

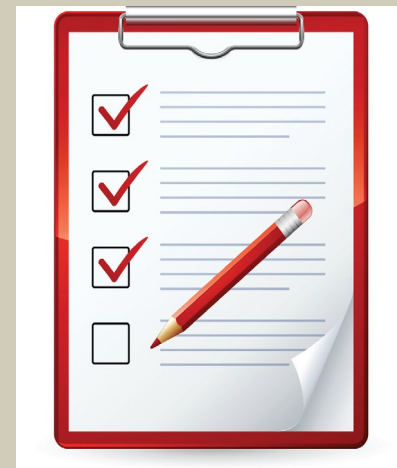
EuSEM Education Committee 2016-2019 Progress Report 180401

Eric Dryver & Gregor Prosen



Mission Statements

- Promote **local, frequent, scenario-based** EM training in Europe
- Promote **checklists** in order to **align** education with safe and efficient patient care



Activities

Courses

1. EMCC
2. EBEM Part B Prim
3. Congress Precourses

Other

1. Curriculum Revision
2. Curriculum Plus
3. Letter to EJA
4. Checklists (FOAM)
5. Scenario templates
6. Congress Lectures



Emergency Medicine Core Competences



EMCC Courses

- 2016/11 Lund, Sweden
- 2017/04 Lund, Sweden
- 2017/05 Maribor, Slovenia
- 2017/09 Athens, Greece
- 2017/10 Lund, Sweden
- 2017/11 Leuven, Belgium
- 2018/02 Maribor, Slovenia
- 2018/05 Holbaek, Denmark
- 2018/08 Jylland, Denmark
- 2018/09 Glasgow, UK
- 2018/fall Lund, Sweden?
- 2018/fall Leuven, Belgium?

117 Participants from

- Australia
- Belgium
- Bulgaria
- Croatia
- Denmark
- Finland
- Germany
- Greece
- Holland
- Portugal
- United Arab Emirates
- Slovenia
- Sweden
- Switzerland
- Turkey
- UK

Course Evaluation Mean: 5.7/6

EBEEM Part B: Preparation Course

22 October 2016 (8:00 – 17:00)

Barcelona, Spain

Who is this course for?

- The course is designed for emergency physicians preparing for Part B of the European Board Examination in Emergency Medicine (EBEEM)
- The purpose is to expose participants to scenarios with the same format as those featured in the Part B exam
- The course aims to provide test-taking strategies that will improve candidate performance

Content and Format

- This intensive one-day course will feature a total of 14 OSCE (structured clinical examination) stations and 7 VIVA (structured oral examination) stations
- Each course participant will play the role of the exam candidate during 3 scenarios and participate or observe during the remaining 18 scenarios
- Focused feedback will be provided after each scenario using structured checklists



Course fees

EuSEM Member: €380

Non-members: €525

Course location

International University of Catalonia,
Campus Sant Cugat,
Josep Trueta, s/n
08195 Sant Cugat del Vallès, Spain

To register

Submit your completed application by
email to: serrapitts@eusem.org

EBEEM Part B Priming Course

- 2016/10 Barcelona, Spain
- 2017/10 Novara, Italy
- **45 participants**
- 2018/05 Novara, Italy
- 2018/10 ?

Course Evaluation Mean: 5.3/6

Precourses Glasgow 2018/09

1. Ultrasound
2. EMCC
3. Advanced Paediatric
Emergency Care
4. Disaster Medicine
5. Non-Invasive Ventilation
6. SAFE ER PSA
7. Airway Workshop
8. Non-Vital Traumatology
9. Simulation Masterclass:
Train-the-Trainer
10. Young Investigators
Precourse on Research
11. EUSEM leadership
course in cooperation
with IEDLI and RCEM
12. Geriatric Emergency
Medicine

Curriculum Revision



Curriculum 1.2
published April 2017

Curriculum 2.0:

- Sections 3+4 revised
- Sections 1+2 under revision

Presentation in Glasgow

REVISED EUROPEAN EMERGENCY MEDICINE CORE CURRICULUM - APRIL 2017



SECTION FOR EMERGENCY
MEDICINE

EUSEM
EUROPEAN SOCIETY FOR EMERGENCY MEDICINE

**EUROPEAN CORE CURRICULUM
FOR EMERGENCY MEDICINE**

VERSION 1.2

This is the revised document of the ECCEM (European Core Curriculum for Emergency Medicine) revision group which consists of members of the **Educational Committee of EUSEM** (European Society for Emergency Medicine) and **EMERGE** (Emergency Medicine Examination Reference Group in Europe) on behalf of the **UEMS Section of Emergency Medicine**.

| | |
|---|--|
| Cornelia Härtel Chair of ECCEM revision group EMERGE member SWEDEN | Gregor Prosen Vice-chair of ECCEM revision group Education Committee EUSEM SLOVENIA |
| Ruth Brown Chair of EMERGE UK | Eric Dryver Chair of Education Committee EUSEM SWEDEN |

Curriculum +

Document linking curriculum items to educational material

For:

- EM Educators
- EM Residents
- EMERGE
- Residents/specialists preparing for the EBEEM

European Board Exam in Emergency medicine (EBEEM)

“Curriculum +”

#FOAMed resources for EBEEM preparation

Use it as;

Search function inside PDF viewer:

- or -

click on major topics/icons on this page below

3.2 SYMPTOMS, SIGNS & SITUATIONS

- 1 Pain (anatomical classification)
- 2 Other Symptoms
- 3 Abnormal Vital Signs
- 4 Bleeding (non-traumatic)
- 5 Abnormal Physical and Mental Status Findings
- 6 Abnormal Blood and Urine Test Results
- 7 Specific Situations

3.3 DIAGNOSES & SYNDROMES

- 1 Cardiac Arrest

17 Metabolism, Endocrinology, Auto-Immune

- 18 Infectious diseases
- 19 Poisonings
- 20 Exposure to External Factors
- 21 Psychiatry

3.4 PROCEDURES & SKILLS

- 1 Resuscitation (incl. CPR)
- 2 Airway
- 3 Breathing
- 4 Circulation
- 5 Disability
- 6 E

Eur J Anaesthesiol 2018; 35:237–8

measure and to manage vital functions. Their vital function expertise, acquired through daily practice, is unique and has been transferred as CREM into EDs, shock rooms and further into the prehospital field for more than 50 years now. It is this transfer of expertise that has created and streamlined longitudinal pathways for successful management of the most critical patients.

Hautz *et al.* have not explained how an emergency medicine training programme is supposed to teach advanced vital function expertise without supervised continuous access to the operating room environment.

In summary, Hautz *et al.* have not produced any new evidence to support the assertion that emergency medicine led care is equal or superior to longitudinal specialty care for critical patients. In contrast, emergency medicine led systems exhibit a high degree of pathway segmentation leading to significant delays in access to critical emergency care for patients with compromised vital functions.

We need to clarify the roles and responsibilities of the different specialties engaged in emergency care to obtain

Collaboration in emergency medical care in Europe: the patient is the winner

Roberta Petrino, Eric Dryver, Ruth Brown and Lisa Kurland

President of the European Society for Emergency Medicine (EUSEM) (RP), Chair of the EUSEM Education Committee (ED), Chair of the Emergency Medicine Examination Reference Group for Europe (EMERGE) (RB) and President of the UEMS (Union Européenne des Médecins Spécialistes) Section & Board of Emergency Medicine (LK)

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Editor,

De Robertis *et al.*¹ argue, in an Editorial endorsed by the Board of the European Society of Anaesthesiology that the introduction of the specialty ‘Emergency Medicine’ in countries with high-performing longitudinal care systems creates ‘a monopoly by putting emergency medical care in the hands of one single speciality’ with the resulting ‘risk of depriving the most critical patients of immediate expert vital function support’.

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