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. EBEEM 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 Vallés, 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
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<table>
<thead>
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<tbody>
<tr>
<td>1.</td>
<td>Ultrasound</td>
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<td>2.</td>
<td>EMCC</td>
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<td>3.</td>
<td>Advanced Paediatric Emergency Care</td>
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<td>Disaster Medicine</td>
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<td>5.</td>
<td>Non-Invasive Ventilation</td>
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<td>6.</td>
<td>SAFE ER PSA</td>
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<td>7.</td>
<td>Airway Workshop</td>
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<td>8.</td>
<td>Non-Vital Traumatology</td>
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<td>9.</td>
<td>Simulation Masterclass: Train-the-Trainer</td>
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<td>10.</td>
<td>Young Investigators Precourse on Research</td>
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<td>11.</td>
<td>EUSEM leadership course in cooperation with IEDLI and RCEM</td>
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<td>12.</td>
<td>Geriatric Emergency Medicine</td>
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Curriculum Revision

Curriculum 1.2
published April 2017

Curriculum 2.0:
• Sections 3+4 revised
• Sections 1+2 under revision

Presentation in Glasgow
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

3.4 PROCEDURES & SKILLS
1 Resuscitation (incl. CPR)
2 Airway
3 Breathing
4 Circulation
5 Disability
6...
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)

Correspondence to Eric Dryver, Department of Emergency Medicine, Skåne University Hospital, 221 85 Lund, Sweden
Tel: +46 738 198261; fax: +46 46 176592; e-mail: e_dryver@hotmail.com

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’.
e_dryver@hotmail.com  gregroprosen@gmail.com