



POLICY ON MEDICAL UNDERGRADUATE CURRICULUM IN EMERGENCY MEDICINE

1. PURPOSE AND SCOPE

This document is a policy of the Australasian College for Emergency Medicine (ACEM) and relates to the role of emergency medicine in medical student education.

The policy is applicable to medical schools throughout Australasia.

2. POLICY

- 2.1 ACEM believes that emergency medicine is a core component of medical school curricula.
- 2.2 ACEM supports the teaching of emergency medicine as a separate “stand alone” subject with a dedicated “immersion” experience as part of an integrated programme.
- 2.3 ACEM believes that all medical students should be competent in basic emergency and life-saving skills at an early stage in their medical school education with regular reassessment of these skills.
- 2.4 ACEM believes that teaching and assessment of medical students in emergency medicine is best coordinated by emergency physicians.
- 2.5 ACEM strongly supports the development of academic emergency medicine within universities with provision of appropriate resources.
- 2.6 ACEM strongly supports the appointment of academic positions in emergency medicine for the specific role of teaching medical students.

3. PROCEDURE AND ACTIONS

At the completion of emergency medicine education medical students should be able to:

- a) Recognise a critically ill or potentially critically ill patient of all ages based on historical or physiological criteria
- b) Initiate interventions in critically ill patients including but not limited to, simple airway and ventilation manoeuvres including oxygen therapy, life threatening arrhythmias, basic life support & fluid therapy
 - Have an understanding of the principles and practice of the scope of emergency medicine:
 - Be able to perform a focused history and examination of an undifferentiated patient
 - Perform relevant investigations, and act appropriately on the results of those investigations.

- Understand the principles of pain relief and able to use balanced methods of pain relief
- c) Prioritise patient care based upon accepted triage standards
- d) Understand the roles and functions of members of multidisciplinary teams
- e) Be confident in seeking assistance from others when needed
- f) Communicate effectively with patients, family members and all members of the team caring for a patient, including clerical, nursing, paramedical and medical staff using both written and verbal communication modes in crisis situations

4. DATES AND NOTES

Approved by Council: November 2007

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