

July 2011

R E G U L A T I O N S
FOR ADMISSION TO THE DIPLOMA IN PRIMARY EMERGENCY CARE
OF THE COLLEGE OF EMERGENCY MEDICINE OF SOUTH AFRICA
Dip PEC(SA)

1.0 BACKGROUND AND MOTIVATION

Emergency Medicine in South Africa has generally been poorly taught at undergraduate level. Many medical practitioners have to manage medical emergencies on a regular basis, and are interested in gaining additional knowledge in this subject. In many areas patients have no access to doctors with expertise in emergency management. There is thus an urgent need to train practitioners and to raise the standard of practice of emergency care

2.0 EDUCATIONAL AND PROFESSIONAL AIMS

2.1 Increase capacity / competence of practitioners:

- 2.1.1 The knowledge and application of basic sciences appropriate to the practice of emergency care in South Africa;
- 2.1.2 The acquisition of problem solving skills in the practice of emergency care;
- 2.1.3 The ability to request and interpret special investigations relevant to the practice of emergency care;
- 2.1.4 The ability to recognise emergency conditions requiring specialist attention

2.2 Improving patient and community care:

- 2.2.1 Increasing the availability of medical practitioners interested in emergency care
- 2.2.2 On completion of the diploma, the practitioner will have the ability to manage common emergencies encountered in district Hospitals and in private practice

3.0 TARGET GROUPS FOR THE DIPLOMA

- 3.1 Emergency care affects all systems and all disciplines, so that no single speciality can offer adequate comprehensive care
- 3.2 The diploma is aimed at non-specialists, and the standard should be the level of competence equivalent to that required of a generalist working at a district Hospital

3.3.../

- 3.3 The diploma will be of special value to general practitioners, especially those practising their profession
- 3.3.1 in emergency centres/casualty departments of Hospitals and clinics
 - 3.3.2 In rural areas and community service
 - 3.3.3 in the South African Military Health Services
 - 3.3.4 in the medical services of mines and industries
 - 3.3.5 with pre-Hospital Emergency Medical Services
 - 3.3.6 under any other conditions where primary emergency care forms an important part of their practice

4.0 ADMISSION TO THE EXAMINATION
(To be read in conjunction with the Instructions)

4.1 Registration Requirements:

- 4.1.1 The candidate must be registered or registerable with the Health Professions Council of South Africa as a medical practitioner
- 4.1.2 Applicants with foreign medical registration may apply for consideration for entry into the examination, provided that their application is supported by appropriate motivational documentation (including a comprehensive Portfolio of Learning – see 4.3)

4.2 Basic Qualification required:

Before taking the examination for the diploma, the candidate must have:

- 4.2.1 Completed his/her internship, and have at least six months full-time, or equivalent part-time, supervised additional clinical experience in a CMSA accredited emergency centre/casualty department

OR

- 4.2.2 Completed the 2 year internship programme and a further 2 months full-time or equivalent part-time supervised training at a CMSA accredited emergency centre/casualty department.

OR

- 4.2.3 Demonstrated evidence of an active interest in Emergency Medicine by submitting a comprehensive portfolio of learning.

4.3 Portfolio of Learning

Except in the case of full-time supervised training (refer 4.2.1 and 4.2.2); a comprehensive Portfolio of Learning must accompany the application to enter for the examination. All instruction, experience and training gained in emergency medicine must be entered into the Portfolio of Learning. The Portfolio of Learning must be certified by the persons providing the training/education as well as by the candidate

4.4 Basic Life Support Certificate:

Candidates must be in possession of a valid Basic Life Support Certificate (eg Basic Life Support for Healthcare Provider Certificate issued by the Resuscitation Council of SA, or equivalent). A copy of the certificate is to be attached to the diploma application form

4.5 Professional and Ethical Standing:

The CMSA, through its Examinations and Credentials Committee, will review all applications for admission to the examination and may also review the professional and ethical standing of candidates

5.0 SYLLABUS FOR THE EXAMINATION

See Appendix C

6.0 PREPARATION FOR THE EXAMINATION

See Appendix D

7.0 EXAMINATION**7.1 Overall standard expected:**

Level of competence equivalent to that required of a generalist working at a district Hospital

7.2 Written Examination:**7.2.1 Structure:**

The written part of the examination will comprise 2 written papers, each of 3 hours duration:

Paper I – Emergency medical services, trauma, environmental emergencies, surgical and related specialties emergencies, ethics of emergency medicine

Paper II – Medical, paediatric, obstetric and gynaecological, and toxicological emergencies

7.2.2 Objectives of the Written Examination:

To examine the candidate with regard to the theoretical and practical knowledge and skill necessary to effectively handle clinical and pre-Hospital emergencies, including major incident management, with multiple casualties. Knowledge of modern developments in the field of emergency care, including basic sciences and pre-Hospital care, will be expected

7.3 Objective Structured Clinical Examination (OSCE) and Resuscitation Skills Assessment:**7.3.1 Structure:**

An OSCE, held at the time of the oral examinations, usually consisting of approximately 10 short (3-5 minute) skill stations / role-play scenarios / spot diagnoses / interpretative evaluations
Resuscitation Skills assessment is included within the body of the OSCE (see 7.3.3 below)

7.3.2 Objectives of the OSCE:

To assess the candidate's ability to elicit and interpret an emergency situation, to utilise appropriate technology, and with the background knowledge of therapeutic options and pitfalls, to demonstrate a management action plan

7.3.3 Resuscitation Skills Assessment

Resuscitation skills form an integral part of the Diploma in Primary Emergency Care. Within the body of the OSCE at least two of the following skills will be assessed.

- Cardiopulmonary resuscitation
- Defibrillation (preparation and usage of manual and automated defibrillators)
- Choking
- Use of the bag-valve-mask device

Failure of any of the Resuscitation Skills Assessment Stations of the OSCE will result in failure of the OSCE

7.4 Oral Examination:**7.4.1 Structure:**

There will be 2 oral examinations, usually of approximately 15-20 minutes duration, with each set of examiners

7.4.2 Objectives of the Oral Examination:

To assess the candidate's knowledge of material not covered in other parts of the examination, to examine in greater depth topics dealt with in other parts of the examination, and to determine the candidate's ability to provide a clear, logical, concise and reasoned exposition on aspects of emergency care

7.5 Marking System in effect from November 2010:

7.5.1 The pass mark will be 50% for all components of the examination except the OSCE, where the aggregate pass mark will be a minimum of 60%

7.5.2 The five components of the examination will be marked in percentages as follows:

Paper 1	:	To be marked out of 100
Paper 2	:	To be marked out of 100
OSCE	:	To be marked out of 100
Oral 1	:	To be marked out of 100
Oral 2	:	To be marked out of 100

7.5.3 Candidates who fail to achieve an aggregate mark of 50% in the written component of the examination will be refused entry to the rest of the examination

7.5.4 An aggregate mark of less than 50% in any 2 (two) of the above 5 (five) components –listed in 7.5.2 will result in failure of the candidate

7.5.5 Candidates must pass at least half of the questions in each of the 5 components of the examination

7.5.6 Failure of the Resuscitation Skills Assessment Stations within the OSCE, would result in failure of the OSCE.

8.0 APPENDICES

- 8.1 **Appendix A & B** - Hospitals accepted for Dip PEC(SA) training
- 8.2 **Appendix C** - Syllabus for the examination
- 8.3 **Appendix D** - Preparation for the examination
- 8.4 **Appendix E** - Guidelines for examiners and convenors

9.0 ADMISSION AS A DIPLOMATE

9.1 The candidate having passed the examination and having been admitted as a Diplomat in Primary Emergency Care of the College of Emergency Medicine of South Africa, will be asked to sign a declaration, as under:

I, the undersigned, do solemnly and sincerely declare

that while a member of the CMSA I will at all times do all within my power to promote the objectives of the CMSA and uphold the dignity of the CMSA and its members

that I will observe the provisions of the Memorandum and Articles of Association, By-laws, Regulations and Code of Ethics of the CMSA as in force from time to time

that I will obey every lawful summons issued by order of the Senate of the said CMSA, having no reasonable excuse to the contrary

and I make this solemn declaration faithfully promising to adhere to its terms

Signed at this day of
..... 20

Signature

Witness

(who must be a Founder, Associate Founder, Fellow, Member, Diplomat or Commissioner of Oaths)

9.2 A two-thirds majority of members of the CMSA Senate present at the relevant meeting shall be necessary for the award to any candidate of a Diploma

9.3 A Diplomat shall be entitled to the appropriate form of certificate under the seal of the CMSA

9.4 In the event of a candidate not being awarded the Diploma (after having passed the examination) the examination fee shall be refunded in full

9.5 The first annual subscription is due one year after registration (statements are rendered annually)

A P P E N D I X A

HOSPITALS ACCEPTED FOR DIP PEC(SA) TRAINING

1. Teaching Hospitals and teaching Hospital equivalents qualify automatically.
2. Non-teaching Hospitals seeking recognition must meet the prescribed requirements.

The Hospital must:

- 2.1 Offer a 24-hour per day emergency service, 7 days per week
 - 2.2 Have a fulltime senior medical officer or part-time specialist in charge of the emergency centre/casualty department
 - 2.3 Have specialists **on call** for its emergency centre/casualty department at all times
 - 2.4 In addition to normal weekday sessions, allocate night-time and weekend duties **in the emergency centre/casualty department** for all its medical officers in the emergency centre/casualty department
3. PreHospital emergency medical services and/or emergency-medicine related organisations may apply subject to approval from the CMSA
 4. Enquiries concerning acceptability of posts should be addressed to:

The Academic Registrar
CMSA
Private Bag X23
BRAAMFONTEIN
2017

A P P E N D I X B

HOSPITALS ACCEPTED FOR DIP PEC(SA) TRAINING

The following private and provincial Hospitals have been accredited for providing acceptable training for candidates preparing for the examination in Primary Emergency Care:

Hospital Name	Group	Town	Province
Bedford Gardens Hospital	Lifehealthcare	Johannesburg	Gauteng
Entabeni Hospital	Lifehealthcare	Durban	Kwazulu Natal
Eugene Marais Hospital	Lifehealthcare	Pretoria	Gauteng
Flora Clinic Hospital	Lifehealthcare	Johannesburg	Gauteng
Fourways Hospital	Lifehealthcare	Johannesburg	Gauteng
St. Dominic's Hospital	Lifehealthcare	East London	Eastern Cape
St. George's Hospital	Lifehealthcare	Port Elizabeth	Eastern Cape
Vincent Palloti Hospital	Lifehealthcare	Cape Town	Western Cape
Wilgers Hospital	Lifehealthcare	Pretoria	Gauteng
Bloemfontein Medi-Clinic	Medi-Clinic	Bloemfontein	Bloemfontein
Constantiaberg Medi-Clinic	Medi-Clinic	Cape Town	Western Cape
Highveld Medi-Clinic	Medi-Clinic	Trichardt	Mpumalanga
Louis Leipoldt Medi-Clinic	Medi-Clinic	Bellville	Bellville
Panorama Medi-Clinic	Medi-Clinic	Cape Town	Western Cape
Peteraritzburg Medi-Clinic	Medi-Clinic	Pietermaritzburg	Kwazulu Natal
Sandton Medi-Clinic	Medi-Clinic	Johannesburg	Gauteng
Akasia Hospital	Netcare	Pretoria	Gauteng
Alberlito Hospital	Netcare	Ballito	Kwazulu Natal
Blaauwberg Hospital	Netcare	Cape Town	Western Cape
Christian Barnard Memorial Hospital	Netcare	Cape Town	Western Cape
Cuyler Hospital	Netcare	Uitenhage	Eastern Cape
Ferncrest Hospital	Netcare	Rustenburg	North West
Garden City Hospital	Netcare	Johannesburg	Gauteng
Greenacres Hospital	Netcare	Port Elizabeth	Eastern Cape
Kingsway Hospital	Netcare	Amanzimtoti	Kwazulu Natal
Krugersdorp Hospital	Netcare	Krugersdorp	Gauteng
Kuils River Hospital	Netcare	Kuils River	Western Cape
Linksfeld Clinic Hospital	Netcare	Johannesburg	Gauteng
Linmed Hospital	Netcare	Benoni	Gauteng
Milpark Hospital	Netcare	Johannesburg	Gauteng
Mulbarton Hospital	Netcare	Johannesburg	Gauteng
N1 City Hospital	Netcare	Goodwood	Western Cape
N17 Hospital	Netcare	Springs	Gauteng
Olivedale Hospital	Netcare	Johannesburg	Gauteng
Pretoria East Hospital	Netcare	Pretoria	Gauteng
St. Anne's Hospital	Netcare	Pietermaritzburg	Kwazulu Natal
St. Augustine's Hospital	Netcare	Durban	Kwazulu Natal
Sunninghill Hospital	Netcare	Johannesburg	Gauteng
Umhlanga Hospital	Netcare	Umhlanga	Kwazulu Natal

Hospital Name	Group	Town	Province
Union Hospital	Netcare	Alberton	Gauteng
Unitas Hospital	Netcare	Centurion	Gauteng
Addington Hospital	Provincial	Durban	Kwazulu Natal
Barberton Hospital	Provincial	Barberton	Mpumalanga
Belville Hospital	Provincial	Stellenbosch	Western Cape
Boitumelo Hospital	Provincial	Kroonstad	Free State
Bongani Regional Hospital	Provincial	Welkom	Free State
Cecilia Makiwane Hospital	Provincial	East London	Eastern Cape
Ceres Hospital	Provincial	Ceres	Western Cape
Charlotte Maxeke Johannesburg Hospital	Provincial	Johannesburg	Gauteng
Chris Hani Baragwanath Hospital	Provincial	Soweto	Gauteng
Dihlabeng Regional Hospital	Provincial	Bethlehem	Free State
Dora Nginza Hospital	Provincial	Port Elizabeth	Eastern Cape
Dr.C.N. Phatudi Hospital	Provincial	Tzaneen	Limpopo
Dr. George Mukhari Hospital	Provincial	Pretoria	Gauteng
Dr. Yusuf Dadoo Hospital	Provincial	Krugersdorp	Gauteng
Eben Donges Hospital	Provincial	Worcester	Western Cape
Edendale Hospital	Provincial	Pietermaritzburg	Kwazulu Natal
Eerste Rivier Hospital	Provincial	Eerste Rivier	Western Cape
Elim Hospital	Provincial	Elim	Limpopo
Elizabeth Ross Hospital	Provincial	Qwaqwa	Free State
Far East Rand Hospital	Provincial	Springs	Gauteng
Free State National Hospital	Provincial	Bloemfontein	Free State
Frere Hospital	Provincial	East London	Eastern Cape
George Regional Hospital	Provincial	George	Western Cape
Germiston Hospital	Provincial	Germiston	Gauteng
GF Jooste Trauma Hospital	Provincial	Manenberg	Western Cape
Grey's Hospital	Provincial	Pietermaritzburg	Kwazulu Natal
Groote Schuur Hospital	Provincial	Cape Town	Western Cape
Helen Joseph Hospital	Provincial	Johannesburg	Gauteng
Helderberg Hospital	Provincial	Somerset West	Western Cape
Job Shimankana Provincial Hospital	Provincial	Rustenburg	North-West
Kalafong Hospital	Provincial	Pretoria	Gauteng
Karl Bremer Hospital	Provincial	Stellenbosch	Western Cape
Katutura Hospital	Provincial	Windhoek	Namibia
Kimberley Hospital	Provincial	Kimberley	Northern Cape
King Edward VIII Hospital	Provincial	Congella	Kwazulu Natal
Klerksdorp Hospital	Provincial	Klerksdorp	North-West
Knysna Provincial Hospital	Provincial	Knysna	Knysna
Kopanong Hospital	Provincial	Vereeniging	Gauteng
Kraaifontein	Provincial	Kraaifontein	Western Cape
Ladysmith Hospital	Provincial	Ladysmith	Kwazulu Natal
Lavis Hospital	Provincial	Stellenbosch	Western Cape
Lebowa Kgomo Hospital	Provincial	Chuenespoort	Limpopo

Hospital Name	Group	Town	Province
Lentegeur Hospital	Provincial	Manenberg	Western Cape
Leratong Hospital	Provincial	Krugersdorp	Gauteng
Letaba Hospital	Provincial	Letaba	Limpopo
LLMC Hospital	Provincial		
Livingstone Hospital	Provincial	Port Elizabeth	Eastern Cape
Madadeni Hospital	Provincial	Newcastle	Kwazulu Natal
Mafikeng Provincial Hospital	Provincial	Mafikeng	North-West
Mahatma Gandhi Memorial Hospital	Provincial	Mount Edgecombe	Kwazulu Natal
Manapo Mopedi Hospital	Provincial	Qwaqwa	Free State
Mankweng Hospital	Provincial	Polokwane	Limpopo
Mapulaneng Hospital	Provincial	Bushbuckridge	Mpumalanga
McCord Hospital	Provincial	Durban	Kwazulu Natal
Middelburg Hospital	Provincial	Middelburgh	Mpumalanga
Mofumadi Manapo Mopeli Hospital	Provincial	Witsieshoek	Free State
Mokopane Hospital	Provincial	Mokopane	Limpopo
Mowbray Hospital	Provincial	Mowbray	Western Cape
Murchison Hospital	Provincial	Port Shepstone	Kwazulu Natal
Natalspruit Hospital	Provincial	Alberton	Gauteng
Nelson Mandela Academic Hospital	Provincial	Umtata	Eastern Cape
Newcastle Hospital	Provincial	Newcastle	Kwazulu Natal
Ngwelezana Hospital	Provincial	Empangeni	Kwazulu Natal
Northdale Hospital	Provincial	Pietermaritzburg	Kwazulu Natal
Paarl Provincial Hospital	Provincial	Paarl	Western Cape
Pelenomi Hospital	Provincial	Bloemfontein	Free State
Pholosong Hospital	Provincial	Springs	Gauteng
Polokwane Hospital	Provincial	Polokwane	Limpopo
Port Elizabeth Provincial Hospital	Provincial	Port Elizabeth	Eastern Cape
Port Shepstone Hospital	Provincial	Port Shepstone	Kwazulu Natal
Potchefstroom Hospital	Provincial	Potchefstroom	North-West
Prince Mshiyeni Hospital	Provincial	Durban	Kwazulu Natal
Rahima Moosa Mother & Child Hospital	Provincial	Johannesburg	Gauteng
Red Cross Children's Hospital	Provincial	Cape Town	Western Cape
R K Khan Hospital	Provincial	Chatsworth	Kwazulu Natal
Rob Ferreira Hospital	Provincial	Nelspruit	Mpumalanga
SAMHS No 1 Military Hospital	Provincial	Pretoria	Gauteng
SAMHS Western Cape Medical Command	Provincial	Wynberg	Western Cape
SAHMS No 3 Military Hospital	Provincial	Bloemfontein	Free State
Sebokeng Hospital	Provincial	Vanderbijlpark	Gauteng
Somerset Hospital	Provincial	Cape Town	Western Cape
Stanger Hospital	Provincial	Stanger	Kwazulu Natal
Steve Biko Pretoria Academic Hospital	Provincial	Pretoria	Gauteng
St Ritas Hospital	Provincial	Pretoria	Limpopo
Stikland Hospital	Provincial	Stellenbosch	Western Cape
Tambo Memorial Hospital	Provincial	Boksburg	Gauteng

Hospital Name	Group	Town	Province
Taung Hospital	Provincial	Taung	North West
Tembisa Hospital	Provincial	Olifantsfontein	Gauteng
Themba Hospital	Provincial	Kabokweni	Mpumalanga
Tshepong Hospital	Provincial	Klerksdorp	North West
Tshilidzini Hospital	Provincial	Shayandima	Limpopo
Tshwane District Hospital	Provincial	Pretoria	Gauteng
Tygerberg Academic Hospital	Provincial	Stellenbosch	Western Cape
Uitenhage Provincial Hospital	Provincial	Uitenhage	Eastern Cape
Umtata General Hospital	Provincial	Umtata	Eastern Cape
Universitas Academic Hospital	Provincial	Bloemfontein	Free State
Victoria Hospital	Provincial	Cape Town	Western Cape
Vryburg Hospital	Provincial	Vryburg	North-West
Warmbaths Hospital	Provincial	Bela-Bela	Limpopo
Wentworth Hospital	Provincial	Durban	Kwazulu Natal
West Vaal Hospital	Provincial	Orkney	Orkney
Windhoek State Hospital	Provincial	Windhoek	Namibia
Witbank Hospital	Provincial	Witbank	Mpumalanga
Worcester Hospital	Provincial	Worcester	Western Cape

APPENDIX C**1.0 SYLLABUS FOR THE EXAMINATION**

Preparation for the Dip PEC(SA) should include (but not be limited to) the following:

Paper I – Emergency medical services, trauma, environmental emergencies, surgical and related specialties emergencies, ethics of emergency medicine.

Paper II – Medical, paediatric, obstetric and gynaecological, and toxicological emergencies

Whilst the syllabus lists most of the topics which will commonly be addressed, topics relevant to Emergency Medicine but not specifically listed may also be examined.

Basic Sciences

Basic Sciences will not be examined in a separate paper, but may form part of the questions in both Paper I and Paper II. The emphasis of both papers will remain clinical, however anatomy, physiology, pathology and pharmacology relevant to the Emergency Medicine setting may be examined.

Paper I**1.1 EMERGENCY MEDICAL SERVICES (EMS)**

- Pre-Hospital care
- Model systems/local systems
- EMS training and scope of practice
- Regionalisation/categorisation of care/trauma centres
- Disaster planning
- Triage
- Patient transfer
 - Road transfer
 - Air ambulance (including helicopter and fixed wing)

1.2 TRAUMA - RECOGNITION AND INITIAL MANAGEMENT

- Initial approach to the trauma patient
- General principles of paediatric trauma
- Priorities in multiple trauma
- Head and facial trauma
- Spinal trauma
- Chest trauma
 - Blunt/penetrating
 - Pneumothorax
 - Pericardial tamponade
 - Massive haemothorax
 - Open chest wound
 - Ruptured aorta
- Abdominal trauma
 - Blunt/penetrating
 - Indications for diagnostic peritoneal lavage
- Urogenital trauma
- Extremity trauma
- Early management of fractures and dislocations
- Explosive injuries
- Crush syndrome
- Burns

1.3 ENVIRONMENTAL EMERGENCIES – DIAGNOSIS AND INITIAL MANAGEMENT

- Frost-bite and other localised cold-related injuries
- Hypothermia
- Heat emergencies
- Insect and arachnid bites
- Snake bites and scorpion stings
- High altitude emergencies
- Diving emergencies

1.4 SURGICAL AND RELATED SPECIALTY EMERGENCIES**1.4.1 Neurosurgery**

- Intracranial haemorrhage (extra-dural, sub-dural, subarachnoid, intra-cerebral)

1.4.2 Cardiothoracic Surgery

- Indications for thoracotomy in Emergency Units/Casualty departments

1.4.3 Abdominal Surgery

- Approach to the acute abdomen
- Gastro-intestinal haemorrhage
- Foreign body ingestion
- Ruptured aortic aneurysm

1.4.4 Urogenital Emergencies

- Testicular torsion
- Urological stone disease

1.4.5 Emergencies related to the Musculoskeletal System

- Threatened limb
- Neurovascular extremity examination
- Strains/sprains/fractures
- Dislocations
- Soft tissue injury/infection
- Septic joint

1.4.6 ENT Emergencies

- Epistaxis/septal haematoma
- Foreign bodies
- Infections
- Upper airway obstruction
- Dental emergencies

1.4.7 Ophthalmological Emergencies

- Causes of the red eye
- Eye trauma
- Causes of visual Impairment

1.5 ETHICS IN EMERGENCY MEDICINE

- Ethics of resuscitation
- Patient autonomy and informed consent
- Organ donation
- Declaration of death
- Professional and vicarious liability

Paper 2**1.1 MEDICAL EMERGENCIES****1.1.1 Neurological Emergencies**

- Coma
- Altered/deteriorating level of consciousness
- Headache
- Meningitis
- Seizures
- Cerebral vascular incident

1.1.2 Cardiovascular Emergencies

- Co-ordination and usage of cardiac and peri-arrest drugs
- Treatment of ventricular fibrillation/ventricular tachycardia
- Treatment of asystole/pulseless electrical activity/bradyarrhythmias
- Chest pain evaluation
- Recognition and treatment of tachyarrhythmias
- Recognition and treatment of hypertensive emergencies
- Myocardial infarction

1.1.3 Pulmonary Emergencies

- Evaluation of dyspnoea
- Acute respiratory failure
- Acute asthma and exacerbation of chronic obstructive pulmonary disease
- Pulmonary oedema
- Pulmonary embolus
- Foreign body
- Pneumothorax
- Pneumonia
- Inhalation injury

1.1.4 Gastrointestinal Emergencies

- Diarrhoea and dehydration
- Peptic ulcer disease
- Pancreatitis
- Acute jaundice

1.1.5 Endocrine and Metabolic Emergencies

- Electrolyte abnormalities
- Acid base abnormalities
- Hypo- and hyperglycaemia
- Thyroid and adrenal disorders

1.1.6 Urogenital Emergencies

- Sexually transmitted diseases
- Epididymitis

1.1.7 Infective Emergencies

- Meningococcal septicaemia
- Malaria
- Tetanus
- HIV infection and AIDS
- Rabies
- Fever of unknown origin, including haemorrhagic fevers
- Influenza

1.1.8 Psychosocial Emergencies

- Recognition of acute psychosis
- Suicidal and homicidal evaluation
- Recognition of behavioural disorders caused by organic illness
- Performance of mental status examination

1.2 PAEDIATRIC EMERGENCIES

- Common neonatal problems
- The premature infant
- Sudden infant death syndrome
- Meningitis
- ENT emergencies in children (eg croup, epiglottitis)
- Bronchiolitis
- Asthma
- Paediatric abdominal emergencies
- Paediatric exanthems

1.3 OBSTETRIC AND GYNAECOLOGICAL EMERGENCIES**1.3.1 Emergencies Related to Pregnancy**

- Ectopic pregnancy
- Abortion
- Antepartum haemorrhage
- Normal delivery
- Abnormal delivery
- Postpartum haemorrhage

1.3.2 Gynaecological Emergencies

- Vulvovaginitis
- Sexually transmitted diseases
- Gynaecological causes of the acute abdomen
- Rape and sexual assault

1.4 TOXICOLOGICAL EMERGENCIES

- Recognition of clinical syndromes:
 - Coma
 - Anti-cholinergic
 - Cholinergic
 - Narcotic
 - Sympathetic
- Initial treatment and removal of poisons:
 - Agent-specific therapy
 - Role of poison centres
 - Decontamination

Topics Relevant to Both Papers

(ie may be asked in either Paper I or II)

1.1 BASIC PRINCIPLES OF EMERGENCY CARE

- Recognition of threats to life and limb
- Evaluation of the Emergency Centre/Casualty Department patient
- Cardiopulmonary Resuscitation:
 - One- and two-rescuer CPR
 - Conscious and unconscious victim
 - Choking victim
 - Neonatal resuscitation

1.2 APPROACH TO SHOCK

- Definition and clinical findings
- Differential diagnosis:
 - Hypovolaemic
 - Distributive (septic, anaphylactic, neurogenic)
 - Cardiogenic
 - Obstructive
- Pharmacological principles of resuscitation in shock:
 - Kinds of fluids
 - Fluid replacement
 - Inotrope usage

Clinical and Practical Skills**1.1 CARDIOPULMONARY RESUSCITATION**

- Adult
- Child and infant
- Neonatal

1.2 ECG MONITOR / DEFIBRILLATOR USAGE

- Defibrillator operation and usage (manual and automated)
- Pacing
- Synchronised cardioversion
- Arrhythmia recognition and management

1.3 AIRWAY CONTROL

- Bag-valve-mask ventilation
- Endotracheal intubation and rescue devices and techniques
- Cricothyroidotomy
- Confirmatory devices
- Ventilator principles

1.4 VASCULAR ACCESS TECHNIQUES AND CONTROL OF HAEMORRHAGE

- Arterial line insertion
- Central line insertion

1.5 LACERATION REPAIR

- Suture material, needles, instruments
- Types of wounds
- Wound preparation
- Tetanus prophylaxis
- Local anaesthesia and blocks

1.6 SPLINTING AND SPINAL IMMOBILISATION TECHNIQUES**1.7 RADIOLOGY INTERPRETATION**

- X-ray review – including fracture identification
- CT scan review

1.8 GASTRIC LAVAGE**1.9 SUPERFICIAL ABSCESS – INCISION AND DRAINAGE****1.10 NASAL PACKING****1.11 PERICARDIOCENTESIS****1.12 NEEDLE THORACOSTOMY****1.13 THORACOSTOMY TUBE DRAINAGE****1.14 OBSTETRIC EMERGENCIES**

- Normal delivery
- Abnormal delivery

A P P E N D I X D**PREPARATION FOR THE EXAMINATION**

Recommended Reading (NB: Always use the most current edition available)

International

- Any standard textbook relating to emergency medicine and/or critical care, eg:
 - Oxford Handbook of Emergency Medicine (Wytt, JP et al). Published by Oxford University Press.
 - Emergency Medicine Handbook: Critical Concepts for Clinical Practice (Roppolo, LP et al). Published by Mosby Elsevier
- Peer-reviewed journals relating to emergency care
- 2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care (CIRCULATION Volume 112, Issue 24 Supplement; December 13, 2005, downloadable from www.circulationaha.org)

Local (South African)

- A Guide to the Management of Common Medical Emergencies in Adults (Available from the Department of Medicine, University of the Witwatersrand)
- Practical Management of Paediatric Emergencies (Available from the Department of Paediatrics, Medunsa)
- Nationally-standardised Algorithms of the Resuscitation Council of Southern Africa (Downloadable from www.resuscitationcouncil.co.za)
- Practice Guidelines of the Emergency Medicine Society of South Africa (Downloadable from www.emssa.org.za)
- Advanced Life Support Practitioner Protocols of the Health Professions Council of South Africa (Downloadable from the Professional Board of Emergency Care website of the HPCSA www.hpcs.co.za)

The candidate is advised to read recent relevant texts on emergency care, as the above serve merely as a sample of available literature

Preparatory Training Programmes**Compulsory**

- Basic Life Support for Healthcare Provider Course (Resuscitation Council of SA or equivalent)

Recommended (but not compulsory)

- Emergency Medicine - related short courses
A comprehensive list of available courses is obtainable from the College of Emergency Medicine website (<http://www.collegemedsa.ac.za>).

A P P E N D I X E

GUIDELINES FOR EXAMINERS AND CONVENORS

GUIDELINES FOR EXAMINERS

- When setting the examination, examiners should guard against placing undue emphasis on aspects which are esoteric, uncommon or of minimal clinical significance
- Examination questions should be appropriate to the average candidates' stage of training and experience
- Examiners should be reasonable when setting written questions about new drugs or techniques, particularly if they are not significantly related to clinical practice
- Ambiguity must be avoided, and the average candidate should have a clear understanding of what is required in the answer
- After each examination, the examiners should meet and discuss the examination and any problems arising from any aspect of the examination

GUIDELINES FOR CONVENORS:

The Overall Convenor should ensure that:

- There is no unnecessary duplication between different examiners or different parts of the examination
- Questions are fair and not ambiguous, and that abbreviations are avoided
- Questions cover an overall spread of the subject
- The standard of the examination be maintained equally between the individual examiners