Emergency medicine training in Canada: a different perspective

To the editor:

In the last issue of *CJEM*, Moore and Lucky argued for a unified emergency medicine (EM) training pathway.[1] But the matter may be more complex than it seems. Concerns revolve around manpower problems, postgraduate training issues and national certification, and we must consider both sides of the argument.

EM, like Pediatrics, is not practised exclusively by FRCP(C) specialists. Based on geographic, medical, fiscal and political realities, family physicians and CCFP(EM) certificants will continue to provide much of Canada's emergency care. Interestingly, ED directors[2] do not identify either training path as the sole desirable one.

A 1996 manpower study suggests that by 2001 Canada will face a shortage of 562 trained emergency physicians.[2] Demand for individuals with any type of EM training will be high, and the majority of graduates (from both programs) will be recruited into full-time urban EM practice. Contrary to opinions held by some, this does not reflect a failure of either College in terms of educational philosophy or certification process. It is simply a reflection of marketplace reality.

One solution is to expand Royal College training programs and make smaller increases in CCFP(EM) programs. This would address urban needs but would not provide solutions for small towns or rural areas. The ongoing review of rural family physician training, however, is a step in the right direction that will help clarify and remedy rural problems. In addition, the urban (family physician) curriculum requires re-examination: it is important for all primary care physicians to attain a level of emergency care competence. I agree with Drs. Moore and Lucky that, in comparison with other English-speaking countries, our two-year family medicine training program is too short, but this should not prevent others from respecting family physicians. It is a matter of professional courtesy and simple decency.

Moore and Lucky suggest that, in terms of educational objectives and accreditation processes, both colleges have failed to meet objectives. But the evidence these authors provide is less than convincing. Their conclusion that the Canadian College of Family Physicians (CFPC) needs to review its objectives and certification process was based on two clauses taken (out of context) from the Residency Program Accreditation and Certification book.[3] A careful reading of the reference does not support the conclusion made.

The educational model they suggest for Royal College programs is similar to the US model, both in scope and length, but this is not a realistic solution for Canada, where workloads differ, where system resources are limited, and where the supervision provided by attending physicians is unlike that in the US. Nor is it feasible to blend the two Canadian educational tracks; the funding formula for postgraduate medical education precludes this. There is an obvious need for monitoring of educational parameters such as training objectives, training duration and educational outcomes, and these expectations are included in the mandate of both colleges. The implementation of the joint accreditation survey of emergency programs is a step in the right direction. The Canadian Association of Emergency Physicians (CAEP), the national body representing all practising emergency physicians, has a limited role in this educational process. Another proposed solution is the establishment of a separate college for emergency medicine. However, this is impractical, and there is neither the need nor the political will.

Most would agree that practising emergency physicians, including those without residency training, should be eligible for national certification. Since 1995, the CCFP has implemented a formal process that addresses this problem. This avenue for national certification of family physicians will remain open for the foreseeable future, and the role of CAEP and the emergency physician community in this area is limited.

Clearly we all have a keen and sincere interest in the advancement of emergency medicine in Canada. Some of us perceive the manpower, educational and national accreditation issues differently. The coin does have two sides.

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References

1. Moore K, Lucky C-A. Emergency medicine training in Canada. CJEM 1999;1 (1):51-3.

2. Beveridge R, Lloyd S. Manpower survey (III): emergency physician supply and demand. CAEP Communiqué 1996; Fall:7-9.

3. The College of Family Physicians of Canada: Residency Program Accreditation and Ceritification. 1997;July: 25-7.

Emergency department sedation

To the editor:

Recently I forwarded the Canadian Association of Emergency Physicians' (CAEP) procedural sedation and analgesia guidelines[1] to the anesthesia department in our hospital. I felt that they would have a harder time arguing against these guidelines than our policy, and therefore that this might be a prudent first step. I was also careful to explain that we were looking for feedback (not permission).

There must have been some pent-up frustration because the letter that we received is anything but cooperative (the language notwithstanding). The premise of the letter is that we are currently providing general anesthesia in the ED and of course should not be. I disagree with the former point and agree with the latter.

There is a great deal of ignorance out there ("Why don't you just use midazolam for induction of head injuries?"), and there is always the inter-professional rivalry factor. Our Chief of Anesthesia states that he contacted the Canadian Anaesthetists' Society (CAS), who indicated that the "CAS did not contribute to the development of the CAEP guidelines and has no comment on it." The impression I got was that CAS was involved. Could you clarify this for me?

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Reference

1. Innes G, Murphy M, Nijssen-Jordan C, Ducharme J, Drummond A. Procedural sedation and analgesia in the emergency department. Canadian consensus guidelines. J Emerg Med 1999;17:145-56.

Admission orders

To the editor:

I read with interest the commentaries in *CJEM*[1–3] regarding emergency physicians (EPs) writing admission orders.

Does anyone think that, just maybe, writing admission orders (and having the last word on whether a patient is admitted) might reduce our legal risk? Does anyone think that the EP is in an excellent position to write comprehensive orders? Does anyone think that writing admission orders and determining patient care is a valuable skill for emergency physicians to maintain? In many cases, EP admission orders facilitate timely patient care and help alleviate emergency department (ED) congestion. Beleaguered ED nurses, as well as patients, families and relatives, appreciate prompt decisions and dispositions.

In our busy ED, emergency physicians routinely write admission orders. It is not a waste of time. It allows the EP one last opportunity to review the patient, collect his or her thoughts, and initiate timely care. Maybe, except in specialized situations like intensive care cases, emergency physicians should write all admission orders, unless consultants, residents or family docs do so as a courtesy to us.

I wonder who's really at higher medico-legal risk: emergency physicians who write orders? Or those who don't?

I hope this controversy rages on for some time to come.

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References

1. Shuster M. Who should write admission orders? CJEM 1999;1(1):21.
2. Socransky S. Admission orders [letter]. CJEM 1999;1(1):19.
3. Robson R. Admission orders [letter]. CJEM 1999;1(1):19-20.

Congratulations

To the editor:

Just a brief note to let you know that I am very impressed with CAEP's new publication. As one of those "greybeards" who was around when the Canadian Association of Emergency Physicians was first formed, I have supported the evolution of written communication from our national professional organization to its membership. *CJEM* represents another milestone marking the maturation of Emergency Medicine in Canada. You and your editorial board are to be congratulated on the quality of this product in which we all should take pride.

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To the editor:

I just reviewed the April (vol 1, no 1) issue of *CJEM* and found it quite refreshing. The content had a nicely balanced flavor and was intellectually stimulating as well as truly funny in places. I wish you well for the future and wonder if we could secede from Texas and join Canada.

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