

Report on the European Board Exam in Emergency Medicine

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POLICY STATEMENT ON EMERGENCY MEDICINE IN EUROPE

WHAT IS EMERGENCY MEDICINE?

Emergency Medicine is a specialty based on the knowledge and skills required for the prevention, diagnosis and management of urgent and emergency aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. It is a specialty in which time is critical. The practice of Emergency Medicine encompasses the pre-hospital and in-hospital triage, resuscitation, initial assessment and management of undifferentiated urgent and emergency cases until discharge or transfer to the care of another physician or health care professional. It also includes involvement in the development of pre-hospital and in-hospital emergency medical systems.

WHAT IS THE EUROPEAN SOCIETY FOR EMERGENCY MEDICINE (EuSEM)?

The European Society for Emergency Medicine (EuSEM) incorporates a Federation which currently includes 24 European national societies of Emergency Medicine and represents more than 14,000 medical members in Europe.

WHAT IS THE MULTIDISCIPLINARY JOINT COMMITTEE (MJC) ON EMERGENCY MEDICINE?

The MJC on Emergency Medicine (MJC - EM) is a Committee of the Union Europeenne des Medecins Specialistes (UEMS). It includes representatives from the UEMS Sections of Anaesthesiology, Geriatrics, Internal Medicine, Orthopaedics, Paediatrics and Surgery, the MJC on Intensive Care Medicine, the PWG of Junior Doctors, the Secretary-General of UEMS and the European Society for Emergency Medicine.

WHAT IS THE CURRENT STATUS OF EMERGENCY MEDICINE IN EUROPE?

Emergency Medicine is currently recognised as an independent specialty in fifteen member states of the European Union (although only nine are listed in the EU Directive 2005/36/EC) and in five EU countries it exists as a supraspecialty. The European Society for Emergency Medicine considers that the provision of high quality emergency care requires physicians with specialised training in Emergency Medicine because this is the most effective way (in both clinical and financial terms) to provide high quality care during the critical initial stages of emergency treatment. It is thus recommended that other European countries should work towards the establishment of Emergency Medicine as a primary medical specialty.

WHAT ARE THE PRINCIPLES OF EuSEM and MJC - EM POLICY?

The European Society for Emergency Medicine and the Multidisciplinary Joint Committee on EM seek to ensure:

- The highest quality of emergency care for all patients
- The delivery of such care by specialists trained in Emergency Medicine
- A comparable standard of clinical care in Emergency Departments across Europe

In order to achieve these objectives EuSEM and the MJC - EM have the following aims:

- European competency-based core curriculum to include:
 - Patient Care
 - Medical Knowledge
 - Communication, collaboration and interpersonal skills
 - Professionalism, ethical and legal issues
 - Organizational planning and service management skills
 - Academic
- Education
- Assessment
- Clinical studies
- Research
- Inclusion

Signed by all the Presidents of the 22 National Societies during the Federation meeting in Sorrento, september 2007.

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

The EU Doctors' Directive requires that training in Emergency Medicine should be for a minimum of five years. A multi-national Task Force of EuSEM has been working with the Multidisciplinary Joint Committee on Emergency Medicine (MJC - EM) of the Union Europeenne des Medecins Specialistes (UEMS) and recently finalised a comprehensive Core Curriculum for Emergency Medicine in Europe. This curriculum includes the principles involved in the establishment and organisation of training programmes of comparable standard in recognised departments across Europe and was formally endorsed by the Council of UEMS at a plenary meeting in Brussels on 25 April 2009.

SUMMARY OF EuSEM & MJC - EM POLICY

The main objective of EuSEM and the MJC - EM is that the specialty of Emergency Medicine should continue to develop to the standards endorsed by the Council of UEMS to ensure the highest quality of emergency care for patients. This care should be delivered by physicians trained in Emergency Medicine.

May 2009 (revised from September 2007)

Multidisciplinary Joint Committee in Emergency Medicine



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



European Curriculum for Emergency Medicine

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

Final Draft (May 2008)

Curriculum Committee Chair
Roberta Petrino, Italy

EuSEM President
Gunnar Ohlen, Sweden

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



UEMS MULTIDISCIPLINARY JOINT
COMMITTEE ON EMERGENCY MEDICINE

EUROPEAN SOCIETY FOR
EMERGENCY MEDICINE



EUROPEAN CURRICULUM FOR EMERGENCY MEDICINE

The areas of competency in Emergency Medicine, as previously defined [5,6,7] are

- *Patient care*
- *Medical knowledge*
- *Communication, collaboration and interpersonal skills*
- *Professionalism, ethical and legal issues*
- *Organisational planning and service management skills*
- *Education and research.*

Council for European Specialist Medical Assessment (CESMA)

▶ Glasgow Declaration on European Board Examinations


The essential components are that the examinations:

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


Task Force for EBEEM

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

- ▶ To be a **specialist in Emergency Medicine** after a minimum 5 year training programme
 - ▶ To be attending the **5th year of training in the specialty** of Emergency Medicine
 - ▶ To be a physician who has been **working full time in an Emergency Department for at least 5 years**, with a certified training.
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The format and content of the exam must be able to warranty:


- ▶ Nothing must be included in the exam items that has not been listed in the **Curriculum**
 - ▶ The possibility by the examiners to reliably check that all the important areas of the curriculum have been covered
 - ▶ To establish and warranty the content validity of the exam
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- ▶ The examination must be able to assess not only knowledge, but also all the competencies included in the Curriculum.




Format


I Part: MCQs

- ▶ 1 answer correct
 - ▶ 120 MCQs in 2,5 hours
 - ▶ 20% basic science
 - ▶ 80% clinical
 - ▶ Passing mark depending on the overall outcome but at least 65%
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MCQs creation method

- ▶ Written by a single
 - ▶ Circulated and evaluated by at least 4 people
 - ▶ Validated in small group meetings
 - ▶ Finally approved
 - ▶ Ranking of difficulty
 - ▶ Cross reference between curriculum and textbook chosen for reference that is the Tintinalli.
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Format

- ▶ **II Part: Clinical scenarios and Oriented Questions**
 - ▶ 12 stations on different clinical topics
 - ▶ Includes assessment of management skills, interpersonal and communication skills
 - ▶ Includes scenarios on ethical and legal issues
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- ▶ Pilot exam will be held in November 20th in 5 countries (Italy, UK, Sweden, Malta and Belgium)
 - ▶ It will be by invitation made by National societies (around 20–25 per country) and will be free of charge.
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Next steps for the achievement

- ▶ Meeting on May 25 to define the chosen MCQs
 - ▶ Pilot cities need to be chosen
 - ▶ A location needs to be confirmed in each city
 - ▶ Application forms must be created
 - ▶ Login access must be provided for each registered participant
 - ▶ A master list of participants must be compiled
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