FACULTY OF MEDICAL SCIENCES

DM (Emergency Medicine)

Requirements for entry

See general regulations – Doctor of Medicine.

1. Candidates are required to submit an on-line or written application and may be required to attend an interview to be eligible for selection to the programme.

Course of study

2. The postgraduate Emergency Medicine Programme is a four-year residency programme consisting of two parts. The programme takes place either at a Hospital or institution in the contributing territories recognized by the University for this purpose.

3. Six months each year are spent in Emergency Room rotations. The other six months are spent rotating through relevant subspecialty areas including anaesthesia, child health, internal medicine, surgery, orthopaedics, obstetrics and gynaecology, family medicine and psychiatry. Anaesthesia is mandatory as an early rotation in the first year. However, there is flexibility in the sequence of the rotations in the other disciplines. Where available, an Emergency Department rotation should be spent in an Emergency Ambulance Service. Radiology, ENT, and Ophthalmology are suggested internal electives.

4. Candidates are encouraged to do one of the two three-month A&E periods in the fourth year at an approved emergency room in a regional or international teaching hospital. A maximum of 6 months maybe spent outside of the Caribbean (A&E and elective). Overseas rotations can be undertaken with the approval of the Coordinator of the Emergency Medicine Programme. The specific yearly rotations for the campus of registration will be given in the Department’s Handbook.

5. Ideally, all Emergency Medicine residents should complete American Heart Association Advanced Cardiac Life Support (ACLS) and American College of Surgeons Advanced Trauma Life Support (ATLS) courses by the end of their first year of training. The Paediatric Advanced Life Support (PALS) or Advanced Paediatric Life Support (APLS) course should be completed during the second year of the programme. The Mass Casualty Management course must be completed prior to sitting the DM final examinations.

Exemption

This section should be read in conjunction with the General Regulations - Doctor of Medicine.

6. Candidates who have successfully completed periods of approved work experience in relevant areas at recognized hospitals or institutions may apply to the specialty board for exemption. This experience may be in Accident & Emergency Medicine, Psychiatry, Internal Medicine, Orthopaedic Surgery, Family Medicine, Surgery, Child Health / Paediatrics, Obstetrics and Gynaecology and Anaesthesia. Exemption is not automatic and should not be assumed.
Assessment
7. Student performance will be assessed (by observation, orally or in writing) at the end of each rotation and will be recorded on prescribed forms. A satisfactory standard of in-course assessments is mandatory prior to taking the Part I and Part II examination.

8. Those with unsatisfactory records will be encouraged to improve and a warning letter issued; counselling and or remedial work may be recommended. An unsatisfactory performance in a rotation may require that it is repeated. If poor performance persists, the student will not be allowed to complete the programme and will be required to withdraw.

9. All DM Emergency Medicine candidates must submit both of the following to the Specialty Board or Coordinator of the postgraduate programme at least six months before the final Part II examination:
   a) A case book of ten cases. These cases should reflect the range of pathology seen in the practice of Emergency Medicine, and up to three may be rare cases of unique relevance that may have important educational content for journal publication.
   And
   b) A Clinical Research Project. This must be discussed with, and approved by the Programme Coordinator by the start of the second year of the residency programme.

10. The format of the case book/Clinical Research Project should conform to the University regulations dealing with the preparation of projects and dissertations. Each submission book or project should not exceed 15,000 words but must not be less than 8,000 words.

11. The cases/Clinical Research Project must be typewritten and printed on one side only of good quality white bond paper 8½” x 11” (standard letter size) with left hand margin of 2”. The top, bottom and right hand margins should not be less than 1”. The same grade paper should be used throughout the thesis. Case reports should follow the format of case reports submitted for journal publication, namely: introduction, case history, discussion, conclusion and references. References should follow the format of the West Indian Medical Journal. The case reports should be of high quality suitable for publication in a peer reviewed journal.

12. Following submission of the work, the examiners may:
   a) Accept the work allowing the student to proceed to the examination
   Or
   b) Reject the work, with recommendations regarding changes additions or revisions necessary for acceptance. The examiners will indicate a deadline for resubmission of the work.

13. The casebook/project report should be submitted for assessment at least six months before the date of the final examination. If the work is found to be unsatisfactory and requires major revision the student will not be allowed to sit the final examination and a new date will be set. The work must be checked using the Turnitin software by both the student and the supervisor before it is submitted and must be signed as being accepted by the supervisor before it is submitted.
Examination
14. There are two examinations, one each at the end of the Part I and the Part II. The clinical exam must be passed in all sections for the candidates to be awarded the DM degree in Emergency Medicine. Persistent demonstration of unsafe practices during the clinical or oral examination is an absolute ground for failure irrespective of grades up to that point.

DM Part I Examination
15. The Part I DM examination is designed to test the knowledge attitudes and skills of residents at the end of their second year of the DM programme, and not later than the end of the 3rd year of the DM programme. They must be able to apply basic science knowledge to clinical scenarios and communication skills.

16. The examination will consist of written, clinical and oral examinations.

a) The written examination will consist of two papers
   i. An MCQ paper of questions covering all five sections of the syllabus
   ii. A data Interpretation paper

b) The clinical examination in the form of an Objective Structured Clinical Examination.

c) The oral examination which covers all sections of the Part I course.

Candidates who fail all or part of the examination
17. For those candidates who fail all or part of the examination, the examiners will decide on the procedure for remediation. The examiners will decide whether the candidate can be allowed to repeat the examination in six (6) months’ time and proceed to their third year or whether they should be advised to repeat it in 1 (one) year. In general, candidates who have only failed one component of the examination will be allowed to re-sit in six (6) months, while candidates who have failed more than one of the components will be required to re-sit in 1 (one) year’s time.

These decisions are at the discretion of the examiners.

DM Part II Examination
18. Candidates will be eligible to sit the Part II examination two years but not greater than three years after successful completion of the Part I examination.

19. The following two requirements must be met before the Part II examination.

a) Reach satisfactory standard in on-going assessments.

b) Submission of an accepted casebook and a research report

c) Discussion of the Case book/Clinical Research Project (an oral examination). This section provides feedback on any areas of the casebook and research project requiring clarification but is not included in the mark total of the final DM exam.
20. The Part II examination consists of the following components:
   a) The written paper (Modified essays and data interpretation)
   b) Clinical Examination (long case plus short cases/OSCE)
   c) Oral examination (clinical plus non-clinical situations)

There are only two attempts at sitting each part of the DM Emergency Medicine examination and failure at both attempts requires the student to withdraw from the programme. The student may not reapply to the programme after withdrawal before a period of three years.

**Completion of the Programme and Award of Degree**

21. Students will be considered as having completed the programme and eligible for the award of the DM degree when the following requirements are met
   a) Satisfactory performance of all rotations
   b) Acceptance of the Case book and Clinical Research Project
   c) Satisfactory performance in the Part I and Part II examinations

The final grade in the DM Emergency Medicine is Pass / Fail

**LIST OF COURSES**

**Recommended**

MEDC 6900   Essential Health Research Skills

**Compulsory**

MEDC 6705   DM Emergency Medicine Part I
MEDC 6710   DM Emergency Medicine Part II