



Position Statement on the Development of an Undergraduate Training Programme in Emergency Medicine

Over the years, the demand for Emergency Medicine (EM) services in Asia continues to exceed increases explained by population growth, leading to issues of overcrowding, which has been linked to a range of adverse outcomes for patients and staff, including increased medical errors, increased patient mortality, patient dissatisfaction, high levels of work-related stress, decreased morale among (emergency medicine) ED staff and reduced capacity of EDs to respond to mass casualty incidents.

While the majority of the attendance remains unplanned, easier accessibility to emergency services has contributed to overcrowding as patients come to the Emergency Department for primary healthcare services after office hours. Most EDs operate 24 h a day, with staffing levels matched to patient volume. In some Asian countries, emergency departments have become important entry points for those without other means of access to medical care. As such, ED generally cannot refuse to accept patients (without proper transfer arrangements) in Asia

Emergency Medicine is a crucial medical specialty that has evolved in modern medicine with the mission of assessing, diagnosing, stabilizing, managing time-critical conditions e.g., stroke, myocardial infarction, sepsis, trauma, and the preventing unexpected illness and injury.

Every patient that comes to an emergency department (EDs) is entitled to competent care that embodies the principles of the Institute of Medicine's edict – Safe, Timely, Patient-centered, Equitable, Efficient, and Effective.

To achieve this aim, all doctors who staff EDs should have the appropriate knowledge, skills, and attitudes (KSA's) to manage the full spectrum of patients seen, ranging from the stable to the critically ill/injured.

Such crucial clinical decision making and procedural skills will also be needed in other medical and surgical specialties, e.g., cardiac resuscitation, airway management, manipulation and reduction of fractures,

Because fresh medical graduates may work in our emergency departments and prehospital care systems, the need for EM to be an essential part of the undergraduate medical curriculum is thus crucial.

The crucial experience and exposure for the medical student during their EM postings must encompass the essential KSAs of emergency triage, evaluation of the undifferentiated patient, and acute care (including resuscitation) of the critically ill and injured patient.

Undergraduate EM postings are variable in terms of the length of time apportioned by various medical schools. Student-faculty contact hours are variable and may not reflect realistic exposure. There is also little information on evaluation and feedback from both students and faculty.

KSAs are to be attained through a combination of direct patient exposure, didactics, and simulation training during their EM posting. Basic EM KSAs gained undergraduate years provide a sound foundation for a student to build on later in their post-graduate training (in EM and other specialties).

Methods for achieving these KSAs also vary from country to country, institution to institution.

There is also an underlying pressing need for an organized curriculum, and evaluations for emergency medicine has become a required emergency medicine clinical posting in many schools. The consensus is for an emergency medicine posting duration on not less than four weeks is required to attain the necessary KSAs.

A regional Asian educational task force (sponsored by the Asian Society of Emergency Medicine, ASEM) will be convened to develop a standardized curriculum in emergency medicine. This needs to address the aspects of curricular design, including evaluation, feedback, and implementation.

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