprofessional healthcare team;
- Effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict.

Role of Manager

Overall Goal

The resident will play a central role in the organization of the care delivered to patients during their clinical encounter. They will coordinate the members of the health care system and utilize resources in a way that sustains and improves the health of their patient population.

The resident will develop expertise in the ability to:

- Participate in activities that contribute to the effectiveness of their healthcare organizations and systems;
- Manage their practice and career effectively;
- Allocate finite healthcare resources appropriately;
- Serve in administration and leadership roles, as appropriate.

Role of Health Advocate

Overall Goal

The resident will use their role as a CCFP-EM resident/clinician to influence and advance the health and wellbeing of patients

The resident will develop expertise in the ability to:

- Respond to individual patient health needs and issues as part of patient care;
- Respond to the health needs of the communities that they serve;
- Identify the determinants of health of the populations that they serve;
- Promote the health of individual patients, communities and populations.

Role of Scholar

Overall Goal

To demonstrate a commitment to self-learning and the creation, translation, and dissemination of medical knowledge.

The resident should be able to:

- Maintain and enhance professional activities through ongoing learning;
- Critically evaluate information and its sources, and apply this appropriately to practice decisions;
- Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others, as appropriate;
- Contribute to the creation, dissemination, application, and translation of new medical knowledge and practices.

Role of Professional

Overall Goal

To display commitment to an ethical practice and high personal standards of behavior in a manner that is commensurate with the importance of the doctor-patient relationship.

The resident should:

- Demonstrate a commitment to their patients, profession, and society through ethical practice;
- Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation;
- Demonstrate a commitment to physician health and sustainable practice.

Mentorship Program

Each resident will be assigned a mentor at the beginning of his/her residency. Barring, special circumstances, the mentor will maintain this role until the completing of the mentee's residency.

The responsibilities of the mentor include (but not limited to) the following:

1. Meet with his/her mentee at the beginning of the year and help him/her feel welcome and part of the Program.

2. Act as a resource person to the resident.

3. Together with the Program Director help resident develop fields of interest or sub specialization.

4. Assist resident to recognize his/her individual strengths and weaknesses and support activities to enrich the resident's experience.

5. Attend the different presentations of the mentee (Case Presentations, CAT Project, and teaching sessions) that are mandatory to the Program, and be available to discuss different aspects of their presentations ahead of time.

6. Give feedback on the various presentations using a summary of the valuations completed by the audience.

7. Be available to discuss the 3 month evaluations after it has been reviewed by the Promotions Committee. The Program Director maintains the right to discuss evaluations with the resident alone or at the request of the resident. In the case of a borderline or unsatisfactory evaluation, assist to outline corrective measures in an effort to address weaknesses.

8. The mentor will hopefully develop a special kinship towards his/her mentee(s).

9. The mentor should be a role model and conduct him/herself professionally and maturely.

Chief Resident Role & Responsibilities

There are 2 chief resident positions with shared responsibilities, which will be divided equally by the chief residents at the start of their mandate.

Elections

- The Chief Resident shall be selected by a vote of all residents in the incoming year by secret ballot.
- Each Chief Residency term lasts one year and runs from July 1st to June 30th of the following year.

Responsibilities

General

- Assist the Program Director and RPC in maintaining the Standard of Accreditation established by the CFPC.
- Act as an advocate for the residents in the CCFP-EM program (Examples include interdepartmental scheduling problems, interpersonal conflicts, and troubleshooting the ER experience for residents new to the system or site).
- In conjunction with the FRCP-EM chief residents, organize, attend, and host academic rounds.
- Organize "Special Events"
- Keep record of resident attendance at weekly rounds and at monthly Journal Clubs.

Scheduling and Rounds

- In conjunction with the FRCP (EM) chief residents, maintain a database of lectures, to both further future scheduling and minimize topic overlap.
- Perform his/her academic and administrative duties as Chief Resident with professionalism; thus acting as a Role Model for the other Residents.
- To be accessible to assist in the management of resident crises or scheduling.
- Organize Winter Retreat, as well as, with staff assistance, arrange social events for the CCFP-EM residents, some with the FRCP-EM program.
- Stay in regular touch with the program director, assistant directors, and FRCP (EM) chief residents in order to coordinate scheduling of rounds, presentations, and teaching sessions.
- Oversee overall CCFP-EM academic teaching schedules, including CAT project presentation.
- In conjunction with rotation administrator, oversee scheduling of "Administration and Core EM Topics" rotation.

Evaluations of Trainees, Rotations and Staff

Resident evaluations occur via aone45 computerized system. For the ER based rotations, it is the responsibility of the resident to “push” to each staff the daily forms which are then compiled by the head evaluator.

Residents will be unable to view rotation evaluations until they have completed their anonymous evaluation of the rotation and their staff.

Reading List

Recommended

Tintinalli
Emergency Medicine: A Comprehensive Study Guide
McGraw Hill

Goldfrank
Toxicologic Emergencies, Appleton and Lange

Rosen and Barken
Emergency Medicine: Concepts and Clinical Practice, Mosby

Rosen and Barken
Emergency Pediatrics: A guide to ambulatory care Mosby

Suggested Reading

Simon and Koenigsknecht
Emergency Orthopedics Appleton and Lange

Keats
Emergency Radiology Year Book,

Roberts and Hedges
Clinical Procedures in Emergency Medicine Saunders,

Barken
Pediatric Emergency Medicine

List of Links

Residents are encouraged to review the following guidelines established by the Postgraduate Medical Education office and the FMRQ:

FMRQ Collective Bargaining agreement: http://www.fmrq.qc.ca/PDF/Ententecollective2010-2015avecsignature_nonscannee.pdf
The McGill Post Graduate policy on intimidation and harassment: http://www.medicine.mcgill.ca/postgrad/welcometopostgrad_standards.htm
The McGill Post Graduate policy on Resident health and safety: TBA
Harassment, Sexual Harassment, and Discrimination Office: http://www.mcgill.ca/harass/
Standards of behaviour in the learning environment: http://www.medicine.mcgill.ca/postgrad/welcometopostgrad_standards.htm
McGill Handbook on Student Rights and Responsibilities: : http://www.mcgill.ca/deanofstudents/rights/
McGill Student and Resident Affairs: http://www.mcgill.ca/harass/
The Quebec Physicians' Health Program – QPHP: http://www.pamq.org/

McGill University C.F.P.C. Emergency Medicine Graduates

1986-1987
Helene Chenard
Bernard Unger

1987-1988
Marie-Rose Chateauvert
Pierre Soucis

1988-1989
Khalid Al-Sahlawi
Jacques Blanchette
David Goranson
Jean-Francois Prevost

1989-1990
Stan Bernbaum
Richard Kohn
Fran Mondor
Robert Primavesi
Norman Sabin

1990-1991
Marie-Josee Belanger
Wilis Grad
Michael Klar
Jeffrey Sirzyk

1991-1992
Keith Martin
Chrysi Paraskevopoulos
Chantal Rondeau
John Rowen
Michael Vonniessen

1992-1993
Eddy Lang
Thomas Mele
Howard Stuart
Mike Taylor
Phyllis Vetere

1993-1994
Jerman Chirgwin
Robert Drummond
Ryan Hunt
Gary Lee
Richard Lee

1994-1995
Nicholas Chan
Paula Kebarle
Jonathan Singerman
Mitch Sullivan
Roger Yao

1995-1996
Ken Berger
Sandra Dykhuis
Ashok Oomen
Jean Papacotsia
Vincent Tan
Thu-Hang Tran

1996-1997
Glenn Duns
Michael Engo
Edward Luke
Mitch Stendel

1997-1998
Brian Bell
Stephen Harrison
Anika Lefebvre
Claudine Maari
Marie Therese Prest
Stephen Sharp
Shaun Visser

1998-1999
Geoffrey Fine
David McCaughey
David Lasry
Megan Perrson
Paul Perlon
Aviva Rappaport

1999-2000
Marie-Pierre Carpentier
Julian Carrasco
Atiemo Kessie
Patrick Martel
Craig Murray
Didier Serero
Alan Azuelos
Davis Vas

2000-2001
Edward Boushey
Tracy Steintz
Roger Brunner
Greg Clark
Christine Dube
Jose Jilwan
Chris Meilleur
Yoel Moyal

2001-2002
Genevieve Garneau
Steven Herskovitz
Elliot Jacobson
Tatiana Jevremovic
Collin Lee
Santosh Kanjeekal
Genevieve Forest
Jean Su
Julie Thibault
Jennifer Tupper
Yana Simice

2002-2003
Louis Charbonneau
Kamil Haider
Albert Lau
Pham Dinh Tan Le
Mai-Ahn Levan
Bernice Mitelman
Jonathan Simons
Craig Smith
Melissa Yuan Innes

2003-2004
John Bitangcol
David Chong
Jamieson Clark
Jerrod Hendry
Kirsten Johnson
Lilia Malkin
Robert Sawoniak
Sean Staniforth
Marta Strakacz
Mathieu Turcotte-Lagace
Jason Yue

2004-2005

Isabel Alonzo-Proulx
Tyler Anderson
Assunta Cecere
Sukhbinder Dhiman
Esther Grunau
David Levy
Laura Maclaren
Margaret May Raymond
Rajat Upadhyay
Rajani Vairavanathan
Tania Welters
Katherine Whitehead

2005-2006

Naveed Alam
Riyaaz Alikhan
Rene Coulombe
Gillian Kumka
Jennifer Kwong
Daniel Merritt
Derek Poon
David Rauchwerger
Anik Rawji
Catherine Troung

2006-2007

Marianne Collin
Anita Crerar
Susan Finkelberg
Yanick Ouellet
Kashif Pirzada
Nazanine Rahnema
Stephane Rhein
Emilia Rydz
Neil Verma
Hugo Viladevall
Karol Wroblewski
David Zlotnick

2007-2008

Christine DiLullo
Alana Hirsh
Courtney Howard
Julie Leonard
Jesse McLaren
Maria Rif
Sanjeet Saluja
Sarah Sebbag
Quoc-Huy Ton-That

2008-2009

Evan Blauer
Patrick Chen
Julie Cormier
Mathew Hewitt
Maral Kanadjian
Andrew Khalil
Sabrina Narbonne
Evelyne Papillon
Andrew Reid
Blazej Szczygielski
Philip Vayalumkal
Nadia Waterman

2009-2010

Jennifer Alper
Karl Cernovitch
Joshua Chinks
Pascal Gellrich
Jaclyn Herman
Mark Lobel-Buch
Rebecca Keyston
Janelle Piche
Leila Salehi
Debbie Schwarcz
Meryl Tabah
Simone Wong

2010-2011

Christine Ames
Paula Cleiman
Anastasiya Damyanova
Renaud Dutrisac
Paulina Gasiorowska
Tiffany Gasse
Kris Macmahon
Dorota Nowodworski
Ognjen Papic
Kaleena Patel
Sunita Swaminathan
Danie Ty

2011-2012

Marie-Renee Lajoie
Danielle deJong
Erik Holody
Aisha Khatib
Cecilia Kim
Adam Lenny
Erin Sandilands
Rachel Sheps
Olga Wrezel
Eddie Xie
Eric Lee

2012-2013

Elise Papillon
Emily Moras
Marta Karczewska
Katharine Hudson
Katya Ghannoum
Julia Vallieres-Pilon
Adrian Florea
Rory O'Sullivan
James Fairbairn
Charles Giroux
Soojin Yi

2013-2014

Andrea Chabot Naud
Aneesh Chhabra
Lars Grant
Dahlia Guttman
Devin Hopkins
Jacob Alexander Hunting
Tajinder Kaura
Danish Meraj Khan
Andrei Liveanu
Marian Neelamkavil
Christopher Newcombe
Thu An Nguyen
Signe Richer

2014-2015

Haran Balendra
Julia Bernard
Daria Denissova
Marie-Hélène Dupuis Vaillancourt
Austin Gagné
Margaret Hull
Jennifer Hulme
Jesse Janssen
Marc Richard-Albert
Yumi Tanaka
Bryan Wise
Yao Xiao

2015-2016

Rafael Aroutiunian
Pooja Aysola
Paul Brisebois
Jan de Waal
Kaviraj Gosal
Garud Iyengar
Jennifer Moscovitz
Reuben Ostrofsky
Hubert Pineau
Tamer Waly
Lilyana Zhelyazkova