EMERGENCY MEDICINE

(1) INTRODUCTION

The specialist emergency physician is, by training and attitude, highly skilled in the recognition and management of the broad spectrum of acute illness and injury in all age groups. These skills shall include an in depth understanding of the pathophysiologic principles of such disorders. The specialist emergency physician employs pertinent methods of prioritization, assessment, intervention, resuscitation and further management of patients to the point of transfer. Appropriate procedural and pharmacotherapeutic maneuvers are central to these abilities.

The specialist emergency physician possesses organizational skills in emergency department and disaster management and the ability to interface with and play a leadership role in the development and organization of the emergency medical services and pre-hospital care.

The specialist emergency physician is skilled in providing medical education to undergraduate and postgraduate medical trainees and is capable of providing pertinent continuing education in the field of emergency medicine to the medical and paramedical community. The specialist emergency physician is recognized as the consultant authority to colleagues and referring physicians in matters pertaining to the practice of emergency medicine.

Specialty Training Requirements

Five years of approved resident training.

This period consists of:

1) **One year** of basic clinical training.

2) a) a **mandatory three years** of approved residency training in Emergency Medicine, **to include**:

   (i) a **minimum of six months** as a senior resident in the emergency department

   (ii) a **minimum of three months** in an emergency department with pediatric educational emphasis, a portion of which is as a senior resident

   (iii) a specific program of **training in pre-hospital** and **administrative** aspects of emergency medicine

   (iv) a **minimum of one year** of training in the emergency aspects of anesthesia, critical care, (including CCU), general surgery, internal medicine, neurosciences, orthopedic surgery, pediatrics, and psychiatry (including crisis intervention).

b) **one year** of approved resident training which **may include**:

   (i) **further training** in emergency medicine

   (ii) **further training** in any of the mandatory core rotations (2(a)iv)

   (iii) **elective assignments** in the emergency aspects of ENT, obstetrics and gynecology, ophthalmology, plastic surgery, radiology, trauma service, toxicology and other appropriate clinical subspecialty areas
(iv) research (please see *Policies and Procedures for Certification and Fellowship*, Section IV)

(v) an approved course of study and education, related to the objectives of Emergency Medicine, and acceptable to the director of the residency program and to the credentials committee, at a hospital or university centre in Canada or abroad.

The educational program should incorporate the principle of graded increasing responsibility. Senior residency is defined as experience in which the resident is regularly entrusted with the responsibility for the diagnosis, resuscitation, stabilization, evaluation and disposition of acutely ill and injured patients. No other resident shall intervene between the senior resident and the attending staff emergency physician.

*NOTE:* On the recommendation of the director of a Royal College accredited residency program in Emergency Medicine,

A. Applicants who have completed residency training in Family Medicine, acceptable to the College of Family Physicians of Canada for residency-eligibility for their examinations, may be granted credit for up to twelve months under Section 2(a)iv and/or 2(b) above.

B. Residents in Emergency Medicine who have satisfactorily undertaken residency training in specialties related to Emergency Medicine may be granted credit for up to twelve months of training under Section 2(a) (iv) and/or 2(b).

---

(2) **EMERGENCY MEDICINE PROGRAMS ACROSS CANADA**

- University / Université
- Dalhousie University
- Université Laval ¹
- Université de Montréal ¹
- McGill University ¹
- University of Ottawa / Université d'Ottawa
- Queen's University
- University of Toronto
- McMaster University
- The University of Western Ontario
- University of Manitoba ¹
- University of Alberta ²
- University of Calgary ²
- University of British Columbia
**Program Contact**

Dr. David Easton  
Department of Emergency Medicine  
Section of Emergency Medicine  
T158 - 770 Bannatyne Ave  
Winnipeg MB R3E 0W3  
Tel: (204) 977-5663; Fax: (204) 789-3917  
E-mail: dweaston@shaw.ca

**Program Contact**  
Monica Wilgosh, Program Assistant  
Phone: 204-977-5663 Fax: 204-789-3917  
wilgosh@cc.umanitoba.ca

Website: [http://www.umemergency.com](http://www.umemergency.com)

---

**Program Information**

<table>
<thead>
<tr>
<th>Approximate Quota: 3</th>
</tr>
</thead>
</table>

Number of applicants 2005/2006: 40  
Number of interviews 2005/2006: 23  
Average out-of-town applicants matched 2004-2006: 57%

**Resources**

- General Centre, Health Sciences Centre  
- Children's Centre, Health Sciences Centre  
- St. Boniface General Hospital

The Health Sciences Centre and the St. Boniface General Hospital are tertiary care referral centres serving all of Manitoba, parts of Northwest Ontario, and Nunavut. The Health Sciences Centre Children's Centre cares for all pediatric admissions in the city of Winnipeg and acts as the tertiary care facility for the same catchments’ area. All three centres participate fully in the program.
**Strengths of the Program**

1) Two members of the program committee are toxicologists. Both are very active in the program.

2) One, Dr. M. Tenenbein, is a scholarly researcher with an international reputation. He coordinates the research program and supervises the research and critical appraisal seminars.

3) The program has strong ties with both the provincial air ambulance service and the pre-hospital care system.

4) High patient acuity with large volumes and high rates of pathology

5) Protected weekly time for academic half-day

6) Annual Resident's Retreat

7) Cohesive resident group

8) Monthly resident-faculty Journal Club

9) ACLS, ATLS, PALS, Biostatistics I, AIME - all paid for under the contract

10) One week education leave

11) $1,000 Cdn/yr provided to each resident by faculty for scholarly activity/conferences

12) 18% increase last year in PARIM contract

---

**CURRICULUM**

**PGY-1**

The first year of specialty training is a **basic clinical training year**. Included are two month rotations in emergency medicine, internal medicine, surgery, pediatrics, and obstetrics and gynecology, one month of community emergency medicine and one month of elective time. Flexibility exists to do second or third year rotations during the elective time.

**PGY-2 and 3**

In the second and third years of residency training, **twelve months of training** are provided in the three affiliated emergency departments. Other rotations include two months in each of anesthesia, internal medicine, coronary care, and medical intensive care. There are one-month rotations in each of plastic surgery, orthopedics (adult/pediatric), and emergency medical services. There is one month of elective time.

**PGY-4 and 5**

During the senior years, a further **12 months of training** are provided in the three affiliated emergency departments. The resident assumes **increasing responsibility** for the management of patients in the emergency department and supervises the care of patients by junior house staff. Other rotations include two months of acute and trauma surgery, and one month in each of pediatric ICU, surgical ICU, psychiatry, toxicology.

At this time the program offers **eight months of elective time**. This can be taken as one block or it can be subdivided and taken at different times to pursue varying areas of special interest.

The **fifth year** may be used wholly **toward a fellowship** if the program committee feels the resident is able.

The program was established in 1991 and has undergone curriculum revisions since its initiation. Refinements in the curriculum will no doubt continue. Changes are at the
discretion of the Residency Program Committee which consists of five faculty and two residents.
The program was reviewed by the Royal College in 2004 and received full accreditation at that time.

(4) EMERGENCY MEDICINE PHYSICIAN'S SURVEY

There are 11 emergency room physicians in Manitoba. All were sent surveys, of which 6 replied

BACKGROUND

How many years have you been in practice?

![Bar chart showing years of practice]

Population Setting

Winnipeg-6  Brandon-0  Rural South-0  North of 53-0

Where are you predominantly practicing?

Private practice with hospital-0
Private practice without hospital-0
Community clinic -0
Hospital
  -Academic hospital-6
  -Community hospital-0
Teaching-4
Other-
  • Ministry of Health (government position)

Gender

Male  5  Female 1

Marital Status

Single-0  Married-5  Common-Law- 1

Do you have children/ how many?

Yes  4  No  2

1 child-0  2 children-2  3 children-2
How much do you interact professionally with other physicians?
(1-on my own most of the time, 10- as a part of a team most of the time)

Are you in a solo practice or group practice?
Solo Group 6

If group, how many doctors do you share a practice with?
6 to 10-3 >10-3

AVERAGE DAY

How many patients do you see on an average per day?
0 to 5-0 5 to 10-1 10 to 20-1 1 20 to 30-5 Above 30-0

How many hours per week - not including call time?
(I.e. including CME, clinical work, administration, teaching)
30 to 40 hours-1 40 to 60 hours-1 60 to 80 hours-4

What sort of schedule do you have in your work?
(1- irregular/unpredictable, 0-regular/predictable)

Are you ever on remunerated call?
Yes 2 No 4

How many days per month are you on call?
1 to 5-1 6 to 10-0 11 to 15-1
How many hours per shift?
1 to 10-0  11 to 24-2

How much routine (similar work or diversity (different tasks, activities) do you have in your work? (1-great deal of routine, 10- great deal of diversity)

What type of intellectual approach to problem solving do you need to use to perform your work duties? (1-specific problem approach,10-theoretical)

Do you have a sharply defined area of expertise or general expertise?
(1-General expertise, 10 - Sharply defined expertise)

How much do you need to use manual/mechanical activities for highly skilled tasks I.e. doing procedures, performing operations (1-never  10- most of the time)
JOB SATISFACTION

Overall, how satisfied are you with your career?
(1- dissatisfied,10- very satisfied)

What is the most appealing aspect of your job?

- Professional freedom and expertise to act as a consultant and governmental resource
- Wage
- Busy
- I work with a variety of patients and colleagues
- I like 'inner city' people
- Always something new to see and learn
- Variety of clinical problems/ diversity
- Academic environment
- Intellectual challenge
- Diversity of patient backgrounds
- Satisfaction from feeling I am honestly helping people

What is the least appealing aspect of your job?

- Lack of academic opportunities
- Very few emergency specialists - no one is academically oriented
- No institutional support or funding for academic activities in emergency
- Shift work
- Politics/ resources - fighting to get beds for patients - services trying to 'dump' on other services
- High stress trauma patients and patients in near death situations
- Politics
- Lack of resources
- Having to deal with rude/ inconsiderate co-workers, usually consultants

PATIENT CHARACTERISTICS

Presenting complaints most often seen?

- Chest pain/ acute coronary syndromes
- Abdominal pain
- Acute SOB
- Traumatic injury
- Weakness and dizziness
- Substance abuse
- Complications of diabetes
- Asthma/ cold
- Musculoskeletal pain
- Depression
- Overdose
- Suicidal events
- Decreased level of consciousness

**Age group most often treated?**
Adults- 3       Elderly- 1       All groups-3

**General Health Status of Patient Population**
Gen. Healthy-0       Chronically ill-2       Terminally ill-0       Acutely ill-5

**Do you have short-term or long-term relationships with patients?**
(1- short term, 10-long-term)

**How much time do you spend in direct contact with patients?**
(no time at all - 0, most of my time - 10)

**How much opportunity to see end results do you have in your work?**
(1- little opportunity, 10- great deal of opportunity)
Financial

What is your income bracket after taxes and overhead, etc?

<table>
<thead>
<tr>
<th>Income Bracket</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>below 50,000</td>
<td>2.5</td>
</tr>
<tr>
<td>50-70,000</td>
<td>1</td>
</tr>
<tr>
<td>70-100,000</td>
<td>1.5</td>
</tr>
<tr>
<td>100-150,000</td>
<td>2</td>
</tr>
<tr>
<td>150-200,000</td>
<td>1.5</td>
</tr>
<tr>
<td>200-300,000</td>
<td>1</td>
</tr>
<tr>
<td>above 300,000</td>
<td>0</td>
</tr>
</tbody>
</table>

What income level do you feel you have in comparison to other specialties?

<table>
<thead>
<tr>
<th>Comparison Level</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
</tr>
</tbody>
</table>

Are you satisfied with your income?

Very satisfied-0  Satisfied-2  Somewhat satisfied-2  Dissatisfied-2

Comments:

- I am paid for my clinical work the same amount as someone who has no board certification/residency training.
- The additional 6 years of post graduate training are not reflected in my income.
- Relative to ER doctors in Ontario most regions in Manitoba, ER doctors are the lowest paid.
- Given the level of stress and activity (and need to rapidly see patients secondary to volume presenting), and in comparison to same specialty salaries in other provinces/other specialty salaries in same province, I feel I am inadequately remunerated.

Do you feel your current income compensates your workload?

Yes 2  No 3

What is the Basis of your current income?

- Fee-for-service- 1
- Salary- 1
- Independent contract- 4
- Sessional- 0
- Other- 1
How much time does work allow for family/leisure activities?
(1- little free time  10- ample free time)

Are you satisfied with the amount of free time you have?
Very satisfied-0 Satisfied-3 Somewhat satisfied-1 Dissatisfied-2

Do you have the ability to limit your workload should you need more free time?
Yes 4 No 2

Do you take vacations?
Yes 6 No 0

How much time for vacations annually?

How much time away from work for CME related conferences?
Maximum amount of consecutive days away from work annually?

- 8-14 days 1
- 15-21 days 2
- 22-28 days 0
  - 14 days are built into the schedule (shift work schedule) but one can sell
- 29 + days 2
  - shifts and forfeit income to take more
- unlimited 1

PERSONAL

What were your main reasons for choosing your specialty?

- newer specialty
- predictable hours
- portability
- no overhead
- variety of problems 3
- interesting
- acuity of illness
- didn't know what I wanted
- direct patient care
- no on call; no ongoing patient care; disliked having a list of scheduled patients that had to be seen
- had great clerkship experiences in emergency - found it to be a very exciting/positive environment

Are your reasons for being in this specialty now different?

Yes 3 No 3

If yes, what are your reasons now?

- too old to change
- stick with what you are good at
- enjoy the work
- now I know - diversity, direct patient care

What were the major factors that guided your decision to choose this specialty?

- friend/family 2
- clerk experience
- medical school experience
- Doctor's example 3
- type of pt. 5
- lifestyle 6
- residency 1
- others
  - more flexibility in practice responsibilities - ie. No office with staff
MOST IMPORTANT

- type of patient
- I love the patients in emergency
- lifestyle

Would you choose the same specialty again?

Yes 5  No 1

If no, please indicate your reason(s).

- shift work is an unhealthy lifestyle

What specialty would you now choose and why?

- GI - requires skill (endoscope) and greater control of lifestyle

What professional status (in comparison to others) do you feel you have?

(1- lower 10- higher)

*Comments:
Doctor who chose '3' on the scale: 3 because there are few trained specialists. Most are GP's with no formal training- I AM NOT A GP!!

Do you feel your specialty is respected by colleagues in other specialties?

Yes 2  No 4

Do you feel your specialty is respected by the community at large?

Yes 4  No 2

*Comments:
ER's and EP's are respected by EP's in the community and some specialty groups/ teaching/ academic specialty groups but EM is still disrespected. There has been significant improvement in the last 10 years.

PRESSURE

How much pressure do you have in your work?
What aspect of your job do you find the most stressful?

- poor work environment that lacks skilled colleagues
- shift work
- politics/ no resources to get the services for patients 2
- not enough nurses - high stress workplace
- patients frequently near death
- hospital ER congestion interfering with the ability to care for patients in a timely fashion
- patient disposition decisions - it is very difficult to get patients in a teaching hospital into a temporary bed
- making critical decisions quickly with limited time and information

Have you ever considered taking a leave of absence due to stress?

Yes 3 No 3
- I have considered quitting

Have you ever taken a leave of absence due to stress?

Yes 0 No 6

GENDER ISSUES

Do you feel discrimination in your job based on your gender?

Yes 0 No 6

*Comments:
There is also no discrimination feet on basis of sexual orientation (which is a concern, particularly within the small medical community that exists in Winnipeg)

What qualities do you think a student needs for this specialty or area of practice?

- Flexible
- Broad exposure and knowledge base
- Willingness to sacrifice lifestyle for shift work
- Resilience
- Humor
- Curiosity
- Ability to listen and learn
- Cope well with conflicts with colleagues and nurses
- Willing to work hard
- Decisive
- Able to multitask 2
- Comfortable with constant harassment while trying to accomplish tasks
- Must be able to work well with a team of colleagues and support staff and be able to provide leadership
- Adaptable
- Able to handle stress
- Strong intellectual skills
- Energetic, creative, intelligent, open-minded
- Able to work well as a team and enjoy direct patient contact
- Good communication skills
What advice would you have for a student considering this specialty or area of practice?

- Go somewhere else other than Manitoba to train. It is a good specialty with much potential but it is poorly taught locally, and the experience is not reflective of the actual practice of emergency medicine
- AVOID SHIFT WORK
- It definitely requires the right personality - it does not suit everyone
- Try it out before applying - make sure you think you are right for ER and not just that you like it
- Shadow shift
- Do an elective
- Talk to ER physicians
- Do an elective in emergency, including night shifts (make sure you are "O.K." with shift work - a major drawback of this specialty)

Planning your future as a doctor in Manitoba