Regulations for the Doctor of Medicine, Emergency Medicine University of the West Indies

Qualifications for Admissions

The applicant must be:

- I. A graduate in Medicine of a University or Medical School recognized by the University of the West Indies.
- II. Fully registerable in the territory or territories in which the programme of study will be undertaken. (Criteria for registration should be obtained from the relevant medical council.)

Candidates are required to submit a written application and may be required to attend an interview to be eligible for selection to the programme.

Course of study

The postgraduate Emergency Medicine Programme is a four-year residency programme consisting of two parts. The programme takes place either at the University of the West Indies or at institutions in the contributing territories recognised by the University for this purpose.

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.

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 elective rotations can be undertaken with the approval of the Coordinator of the Emergency Medicine Programme.

Year 1	Year 2	Year 3	Year 4
A&E (6)	A&E (6)	A&E (6)	Family Medicine/Radiology (3)
Anaesthetics (3)	Medicine (3)	Orthopaedics/Opthalmology (3)	Elective (3)
Paediatrics (3)	Surgery (3)	Psyche/O&G (3)	A&E (6)

In addition, 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.

Course Supervision

The specialty board in Surgery is in overall charge of the programme. The programme will be under the general supervision of a Programme Coordinator, nominated by the Head of Department and appointed by the Specialty Board in Surgery. Each student will be assigned to a supervisor who will advise the student as to choice or assignment of rotations, the elective period, direction in the conduct of their research and all other relevant matters.

Exemption

(Should be read in conjunction with the general regulations)

Candidates who have completed periods of 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

Vacation Leave

Each DM student may apply for and is eligible for a total of six weeks leave per annum (3 weeks in every 6 months) but must spend 46 weeks each year in the programme. This must also assigned be in keeping with the leave regulations at the service institution to which they are assigned.

A candidate who has been absent from the programme for more than six weeks in any one year will be considered to have failed to fulfil the programme's requirements for that year and will normally be required to extend the time for completion of their programme.

Students who absent themselves without permission will have their names removed from the register of graduate students.

Assessment

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.

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.

Entry to Part II is dependent on satisfactory completion of the Part I The following two requirements must be met before the Part II examination.

- 1. Reach satisfactory standard in on-going assessments.
- 2. Submission of an accepted casebook and a research report

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 case book of ten cases. These cases should reflect the range of pathology seen in the practice of Emergency Medicine, and three may be rare cases of unique relevance that may have important educational content for journal publication.

And

A research project. This must be discussed with the Programme coordinator by the start of the second year of the residency programme.

The format of the case book/research project report 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 10,000 words.

The cases /research project must be typewritten and printed on one side only of good quality white bond paper 8¹/₂" 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.

Following submission of the work, the examiners may:

1. Accept the work allowing the student to proceed to the examination

or

2. Reject the work, with recommendations regarding changes additions or revisions necessary for acceptance. The examiners will indicate a deadline for resubmission of the work

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.

Syllabus

A detailed syllabus will be available from the Emergency Medicine Division or the Department of surgery.

Examinations

Before admission to any examination, candidates must be certified by the Programme Coordinator as having completed relevant parts of the programme.

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 dangerous behaviour during the clinical or oral examination is an absolute ground for failure irrespective of grades up to that point.

Part I

Candidates will be eligible to sit the Part I examination two years but not greater than three years after the entry into the programme.

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. They must be able to apply basic science knowledge to clinical scenarios and communication skills. The examination will consist of written, clinical and oral examinations.

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- 1. The written examination will consist of two papers
 - (a) An MCQ paper of questions covering all five sections of the syllabus
 - (b) A data Interpretation paper
- 2. The clinical examination
 - (a) The clinical examination will be in the form of an Objective Structured Clinical Examination.
- 3. The oral examination
 - (a) The oral examination will cover all sections of the Part I course.

Candidates who fail all or part of the examination

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.

Part II Examination

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.

The part II examination consists of the following components:

- 1. The written paper (Modified essays and data interpretation)
- 2. Clinical Examination (long case plus short cases/OSCE)
- 3. Oral examination (clinical plus non-clinical situations)
- 4. Defence of the Case book/research project (an oral examination)

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

Students will be considered as having completed the programme and eligible for the award of the DM degree when the following requirements are met

- Satisfactory performance of all rotations
 Acceptance of the Case book and research project
 Satisfactory performance in the Part I and Part II examinations