

${\bf Mapping\ of\ Emergency\ Medicine\ Postgraduate\ Curricular\ Competencies\ with\ Assessment\ Tools}$

This outline maps curricular competencies objectives with the assessment tools and potential test type. Tests will emphasize certain parts of the outline, and no single test will include questions on all aspects. Questions may include content that is not included in this outline.

					include content that is not included in this outli		Learning Domain		Assessm	ent Method	
Construct	Domain	Rotation		Code	Performance indicator / <mark>Curriculum</mark>	Page #	(1:Cognitive, 2:Skills, 3:Attitude)	MCQ -Part	MCQ - Final Written	OSCE - Final Clinical	SOE - Final Clinical
A. Medical expert	A.1 Basic science	Emergency Medicine	R1	A.1.1	Understand of the pathophysiology of disease and injury and the natural history of disease and illness	11	1	*	*		
			R ₂	A.1.2	Understand of the principles of resuscitation	11	1	*	*		
		Adult intesive care	R2	A.1.4 A.1.5	Know the pharmacology of resuscitation, sedation, and critical care Know the principles of infection in the critically ill and administration of antimicrobial therapy	31	1 1	*	*		
		Neuroscience	R2	A.1.6	Know the principles of neuroanatomy and neurophysiology	34	1	*	*		
				A.1.7	Know the pathophysiology of acute disorders of the central nervous system (CNS) in adult, pediatric, and geriatric patients	34	1	*	*		
				A.1.8	Know The indications, contraindications, and complications of radiological and CSF assessment modalities	34	1	*	*		
				A.1.9	Know The mechanisms of action and pathophysiology of trauma to the head, axial skeleton, and appendicular skeleton	34	1	*	*		
					Know the effects of toxicological and environmental disorders in the	34	1	*	*		
				A.1.12	Know the principles of pharmaceutical agents in the assessment and treatment of neurological and neurosurgical disorders	34	1				
		Obstetrics and	R1	A.1.13 A.1.14	Know the guidelines for brain death Know the Principles of the anatomy and physiology of the urogenital tract	34 37	1	*	*		
		Gynecology		A.1.15	Know the pathophysiology of obstetrical and gynecological disorders	37	1	*	*		
				A.1.16	Know the principles of resuscitation and stabilization of the pregnant patient	37	1	*	*		
					Know the indications and limitations of investigative modalities Know the drug effects in pregnancy, breastfeeding, and uterine motility	37 37	1 1	*	*		
				A.1.20	Know the principles of fertility and contraception	37	1	*	*		
		Orthopedic surgery	R1		Know the principles of menstruation Know the principles of the anatomy and physiology of the musculoskeletal	37 40	1	*	*		
				A.1.24	system Know the principles of healing in bone, tendon, muscle, and ligament injuries	40	1	*	*		
				A.1.25	Know the pathogenesis and pathophysiology of infectious and inflammatory	40	1		*		
					disorders of the musculoskeletal system Know the principles of pharmacological agents in musculoskeletal and	40	1	*	*		
		- 0			rheumatologic disorders						
		Pediatric emergency medicine	R1	A.1.27	Know the pathophysiology and pharmacokinetics of toxicological syndromes	43	1	*	*		
				A.1.28 A.1.29	Know the pharmacology and dosage for antidotes Know the pathophysiology of fluid and electrolyte disorders	43 43	1 1	*	*		
				A.1.30	Know the pharmacology of resuscitation drugs	43	1	*	*		
				A.1.31	Know the pathophysiology of acute pediatric disorders according to body system	43	1	*	*		
					Know the Immunization: timing, efficacy, and side effects	43	1	*	*		
			R2	A.1.34 A.1.35	Growth and development milestones of children Know the pathophysiology of infectious disorders	43	1		*		
				A.1.36	Know the pharmacology and dosage for antibiotics	43	1	*	*		
		Pediatric / Neonatal ICU	R3	A.1.37	Know the principles of resuscitation	46	1		*		
				A.1.41	Know the pharmacology of resuscitation, sedation, and critical care know the physiological differences between adult and pediatric critical care.	46 46-47	1		*		
		Anesthesia		A.1.44	Know the pharmacology of applicable anesthetic agents	19	1	*	*		
		Cardiac ICU	R2	A.1.45	The pharmacology of resuscitation, antiarrhythmic medication, and		1	*	*		
	A.2 Assessment &	Emergency Medicine	R1	A.2.1	hemodynamic support Demonstrate the prompt recognition of acute illness and injury.	11	3			*	
	Diagnosis and management	0.0			Develop competency in patient care and decision making for the emergency	11	1		*	*	*
				A.2.3	patient Obtain and synthesize relevant history from patients, families, and	12	2			*	
					communities.						
			R2	A.2.4	The resident should be able to demonstrate the following techniques: 1.Airway management 2.Aanalgesia (procedural sedation) 3.Anesthesia (local and nerve blocks)	11-12	2			*	
					4.Brterial and venous access SBladder catheterization and ririgation 6.Eardiopulmonary resuscitation at Advanced Cardiovascular Life Support course (ACLS) level 7.Eflest decompression						
					8.Ascitic tapping 9.Epistaxis management 10.Eractures: stabilization, reduction, and immobilization						
					11.Naso and orogastric tube insertion 12.Dioint aspiration 13.Dioint dislocation: reduction and immobilization						
					14.Removal of foreign bodies 15.Innometry 16.IDse of slit lamp						
				A.2.5	Demonstrate wound management: abscess or infection, animal or human	11-12	1,2		*	*	*
					bites, local anesthesia, and suturing Interpret plain radiographs and CT scans	11-12	1	*	*		*
				A.2.7	Demonstrate extended Focused Assessment with Sonography for Trauma (eFAST) scan	11-12	1	*	*		*
					Demonstrate an understanding of the principles of resuscitation, investigation, diagnosis, and management decision making.	11	1	*	*	*	*
					Develop appropriate differential diagnosis and initiate the management of varaity of cases	12	1	*	*		*
				A.2.12	Demonstrate an understanding of the following: 1.The concept of informed consent in the care of children, adults, and the elderly.	14	1	*	*		*
					2. Advanced directives, do-not-resuscitate (DNR) requests, and their application to the emergency care of patients. 3. The concept of futility applied to emergent situations.						

	R3	A.2.13	Know the following: 1. The prompt recognition of acute illness and injury	15	1		*		*
			2.The natural history of disease and illness						
			3.Specific clinical presentations 4.The principles of resuscitation						
			5. The principles of investigation						
			6.The principles of diagnosis and management decisions 7.The requirements for follow-up care						
	R4	A.2.14	Obtain and synthesize relevant history from patients, families, and communities.	16	2			*	
		A.2.15	Demonstrate competence and efficiency in physical examination including special examination techniques for specific diagnoses.	15	2			*	
		A.2.16	Develop an appropriate differential diagnosis and initiate comprehensive management of the following:	15	1		*		*
			a.Acute cardiopulmonary events b.Ønresponsive patients c.Batients in need of immediate resuscitation						
			d.IIraumatized patients e.II.acute age, gender, and immune-related disorders						
			i.Eediatrics ii.Geriatrics iii.OBGYN						
			in.Distriction in.Minunocompromised patients f.llioxicological disorders						
			g.Environmental disorders h.Behavioral disorders						
		A.2.17	i.Acute illness/iniurv Perform a clinical assessment and collect all appropriate information	15	2			*	
			Demonstrate proficiency in the following techniques:	16	3			*	
			1.Airway management, rapid sequence induction, and difficult intubation 2.Banalgesia (procedural sedation)						
			3.Burgical airway 4.Anesthesia (local and nerve blocks)						
			5.Bladder catheterization/irrigation 6.Cardiopulmonary resuscitation at ACLS level						
			7.Ehest decompression						
			8.Emergency chest tube insertion 9.Ascitic and pleural tapping						
			10.Mega code team leadership 11.Emergency delivery						
			13.Eurita gency General 13.Eur						
			14.Bacemaker insertion						
			15.Eractures: stabilization, reduction, and immobilization 16.Naso and orogastric tube insertion						
			17. Joint aspiration 18. Joint dislocation: reduction and immobilization						
			19.Removal of foreign bodies						
			20.Innometry 21.In se of slit lamp						
			22. Nound management: abscess or infection, animal or human bites, local anesthesia, and suturing						
		A.2.19	Demonstrate an understanding of the following:	18	1		*		*
		742119	1. The concept of informed consent in the care of children, adults, and the		·				
			elderly 🗈 2. Advanced directives, DNR requests, and their application to the						
			emergency care of patients. 3. The concept of futility applied to emergent situations.						
			3 · · · · · · · · · · · · · · · · · · ·						
		A.2.20	Obtain and synthesize relevant history from patients, families, and	16	2			*	
			communities						
		A.2.21	Perform consultations.	15	2				
Anethesia	R1	A.2.22	Know the following: 1. The principles of upper airway assessment for anticipated difficult	19	1	*	*		*
			intubation and anesthesia problems						
			2. Mihe principles of mechanical ventilation 3. Miluid resuscitation						
			4.Administration of blood and blood products 5.Begional anesthesia						
			6.General anesthesia						
			7.Eresentation and management of upper airway disease (traumatic and nontraumatic)						
			8. Invasive monitoring 9. Surgical airway control (cricothyrotomy)						
		A.2.23	Demonstrate the following techniques:	19-20	2,3			*	
			1.Ensertion of oral and nasopharyngeal airways	.9 20					
			Manual ventilation (bag-valve-mask) Broper techniques for direct laryngoscopy with Macintosh and Miller						
			blades 4.linsert an ET tube (both oral and nasal)						
			6.Proficient use of extraglottic devices						
			7.5etting parameters and initiating mechanical ventilation 8.initiating venous access (peripheral and central)						
			10.Inducing general anesthesia by pharmacological and gaseous means (with and without paralysis)						
			12.Safe procedural sedation in adults and children 13.Administration of selective regional anesthesia						
		A.2.24	Demonstrate understanding and performing tracheal intubation with different intubating equipment (e.g., GlideScope, Airtaq, and Bougie)	19-20	1,2	*	*	*	*
		A.2.25 A.2.26	Manage fluid status of an ill, anesthetized patient Understand and perform rapid sequence induction	19-20 19-20	1 1,2		*	*	*
		A.2.28	Understanding methods of assessment in patient extubation	19-20	1		*		*
			Anesthetic care. Obtain and synthesize relevant history from patients, families, and	21	2	_	-	*	-
			communities						
Haj Mission	R ₃	A.2.31	Know the presentation of the unknown pilgrim presenting to the ED with a serious illness	28	1		*		*
					I	1			

			A.2.32	Know the following: 1. The principles and inherent underlying difficulties of medical practice in	28	1		*		*
				Hajj						
				2. The principles of trauma resuscitation, stabilization, and disposition 4. Principles of "treat and release" medical practice						
				5. The indications, limitations, mechanism of action, interactions, and complications of pharmacologic agents						
				6.II he indications, techniques, and complications of manipulative procedural skills						
				7.Management and ED flow facilitation and control and when to declare a						
				state of disaster 8. Principles of mass-gathering medicine						
			A.2.33	Assess and develop appropriate differential diagnoses for specific and generalized clinical presentations.	28	1		*		*
						_				
				Perform a clinical assessment and collect all appropriate information. Demonstrate the required manipulative and procedural skills in the	28 28	2 1,2		*	*	*
			A.2.36	management of the acutely ill patient. Set priorities and initiate resuscitation, stabilization, investigation, and	28	1		*		*
				disposition of traumatized and critically ill patients. Demonstrate the following techniques:	29	,			*	
			7.2.5/	a. Airway management, rapid sequence induction, and difficult intubation	29	2				
				b.Analgesia (Procedural sedation) c.Surgical airway						
				d.Anesthesia (local and nerve blocks) e.Bladder catheterization/irrigation						
				f.@ardiopulmonary resuscitation at ACLS level g.Manage multisystem trauma at Advanced Trauma Life Support (ATLS)						
				course level						
				h.Ehest decompression i.Emergency chest tube insertion						
				I.Emergency delivery n.Eumbar puncture						
				o. Eractures: stabilization, reduction, and immobilization						
				p.Naso and orogastric tube insertion q.Moint aspiration						
				r.Joint dislocation: reduction and immobilization t.Gentral line insertion using landmarks, under US guidance for arterial						
				t.äccess						
			A 2 28	Demonstrate ED crisis management	29	,	*	*		.
			A.2.38 A.2.40	Wound management: abscess or infection, animal or human bites, local	29 29	1		*		*
				anesthesia, and suturing						
			A.2.41	Obtain and synthesize relevant history from patients, families, and	29	2			*	
			A 2 42	communities	28	1				.
			A.2.42	Identify the need for prompt consultation, admission, and transfer of patients presenting to the ED.	20	,		-		
	Adult ICU	R ₂	A.2.43	Know the following:	31	1	*	*		*
				Principles of resuscitation Airway management in the critically ill						
				3. Principles of invasive monitoring 4. Eluid resuscitation						
				5.Management of a cardiac arrest team						
				6.Management of shock and multisystem disease and failure 7.Mechanical ventilation in the critically ill						
				8. Disease processes necessitating admission to a critical care unit (e.g., trauma, 8. Exciology, or environmental processes)						
				11. Assessment of clinical criteria to increase the possibility of successful						
				extubation 12.Assessment of brain death criteria and end-of-life care and protocols						
			A.2.44	Develop appropriate differential diagnoses for specific clinical presentations.	32	1	*	*		*
			A.2.45	Ascertain the need for admission or transfer to a critical care unit.	32	1	*	*		*
			A.2.45	Ascertain the need for admission or transfer to a critical care unit.	32	1	*	*		*
				Choose the appropriate laboratory and radiological investigations to meet	32	1	*	*		*
			A.2.46			1 1	* *	*		*
			A.2.46 A.2.47	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient.	32	1 1 1	* * *	* * *		* * *
			A.2.46 A.2.47 A.2.48	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring.	32 32 32	1 1 1	* * *	* * *		* * *
			A.2.46 A.2.47 A.2.48 A.2.49	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step down units.	32 32 32 32	1 1 1	* * * *	* * *		* * *
			A.2.46 A.2.47 A.2.48 A.2.49 A.2.51	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step-down units. Perform a clinical assessment and collect all appropriate information.	32 32 32	1 1 1 1 2	* * *	* * *	*	* * *
			A.2.46 A.2.47 A.2.48 A.2.49 A.2.51	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step down units. Perform a clinical sasessment and collect all appropriate information. Demonstrate the following techniques:	32 32 32 32	1 1 1 1 2 2 2	* * * *	* * * *	*	* * *
			A.2.46 A.2.47 A.2.48 A.2.49 A.2.51	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step down units. Perform a clinical sasessment and collect all appropriate information. Demonstrate the following techniques: a.B.C.C interpretation b.Deebfillation and cardioversion	32 32 32 32 32	1 1 1 1 2 2 2	* * * *	* * *	*	* * *
			A.2.46 A.2.47 A.2.48 A.2.49 A.2.51	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to stee down units. Perform a clinical assessment and collect all appropriate information. Demonstrate the following techniques: a.B.C. interpretation Debetbrillation and cardioversion c.Bentral venous access using landmarks, under US guidance for arterial access	32 32 32 32 32	1 1 1 1 2 2 2	•	* * *	:	
			A.2.46 A.2.47 A.2.48 A.2.49 A.2.51	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to stee down units. Perform a clinical assessment and collect all appropriate information. Demonstrate the following techniques: a.B.C. interpretation b. Detebrillation and cardioversion c.Eentral venous access using landmarks, under US guidance for arterial access d.Endotracheal intubation e.atterial access	32 32 32 32 32	1 1 1 1 2 2 2	* * *	* * * *	:	
			A.2.46 A.2.47 A.2.48 A.2.49 A.2.51	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step-down units. Perform a clinical sasessment and collect all appropriate information. Demonstrate the following techniques: a.B.C. interpretation b.Deibrillation and cardioversion C.Eentral venous access using landmarks, under US guidance for arterial access definition and cardioversion exactions access to the control of the co	32 32 32 32 32	1 1 1 1 2 2 2	•		:	
			A.2.46 A.2.47 A.2.48 A.2.49 A.2.51	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step down units. Perform a clinical assessment and collect all appropriate information. Demonstrate the following techniques: a.B.C. interpretation Daebtimilation and cardioversion c.Bentral venous access using landmarks, under US guidance for arterial access demonstrate intubation e.Arterial access demonstrate intubation g.Bericardiocentesis h.Bacemaker insertion	32 32 32 32 32	1 1 1 1 2 2 2	•		:	
			A.2.46 A.2.47 A.2.48 A.2.49 A.2.51	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step down units. Perform a clinical assessment and collect all appropriate information. Demonstrate the following techniques: a.B.C. interpretation b.Detebrillation and cardioversion c.Bentral venous access using landmarks, under US guidance for arterial access d.B.ndotracheal intubation e.atterial access f.arterial access f.arterial monitoring g.Bentcardiocentesis	32 32 32 32 32	1 1 1 2 2 2	•		:	
			A.2.46 A.2.47 A.2.48 A.2.49 A.2.51	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step-down units. Perform a clinical assessment and collect all appropriate information. Demonstrate the following techniques: a.B.C. interpretation b.Deebfillation and cardioversion c.Eentral venous access using landmarks, under US guidance for arterial access denotoracheal intubation e.Arterial ancess f.Arterial monitoring g.Bericardiocentesis h.Bacemaker insertion i.Ehest tube insertion j.Bracheasterin insertion	32 32 32 32 32 32		•		:	
			A.2.46 A.2.47 A.2.48 A.2.49 A.2.51	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step down units. Perform a clinical sasessment and collect all appropriate information. Demonstrate the following techniques: a.B.C. interpretation b.Defebrillation and cardioversion c.Bentral venous access using landmarks, under US guidance for arterial access denotance intubation e.Arterial ancess f.Arterial monitoring g.Bericardiocentesis h.Bacemaker insertion i.Bracethostomy insertion Demonstrate an understanding of the following: 1. End-of-life care and how it is applied in the critical care setting	32 32 32 32 32	1 1 2 2 2			:	
			A.2.46 A.2.47 A.2.48 A.2.49 A.2.51	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step down units. Perform a clinical assessment and collect all appropriate information. Demonstrate the following techniques: a.B.C. interpretation behebitaliston and cardioversion c.Bentral venous access using landmarks, under US guidance for arterial access d.Endotracheal intubation e.Atterial access f.arterial monitoring g.Benicardiocentesis h.Bacemaker insertion Libest tube insertion J.Bracheostomy insertion Demonstrate an understanding of the following:	32 32 32 32 32 32				:	
			A.2.46 A.2.47 A.2.48 A.2.49 A.2.51	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step-down units. Perform a clinical assessment and collect all appropriate information. Demonstrate the following techniques: a. B.C. interpretation b. Deberbillation and cardioversion C.Bentral venous access using landmarks, under US guidance for arterial access d.B.n.dotracheal intubation e.atterial access f.arterial monitoring g.Benicardiocentesis h.Bac.emaker insertion LiBracheostomy insertion Demonstrate an understanding of the following: 1. End-of-life care and how it is applied in the critical care setting 1. End-of-life care and how it is applied in the critical care setting 1. End-of-life care and how it is applied in the critical care setting 2. The role of substitute decision maker and how this is applied to the care of	32 32 32 32 32 32		•	•	:	
	Cardiac ICU	R2	A2.46 A2.47 A2.48 A2.49 A2.51 A2.52	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step-down units. Perform a clinical assessment and collect all appropriate information. Demonstrate the following techniques: a a EC circumstrate the following techniques: a EC circumstrate the following techniques: a Collected and cardioversion collectrate venous access using landmarks, under US guidance for arterial access of an expectation of the collectrate in the care of a collectrate in the care of a collectrate in the care of the care of the care of his particular collectrate in the care of incapacitated patients. Demonstrate an understanding of the following: 1. End-of-life care and how it is applied in the critical care setting 2. The role of substitute decision maker and how this is applied to the care of incapacitated patients. Know the following:	32 32 32 32 32 32				:	
	Cardiac ICU	R ₂	A2.46 A2.47 A2.48 A2.49 A2.51 A2.52	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step-down units. Perform a clinical assessment and collect all appropriate information. Demonstrate the following techniques: a EC clinterpretation Demonstrate the following techniques: a EC clinterpretation CuBertral venous access using landmarks, under US guidance for arterial access d Endotracheal intubation caterial access farterial access farterial access farterial monitoring genericardiocentesis h. Bacemaker insertion Libest tube insertion Libest tube insertion Jifracheostomy insertion Demonstrate an understanding of the following: 1. End-of-life care and how it is applied in the critical care setting 2. The role of substitute decision maker and how this is applied to the care of incapacitated patients Know the following: 1. End-of-life or insusserion insertion insusserion insusseri	32 32 32 32 32 32 32	,			:	
	Cardiac ICU	R2	A2.46 A2.47 A2.48 A2.49 A2.51 A2.52	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step down units. Perform a clinical assessment and collect all appropriate information. Demonstrate the following techniques: a.B.C. interpretation Demonstrate the following techniques: a.B.C. interpretation Demonstrate a non cardioversion Clentral venous access using landmarks, under US guidance for arterial access d.Endotracheal intubation e.a.trerial access f.a.treial monitoring g.Bericardiocentesis h.Bac.emaker insertion LiEhest tube insertion JiBracheostomy insertion Demonstrate an understanding of the following: 1. End-of-life care and how it is applied in the critical care setting 2. The role of substitute decision maker and how this is applied to the care of incapacitated patients Know the following: 1. Enriciples of resuscitation	32 32 32 32 32 32 32	,			:	
	Cardiac ICU	R2	A2.46 A2.47 A2.48 A2.49 A2.51 A2.52	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step down units. Perform a clinical assessment and collect all appropriate information. Demonstrate the following techniques: a.B.C. disterpretation b. Detebrillation and cardioversion c.Bentral venous access using landmarks, under US guidance for arterial access d.Endotracheal intubation e.Atterial access f.arterial monitoring g.Bericardiocentesis h.Bacemaker insertion Lifest tube insertion J.Bracheostomy insertion Demonstrate an understanding of the following: 1. End-of-life care and how it is applied in the critical care setting 2. The role of substitute decision maker and how this is applied to the care of incapacitated patients Know the following: 1. Enrichelse of resuscitation 2. Brinciples of invasive monitoring 3. Blind resuscitation 4. Management of a cardiage in shock in patients who have experienced	32 32 32 32 32 32 32	,		•	:	
	Cardiac ICU	R2	A2.46 A2.47 A2.48 A2.49 A2.51 A2.52	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step down units. Perform a clinical assessment and collect all appropriate information. Demonstrate the following techniques: a.B.C. dinterpretation b. Detebrillation and cardioversion c.Bentral venous access using landmarks, under US guidance for arterial access d.Endotracheal intubation e.Arterial access f.arterial monitoring g.Bericardiocentess h.Bacemaker insertion i.Bracheostomy insertion Demonstrate an understanding of the following: i. End-of-life care and how it is applied in the critical care setting 2. The role of substitute decision maker and how this is applied to the care of incapacitated patients Know the following: i.Brinciples of resuscitation 2. Brinciples of resuscitation 3. Brinciples of resuscitation 4. Management of a cardiac arrest team 5. Management of a cardiogenic shock in patients who have experienced acute infarction and undergone cardiac surgery 6. Mechanical ventilation in the critical; il	32 32 32 32 32 32 32	,				
	Cardiac ICU	R2	A2.46 A2.47 A2.48 A2.49 A2.51 A2.52	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to steen down units. Perform a clinical assessment and collect all appropriate information. Demonstrate the following techniques: a.B.C. interpretation Demonstrate the following techniques: a.B.C. interpretation Demonstrate and cardioversion C.Bentral venous access using landmarks, under US guidance for arterial access d.B.n.dotracheal intubation e.B.r.tracial cares for a contraction of the care of a contraction of the care of the care of the care of incapacitated patients Demonstrate an understanding of the following: 1. End-of-life care and how it is applied in the critical care setting 2. The role of substitute decision maker and how this is applied to the care of incapacitated patients Know the following: 1. Eniophies of invasive monitoring 3. Bidud resuscitation 2. Biruspies of invasive monitoring 3. Bidud resuscitation 4. Management of a cardiac arrest team 5. Management of a cardiac arrest team 5. Management of a cardiogenic shock in patients who have experienced acute infarction and undergone cardiac surgery 6. Mechanical ventilation in the critically ill 7. Disease processes necessitating admission to a cardiac care unit (ACS, valvaluar emergence, and decompensated failure)	32 32 32 32 32 32 32	,			:	
	Cardiac ICU	R2	A2.46 A2.47 A2.48 A2.49 A2.51 A2.52	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step-down units. Perform a clinical assessment and collect all appropriate information. Demonstrate the following techniques: a.B.C. interpretation b.Behbrillation and cardioversion c.Bentral venous access using landmarks, under US guidance for arterial access d.B.n.d. care the following techniques: a.B.C. interpretation b.Behbrillation and cardioversion c.Bentral venous access using landmarks, under US guidance for arterial access f.Arterial access f.Arterial access f.Arterial access f.Brenache insertion i.Bracheostomy insertion i.Bracheostomy insertion i.Bracheostomy insertion i.Bracheostomy insertion Demonstrate an understanding of the following: 1. End-of-life care and how it is applied in the critical care setting 2. The role of substitute decision maker and how this is applied to the care of incapacitated patients Know the following: 1.Brinciples of resuscitation 2.Brinciples of resuscitation 2.Brinciples of rausoket monitoring 3.Biuld resuscitation 4.Management of cardiogenic shock in patients who have experienced acute infarction and undergone cardiac surgery 6.Mechanical ventilation in the critically ill 7.Biosease processes necessitating admission to a cardiac care unit (ACS,	32 32 32 32 32 32 32	,		•	:	
	Cardiac ICU	R2	A2.46 A2.47 A2.48 A2.49 A2.51 A2.52	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to stee down units. Perform a clinical assessment and collect all appropriate information. Demonstrate the following techniques: a.BCC interpretation Demonstrate the following techniques: a.BCC interpretation Demonstrate a underadioversion Clemital venous access using landmarks, under US guidance for arterial access d.Bndotracheal intubation e.alterial access f.Arterial monitoring g.Bericardiocentesis h.Bacemaker insertion Liflest tube insertion Liflest tube insertion Liflerate tube insertion Liflerate tube insertion Jiffrachoestomy insertion Demonstrate an understanding of the following: 1. End-of-life care and how it is applied in the critical care setting 2. The role of substitute decision maker and how this is applied to the care of incapacitated patients Know the following: 1. Erinciples of invasive monitoring 3. Bidd resuscitation 4. Management of a cardiac arrest team 5. Management of cardiacy and admission to a cardiac care unit (ACS, valvular emergencies, and decompensated failure) 9. Assessment of clinical cases requiring percutaneous cardiac carcheterization 1. Medicologial issues pertaining to the release of medical information,	32 32 32 32 32 32 32	,		•	:	
	Cardiac ICU	R2	A2.46 A2.47 A2.48 A2.49 A2.51 A2.52	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step down units. Perform a clinical assessment and collect all appropriate information. Demonstrate the following techniques: a.B.C. interpretation Demonstrate the following techniques: a.B.C. discharge plans, and cardioversion Clemral venous access using landmarks, under US guidance for arterial access d.B.n.dotracheal intubation e.a.trerial access d.B.n.dotracheal intubation e.a.trerial access f.a.treial monitoring g.B.P.E. access of the control of the following: 1. End of-life care and how it is applied in the critical care setting 2. The role of substitute decision maker and how this is applied to the care of incapacitated patients Know the following: 1. Enrinciples of resuscitation 2. Brinciples of resuscitation 2. Brinciples of invasive monitoring 3. Bluid resuscitation 4. Management of a cardiac arrest team 5. Management of a cardiac arre	32 32 32 32 32 32 32	,		•	:	
	Cardiac ICU	R2	A2.46 A2.47 A2.48 A2.49 A2.51 A2.52	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step down units. Perform a clinical assessment and collect all appropriate information. Demonstrate the following techniques: a.B.C. interpretation Demonstrate the following techniques: a.B.C. interpretation Demonstrate and cardioversion C.Bentral venous access using landmarks, under US guidance for arterial access d.Endotracheal intubation Earterial access f.arterial monitoring g.Bericardiocentesis h.Bacemaker insertion Libest tube insertion J.Bracheostomy insertion Demonstrate an understanding of the following: 1. End-of-life care and how it is applied in the critical care setting 2. The role of substitute decision maker and how this is applied to the care of incapacitated patients Know the following: J.Brinciples of resuscitation 4. Management of a cardiac arrest team 5. Management of a cardiac arrest team 5. Management of cardiogenic shock in patients who have experienced acute infarction and undergone cardiac surgery 6. Mechanical ventilation in the critically ill 7. Disease processes necessitating admission to a cardiac care unit (ACS, valvular emergencies, and decompensated failure) 9. Assessment of clinical cases requiring percutaneous cardiac care unit (ACS, valvular emergencies, and decompensated failure) 9. Assessment of cardiogenics spectal autores of attorney in medical information, informed consent, implied consent, and power of attorney in medical	32 32 32 32 32 32 32	,		•	:	
	Cardiac ICU	R2	A2.46 A2.47 A2.48 A2.49 A2.51 A2.52	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step down units. Perform a clinical assessment and collect all appropriate information. Demonstrate the following techniques: a.B.C. interpretation Demonstrate the following techniques: a.B.C. discharge plans, and cardioversion Clemral venous access using landmarks, under US guidance for arterial access d.B.n.dotracheal intubation e.a.trerial access d.B.n.dotracheal intubation e.a.trerial access f.a.treial monitoring g.B.P.E. access of the control of the following: 1. End of-life care and how it is applied in the critical care setting 2. The role of substitute decision maker and how this is applied to the care of incapacitated patients Know the following: 1. Enrinciples of resuscitation 2. Brinciples of resuscitation 2. Brinciples of invasive monitoring 3. Bluid resuscitation 4. Management of a cardiac arrest team 5. Management of a cardiac arre	32 32 32 32 32 32 32	,		•	: :	
	Cardiac ICU	R2	A2.46 A2.47 A2.48 A2.49 A2.51 A2.53	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to stee down units. Perform a clinical assessment and collect all appropriate information. Demonstrate the following techniques: a a EC clinterpretation b. Derborillation and cardioversion C.Bentral venous access using landmarks, under US guidance for arterial access d.B.nodoracheal intubation e.atterial access f.arterial monitoring g.Bericardiocentesis h.Bacemaker insertion LiBrat tube insertion J.Bracheostomy insertion Demonstrate an understanding of the following: 1. End-of-life care and how it is applied in the critical care setting 2. The role of substitute decision maker and how this is applied to the care of incapacitated patients Know the following: 1. Brinchelse of resuscitation 2. Brinchelse of resuscitation 2. Brinchelse of cardiogenic shock in patients who have experienced acute infarction of a cardiac arrest team 5. Management of cardiogenic shock in patients who have experienced acute infarction of a cardiac arrest team 5. Management of cardiogenic shock in patients who have experienced acute infarction of cardiogenic shock in patients who have experienced acute infarction of cardiogenic shock in patients who have experienced acute infarction of cardiogenic shock in patients who have experienced acute infarction of cardiogenic shock in patients who have experienced acute infarction of cardiogenic shock in patients who have experienced acute infarction of cardiogenic shock in patients who have experienced acute infarction and undergone cardiac surgery 6. Mechanical ventilation in the critically ill 7. Diseases processes necessitating admission to a cardiac care unit (ACS, valvular emergencies, and decompensate of allure) 9. Massessment of clin	32 32 32 32 32 32 32 32 22 22	,	•	•	•	
	Cardiac ICU	R2	A2.46 A2.47 A2.48 A2.49 A2.51 A2.53	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured patient. Interpret data collected from laboratory and radiological investigations. Interpret data from both noninvasive and invasive monitoring. Demonstrate continuity of care, development of discharge plans, and patient transfer to step down units. Perform a clinical assessment and collect all appropriate information. Demonstrate the following techniques: a.B.C. interpretation b.Detebrillation and cardioversion c.Bentral venous access using landmarks, under US guidance for arterial access d.Endotracheal intubation e.Atterial access f.arterial monitoring g.Bericardiocentesis h.Bacemaker insertion Libest tube insertion J.Bracheostomy insertion Demonstrate an understanding of the following: 1. End-of-life care and how it is applied in the critical care setting 2. The role of substitute decision maker and how this is applied to the care of incapacitated patients Know the following: 1. Brinciples of resuscitation 4. Management of a cardiac arrest team 5. Management of a cardiac arrest team 5. Management of cardiogenic shock in patients who have experienced acute infarction and undergone cardiac surgery 6. Mechanical ventilation in the critically ill 7. Disease processes necessitating admission to a cardiac care unit (ACS, valvular emergencies, and decompensated failure) 9. Assessment of clinical cases requiring percutaneous cardiac carteterization 10. Medicologal issues pertaining to the release of medical information, informed consent, implied consent, and power of attorney in medical decision making, in the context of Islamic law regarding incapacitated patients	32 32 32 32 32 32 32 32	,				

		A.2.57	Ascertain the need for admission or transfer to a cardiac care unit	22	1	*	*		*
		A.2.58	Demonstrate continuity of care, development of discharge plans, and patient transfer to step-down units.	22	3			*	
		A.2.59	Choose the appropriate laboratory and radiological investigations to meet	22	,	*	*		*
		7112139	the immediate needs of the critically ill patient.						
		A.2.60	Interpret data collected from laboratory and radiological investigations.	22	1	*	*		*
		A.2.62	Initiate the resuscitation, stabilization, and investigation of seriously ill	22	2			*	
		A.2.64	patients Obtain and synthesize relevant history from patients, families, and	23	2			*	
			communities.						
Emergency medical services	R ₃	A.2.65	Obtain and synthesize relevant history from patients, families, and communities.	26	2			*	
Neuroscience	R2	A.2.66	Obtain and synthesize relevant history from patients, families, and	35	2			*	
		A 2 62	communities.	24	,				.
		A.2.67	Know the presentation of acute disorders of the central nervous system (CNS) in adult, pediatric, and geriatric patients	34		-			
		A.2.68	Know the clinical measurement and severity scales	34	1	*	*		*
Obstetrics and	R1	A.2.69	Perform a clinical assessment of a patient with a urogenital problem and	37	2			*	
Gynecology		742.09	collect all appropriate information.	<i>"</i>	_				
		A.2.70	Assess and initiate management of the pregnant patient with the following:	37	1,2	*	*	*	*
			a.Mrauma b.Breeclampsia or eclampsia						
			c. Assessment of the patient in labor						
			Perform uncomplicated deliveries	37	2			*	
			Perform episiotomy & episiotomy repair Initiate management and investigation of the following:	37 37	2 2			*	
			a.Abnormal vaginal bleeding b.Amenorrhea						
			c.waginal discharge						
			d.Dysmenorrhea e.Dyspareunia						
			f.Maginal foreign bodies						
			g.Belvic mass h.Belvic pain						
			i.Ectopic pregnancy j.Sexually transmitted diseases						
Orthopedic surgery	R1	A.2.75	Perform a clinical assessment and collect all appropriate information.	40	2			*	
		A.2.76	Evaluate specific symptoms and signs that occur in the following: a.Disease states	40	1	*	*		*
			b.Enjury to the musculoskeletal system						
		A.2.77	Select the most appropriate imaging and laboratory investigations for the	40	1	*	*		*
			identification of the following: a.Musculoskeletal injuries						
			b.Dccult fractures c.Compound fractures						
			d.Pathological fractures						
		A.2.78	Know the clinical measurement and severity scales	40	1	*	*		*
		A.2.79	Know the presentation of muscle disorder syndromes	40	1	*	*		*
		A.2.81	Know the ecognition and management of limb-threatening conditions Know the classification of fractures and dislocation	40 40	1	*	*		*
			Know the manifestations of trauma in pediatrics Know the manifestation of musculoskeletal syndromes in pediatrics	40 40	1	*	*		*
		A.2.84	Know the manifestation of injuries in the athlete	40	1	*	*		*
			Know the early and late sequelae of injuries to the musculoskeletal system	40	'				.
		A.2.87	Know the principles of ED management of fractures and dislocations Know the complications of immobilization	40	1	*	*		*
			Know the principles of rehabilitation Set priorities and direct the initial management of the multiply traumatized	40	1,2	*	*	*	*
			patient.	4.	,-				
		A.2.91	Demonstrate the following techniques: a. Stabilization of fractures and dislocations pending investigation	41	2			*	
		A.2.92	Obtain and synthesize relevant history from patients, families, and	41	2			*	
			communities.						
Pediatric ER		A.2.94	Know the Causes, forms, and pathophysiology of fluid and electrolyte disorders	43	1	*	*		
		A.2.95	Know the Calculations for the correction of fluid and electrolyte disorders	43	1	*	*		
		n.z.95	Know the Calculations for the correction of fluid and electrolyte disorders and acid-base abnormalities.	45					
	R2	A.2.97	Know the following:	43	1	*	*		*
			1.Causes of immune deficiency and compromise in children 2.Prophylaxis for infectious diseases						
			3.Bresentation of anemia and purpura. 4.Bresentation of common malignancies						
			5. Assessment of cardiopulmonary emergencies in children 6. Assessment management in pediatric trauma						
			7. Risk factors for child abuse, deprivation, and family dysfunction						
			8.Reporting responsibilities and SCAN team activation in suspected child 9.Bibuse or neglect						
	_								
	R2	A.2.98	Obtain and synthesize relevant history from patients, families, and communities.	44	2				
	R ₃	A.2.99	Perform clinical assessment of an ill or injured child and collect all	43	2			*	
		A.2.100	appropriate information. Screen patients for procedural sedation and administer procedural sedation	43	1		*		*
			in a safe and monitored environment for appropriate patients.				_		
		A.2.101	Develop differential diagnoses for specific clinical presentations in the infant or child	43	1		*		·
		A.2.102	Initiate management of toxicological syndromes, infectious disorders, and	43	2			*	
		A 2 4 5 1	acute disorders of body systems Charge the appropriate laboratory and radiological investigations to most						
		A.2.104	Choose the appropriate laboratory and radiological investigations to meet the immediate needs of the critically ill or injured child	43	'		•		·
			Recognize common congenital and developmental syndromes	43	1		*		.
			Recognize and measure normal and abnormal vital signs	43	1	l	*		*
	R4			44	1		*		*
	R4		Recognize and treat symptoms of the following: a. Airway obstruction	44	1		*		*
	R4		Recognize and treat symptoms of the following:	44	1		*		*
	R4		Recognize and treat symptoms of the following: a.alinway obstruction b.abnormal ventilation c.abolume depletion d.aburns	44	1		*		*
	R4	A.2.107	Recognize and treat symptoms of the following: a.alinway obstruction b.abnormal ventilation c.abolume depletion d.aburns e.alinama				*		*
	R4	A.2.107	Recognize and treat symptoms of the following: a.alinway obstruction b.abnormal ventilation c.abolume depletion d.aburns	44 44 44	2 2		*	*	*

		Pediatrci / Neonatal ICU	R3	A.2.110	Know the following: 1.Airway management in the critically ill child or neonate	46-47	1	*		*
					2. Eluid resuscitation					
					3.Management of a cardiac arrest team 4.Management of shock and multisystem disease and failure					
					5.Mechanical ventilation in the critically ill child or neonate 6.Assessment of congenital and syndromic abnormalities					
					7.Disease processes necessitating admission to a critical care unit (e.g.,					
					trauma, toxicology, or environmental processes) 8. Assessment of clinical criteria to increase the possibility of successful					
					extubation 9. Assessment of brain death criteria and end-of-life care and protocols					
					10. Assessment of suspected child abuse or neglect and activation of the					
					SCAN team 11.Differences between adult and pediatric critical care in terms of clinical,					
					and epidemiological presentation and etiology					
				A.2.111	Perform a clinical assessment and collect all appropriate information.	47	2		*	
				A.2.112	Develop appropriate differential diagnoses for specific clinical presentations.	47	1	*		*
				A.2.113	Ascertain the need for admission or transfer to a critical care unit.	47	1	*		*
				A.2.114	Demonstrate continuity of care, development of discharge plans, and patient transfer to step-down units.	47	1	*		*
				A.2.115	Choose the appropriate laboratory and radiological investigations to meet	47	1	*		*
				A.2.116	the immediate needs of the critically ill or injured child. Interpret data collected from laboratory and radiological investigations.	47	1	*		*
					Initiate the resuscitation, stabilization, and investigation of seriously ill	47	2		*	
				A.2.119	patients. Demonstrate the following techniques:	47	2		*	
					a.ECG interpretation b.Defibrillation/cardioversion					
					c. Eentral venous access using landmarks, under US guidance for arterial access					
					d.Intraosseous line insertion					
					e.Endotracheal intubation f.Arterial Access					
					g.Arterial monitoring h.Ehest tube insertion					
					in Tracheostomy insertion					
				A.2.120	Obtain and synthesize relevant history from patients, families, and	48	2		*	
		PSYCHIATRY	R1		Communities. Learn relevant interviewing techniques in dealing with patients with various		1	* *	-	*
		ROTATION			Learn relevant interviewing techniques in dealing with patients with various psychiatric disorders. Learn the principles of managing violent patients.	49	1	_ *		*
Communicator	Verbal		R1	B.1	Discuss appropriate information with patients, their families, and the	20, 37, 41	2	4	*	
					healthcare team.					
			R2	B.2	Inform Inpatients and their families about management and discharge plans, including what to expect in terms of improvement or deterioration, which	12	2		*	
					signs to look out for, and when it will be necessary to present to the ED again.					
				B.3	Assert the importance of adherence to and compliance with discharge	12	3		*	
				B.4	medication, outpatient studies, investigations, and follow-up. Discuss appropriate information with patients, their families, and the	12	2		*	
					healthcare team.					
				B.5	Obtain and synthesize relevant history from patients, families, and communities.	12	2		*	
				B.7	Discuss appropriate information with patients, their families, and the healthcare team.	23	2		*	
				B.8	Document the progression of the patient's clinical condition.	22	2		*	
				B.9	Discuss appropriate information with patients, their families, and the healthcare team.	35	2		*	
			R ₃	B.11	Make use of interpreters to overcome language barriers.	28	2		*	
				B.12	Discuss appropriate information with patients, their families, and the	26	2		*	
					healthcare team.					
				B.13	Discuss the project with an advisor and appropriate consultants including statisticians and other specialists in research design or scientific knowledge.	52	2			
			R4	B.14	Discuss appropriate information with patients, their families, and the	16	2		*	
			N4		healthcare team	10	4		**	
				B.16	Assert the importance of adherence to and compliance with discharge medication, outpatient studies, investigations, and follow-up.	17	3		*	
				B.17	Coordinate with patients, their families, and other services regarding patient	17	2			
				B.18	referral to the ED. Resolve consultation conflicts between medical services in a professional				*	
					resolve consultation connicts between medical services in a professional				-	
				5.10	manner that is in the best interests of the patient.	17	3			
	Non-verbal		R1	B.19	Proper and prompt documentation	11	2,3		*	
	Non-verbal		R1		Proper and prompt documentation Establish therapeutic relationships with patients and their families.				*	
	Non-verbal		R1	B.19	Proper and prompt documentation Establish therapeutic relationships with patients and their families. Communicate effectively and compassionately with the patient and his/her	11 20, 38, 41, 44 20, 38, 41,	2,3		*	
	Non-verbal		R1	B.19 B.20	Proper and prompt documentation Establish therapeutic relationships with patients and their families.	11 20, 38, 41, 44 20, 38, 41, 44, 20, 38, 41,	2,3 3		* * *	
	Non-verbal		R1	B.19 B.20 B.21 B.22	Proper and prompt documentation Establish therapeutic relationships with patients and their families. Communicate effectively and compassionately with the patient and his/her family directly or through an interpreter. Listen effectively. Demonstrate the ability to deal effectively with family members and other	11 20, 38, 41, 44 20, 38, 41, 44.	2,3 3 2,3		* * * *	
	Non-verbal		R1	B.19 B.20 B.21 B.22	Proper and prompt documentation Establish therapeutic relationships with patients and their families. Communicate effectively and compassionately with the patient and his/her family directly or through an interpreter. Listen effectively. Demonstrate the ability to deal effectively with family members and other healthcare providers to facilitate optimal healthcare for the patient.	11 20, 38, 41, 44 20, 38, 41, 44. 20, 38, 41, 44	2,3 3 2,3		* * * *	
	Non-verbal		R1	B.19 B.20 B.21 B.22 B.24 B.25	Proper and prompt documentation Establish therapeutic relationships with patients and their families. Communicate effectively and compassionately with the patient and his/her family directiv or through an interpreter. Listen effectively. Demonstrate the ability to deal effectively with family members and other healthcare providers to facilitate optimal healthcare for the patient. Demonstrate empathy and the ability to understand nonverbal cues. Produce concise yet through charst that are leighty written and contain	11 20, 38, 41, 44 20, 38, 41, 44. 20, 38, 41, 44	2,3 3 2,3 3		* * * * *	
	Non-verbal		Rı	B.19 B.20 B.21 B.22 B.24 B.25	Proper and prompt documentation Establish therapeutic relationships with patients and their families. Communicate effectively and compassionately with the patient and his/her family directly or through an interpreter. Listen effectively. Demonstrate the ability to deal effectively with family members and other healthcare providers to facilitate optimal healthcare for the patient. Demonstrate emptaty and the ability to understand nonverbal cuese.	11 20, 38, 41, 44 20, 38, 41, 44. 20, 38, 41, 44 49	2,3 3 2,3 3		* * * *	
	Non-verbal		R1	B.19 B.20 B.21 B.22 B.24 B.25 B.26	Proper and prompt documentation Establish therapeutic relationships with patients and their families. Communicate effectively and compassionately with the patient and his/her family directly or through an interpreter. Listen effectively. Demonstrate the ability to deal effectively with family members and other healthcare providers to facilitate optimal healthcare for the patient. Demonstrate empathy and the ability to understand nonverbal cues. Produce concise yet thorough charts that are legibly written and contain pertinent patient history, physical findings, clear diagnosis, a treatment plan, and follow-up. Establish therapeutic relationships with patients and their families.	11 20, 38, 41, 44 20, 38, 41, 44, 20, 38, 41, 44 49 50	2,3 3 2,3 3 3 3		* * * * * * * * * * * * * * * * * * * *	
	Non-verbal		R1	B.19 B.20 B.21 B.22 B.24 B.25 B.26	Proper and prompt documentation Establish therapeutic relationships with patients and their familles. Communicate effectively and compassionately with the patient and his/her family directly or through an interpreter. Listen effectively. Demonstrate the ability to deal effectively with family members and other healthcare providers to facilitate optimal healthcare for the patient. Demonstrate empathy and the ability to understand nonverbal cues. Produce concise yet thorough charts that are legibly written and contain pertinent patient history, physical findings, clear diagnosis, a treatment plan, and follow-up. Establish therapeutic relationships with patients and their families. Document the progression of the patient's clinical condition. B	11 20, 38, 41, 44 20, 38, 41, 44, 20, 38, 41, 44 49 50 23, 32, 35	2,3 3 2,3 3 3 3 2		* * * * * * * * *	
	Non-verbal		R1	B.19 B.20 B.21 B.22 B.24 B.25 B.26	Proper and prompt documentation Establish therapeutic relationships with patients and their families. Communicate effectively and compassionately with the patient and his/her family directly or through an interpreter. Listen effectively. Demonstrate the ability to deal effectively with family members and other healthcare providers to facilitate optimal healthcare for the patient. Demonstrate empathy and the ability to understand nonverbal cues. Produce concise yet thorough charts that are legibly written and contain pertinent patient history, physical findings, clear diagnosis, a treatment plan, and follow-up. Establish therapeutic relationships with patients and their families.	11 20, 38, 41, 44 20, 38, 41, 44, 20, 38, 41, 44 49 50	2,3 3 2,3 3 3 3		* * * * * * * * * * * * * * * * * * * *	
	Non-verbal		R1	B.19 B.20 B.21 B.22 B.24 B.25 B.26 B.28 B.29 B.30	Proper and prompt documentation Establish therapeutic relationships with patients and their families. Communicate effectively and compassionately with the patient and his/her family directly or through an interpreter. Listen effectively. Demonstrate the ability to deal effectively with family members and other healthcare providers to facilitate optimal healthcare for the patient. Demonstrate empathy and the ability to understand nonverbal cues. Produce concise yet thorough charts that are legibly written and contain pertinent patient history, physical findings, clear diagnosis, a treatment plan, and follow-up. Establish therapeutic relationships with patients and their families. Document the progression of the patient's clinical condition. Communicate effectively and compassionately with the patient and his/her family. Complete the emergency chart in a comprehensive and legible manner.	11 20, 38, 41, 44 20, 38, 41, 44, 20, 38, 41, 44, 49 49 50 23, 32, 35 32 23, 32, 35	2,3 3 2,3 3 3 3 2		:	
	Non-verbal			B.19 B.20 B.21 B.22 B.24 B.25 B.26 B.28 B.29	Proper and prompt documentation Establish therapeutic relationships with patients and their families. Communicate effectively and compassionately with the patient and his/her family directly or through an interpreter. Listen effectively. Demonstrate the ability to deal effectively with family members and other healthcare providers to facilitate optimal healthcare for the patient. Demonstrate mentalty and the ability to understand nonverbal cuese. Produce concise yet thorough charts that are legibly written and contain pertinent patient history, physical findings, clear diagnosis, a treatment plan, and follow-up. Establish therapeutic relationships with patients and their families. Document the progression of the patient's clinical condition. Il	11 20, 38, 41, 44 20, 38, 41, 44, 20, 38, 41, 44, 49 50 23, 32, 35 32 23, 32, 35	2,3 3 2,3 3 3 3 2 2		:	
	Non-verbal			B.19 B.20 B.21 B.22 B.24 B.25 B.26 B.28 B.29 B.30	Proper and prompt documentation Establish therapeutic relationships with patients and their families. Communicate effectively and compassionately with the patient and his/her family directly or through an interpreter. Listen effectively. Demonstrate the ability to deal effectively with family members and other healthcare providers to facilitate optimal healthcare for the patient. Demonstrate empaths and the ability to understand nonverbal cuese. Produce concise yet thorough charts that are legibly written and contain pertinent patient history, physical findings, clear diagnosis, a treatment plan, and follow-up. Establish therapeutic relationships with patients and their families. Document the progression of the patient's clinical condition. It Communicate effectively and compassionately with the patient and his/her family. Complete the emergency chart in a comprehensive and legible manner. Communicate effectively and compassionately with the patients and their	11 20, 38, 41, 44 20, 38, 41, 44, 20, 38, 41, 44 49 50 23, 32, 35 32 23, 32, 35 16 16, 26, 29 16, 29, 48,	2,3 3 2,3 3 3 3 2		:	
	Non-verbal			B.19 B.20 B.21 B.22 B.24 B.25 B.26 B.30 B.31 B.32 B.33	Proper and prompt documentation Establish therapeutic relationships with patients and their families. Communicate effectively and compassionately with the patient and his/her family directly or through an interpreter. Listen effectively. Demonstrate the ability to deal effectively with family members and other healthcare providers to facilitate optimal healthcare for the patient. Demonstrate empaths and the ability to understand nonverbal cuese. Produce concise yet thorough charts that are legibly written and contain pertinent patient history, physical findings, clear diagnosis, a treatment plan, and follow-up. Establish therapeutic relationships with patients and their families. Document the progression of the patient's clinical condition. Il Communicate effectively and compassionately with the patient and his/her family. Complete the emergency chart in a comprehensive and legible manner. Communicate effectively and compassionately with the patients and their families. Establish therapeutic relationships with patients and their families. Document the progression of the patient's clinical condition.	11 20, 38, 41, 44, 20, 38, 41, 44, 20, 38, 41, 44, 9 49 50 23, 32, 35 32 23, 32, 35 16 16, 26, 29 16, 29, 48, 47	2,3 3 2,3 3 3 3 2 2 2,3 3 2 2,3 3 2 2,3		:	
	Non-verbal			B.19 B.20 B.21 B.22 B.24 B.25 B.26 B.30 B.31 B.33 B.33 B.34 B.35 B.35	Proper and prompt documentation Establish therapeutic relationships with patients and their families. Communicate effectively and compassionately with the patient and his/her family directly or through an interpreter. Listen effectively. Demonstrate the ability to deal effectively with family members and other healthcare providers to facilitate optimal healthcare for the patient. Demonstrate empaths and the ability to understand nonverbal cuese. Produce concise yet thorough charts that are legibly written and contain pertinent patient history, physical findings, clear diagnosis, a treatment plan, and follow-up. Establish therapeutic relationships with patients and their families. Document the progression of the patient's clinical condition. 3 Communicate effectively and compassionately with the patient and his/her family. Communicate effectively and compassionately with the patient and their families. Document the progression of some patients and their families. Document the progression of the patient's clinical condition. Create appropriate records and reports. Listent effectively.	11 20, 38, 41, 44, 20, 38, 41, 44, 20, 38, 41, 44 49 49 50 23, 32, 35 32 23, 32, 35 16 16, 26, 29 16, 29, 48, 47 15 26, 48	2,3 3 2,3 3 3 3 2 2,3 3 2 2,3 3 2 2,3 3 2 2,3 3 3 2 2,3 3 2,3 2,		:	
	Non-verbal			B.19 B.20 B.21 B.22 B.24 B.25 B.26 B.30 B.31 B.32 B.33 B.33 B.34 B.35 B.36 B.37	Proper and prompt documentation Establish therapeutic relationships with patients and their families. Communicate effectively and compassionately with the patient and his/her family direct hor through an interpreter. Listen effectively. Demonstrate the ability to deal effectively with family members and other healthcare providers to facilitate optimal healthcare for the patient. Demonstrate mental wand the ability to understand nonverbal cuess. Produce concise yet thorough charts that are legibly written and contain pertinent patient history, physical findings, clear diagnosis, a treatment plan, and follow-up. Establish therapeutic relationships with patients and their families. Document the progression of the patient's clinical condition. 3 Compute the emergency chart in a comprehensive and legible manner. Communicate effectively and compassionately with the patient and their families. Document the progression of our patients and their families. Document the progression of the patient's clinical condition. Create appropriate records and reports. Listen effectively. Demonstrate quick, efficient, and effective handover of transported cases to facility personner.	11 20, 38, 41, 44, 20, 38, 41, 44, 20, 38, 41, 44 49 49 50 23, 32, 35 32 23, 32, 35 16 16, 26, 29 16, 29, 48, 47 15 26, 48	2,3 3 2,3 3 3 3 2 2 2,3 3 2 2,3 3 2 2,3		:	
	Non-verbal			B.19 B.20 B.21 B.22 B.24 B.25 B.26 B.30 B.31 B.32 B.33 B.33 B.34 B.35 B.36 B.37	Proper and prompt documentation Establish therapeutic relationships with patients and their families. Communicate effectively and compassionately with the patient and his/her family directly or through an interpreter. Listen effectively. Demonstrate the ability to deal effectively with family members and other healthcare providers to facilitate optimal healthcare for the patient. Demonstrate emeaths and the ability to understand nonverbal cues. Produce concise vet thorough charts that are legibly written and contain pertirent patient history, physical findings, clear diagnosis, a treatment plan, and follow-up. Establish therapeutic relationships with patients and their families. Document the progression of the patient's clinical condition. Ill Communicate effectively and compassionately with the patient and his/her family. Complete the emergency chart in a comprehensive and legible manner. Communicate effectively and compassionately with the patient and their families. Establish therapeutic relationships with patients and their families. Establish therapeutic relationships with patients and their families. Document the progression of the patient's clinical condition. Create appropriate records and reports. Listen effectively. Bernonstrate quick, efficient, and effective handover of transported cases to facility personnel. Witte a scientific abstract for potential submission to a regional or national	11 20, 38, 41, 44 20, 38, 41, 44, 20, 38, 41, 44, 49 49 50 23, 32, 35 32 23, 32, 35 16, 26, 29 16, 29, 48, 47 15 26, 48 26	2,3 3 2,3 3 3 3 2 2,3 3 2 2,3 3 2 2,3 3 2 2,3 3 3 2 2,3 3 2,3 2,		:	
	Non-verbal			B.19 B.20 B.21 B.22 B.24 B.25 B.26 B.29 B.30 B.31 B.32 B.33 B.34 B.35 B.37 B.39	Proper and prompt documentation Establish therapeutic relationships with patients and their families. Communicate effectively and compassionately with the patient and his/her family directly or through an interpreter. Listen effectively. Demonstrate the ability to deal effectively with family members and other healthcare providers to facilitate optimal healthcare for the patient. Demonstrate empaths and the ability to understand nonverbal cues. Produce concise yet thorough charts that are legibly written and contain pertinent patient history, physical findings, clear diagnosis, a treatment plan, and follow-up. Establish therapeutic relationships with patients and their families. Document the progression of the patient's clinical condition. Il Communicate effectively and compassionately with the patient and his/her family. Complete the emergency chart in a comprehensive and legible manner. Communicate effectively and compassionately with the patients and their families. Document the progression of the patient's clinical condition. Create appropriate records and reports. Listen effectively. Create appropriate records and reports. Listen effectively personnel. With a scientific abstract for potential submission to a regional or national research meeting (i.e., SCFHS, the Society for Academic Emergency Medicine [SAEM], ACEP, or CAEP).	11 20, 38, 41, 44 20, 38, 41, 44, 20, 38, 41, 44 49 50 23, 32, 35 32 23, 32, 35 32 23, 32, 35 16, 26, 29 16, 29, 48, 47 15 26, 48 26	2,3 3 3 3 3 3 3 2 2,3 2,3 3 2 2,3 2,3 2 2,3		:	
	Non-verbal		R ₃	B.19 B.20 B.21 B.22 B.24 B.25 B.26 B.29 B.30 B.31 B.32 B.33 B.34 B.35 B.36 B.37 B.36 B.37	Proper and prompt documentation Establish therapeutic relationships with patients and their families. Communicate effectively and compassionately with the patient and his/her family directly or through an interpreter. Listen effectively. Demonstrate the ability to deal effectively with family members and other healthcare providers to facilitate continal healthcare for the patient. Demonstrate the ability to deal effectively with family members and other healthcare providers to facilitate continal healthcare for the patient. Demonstrate empathy and the ability to understand nonverbal cues. Produce concise yet thorough charts that are legibly written and contain pertienely patient history, physical findings, clear diagnosis, a treatment plan, and follow-up. Establish therapeutic relationships with patients and their families. Document the progression of the patient's clinical condition. Communicate effectively and compassionately with the patient and his/her families. Complete the emergency chart in a comprehensive and legible manner. Communicate effectively and compassionately with the patients and their families. Establish therapeutic relationships with patients and their families. Document the progression of the patient's clinical condition. Create appropriate records and reports. Listen effectively. Demonstrate quick, efficient, and effective handover of transported cases to facility personnel. With a scientific abstract for potential submission to a regional or national research meeting (i.e., SCFHs, the Society for Academic Emergency Medicine [SAEM], ACEP, or CAEP). Complete final IRB reporting.	11 20, 38, 41, 44 20, 38, 41, 44, 20, 38, 41, 44, 49 49 50 23, 32, 35 32 23, 32, 35 16, 26, 29 16, 29, 48, 47 15 26, 48 26	2,3 3 3 3 3 3 3 2 2,3 3 2 2,3 3 2 2,3 3 2 2,3 3 2 2,3 3 2 2,3 3 2 2,3 2,3			
	Non-verbal			B.19 B.20 B.21 B.22 B.24 B.25 B.26 B.29 B.30 B.31 B.32 B.33 B.34 B.35 B.37 B.39	Proper and prompt documentation Establish therapeutic relationships with patients and their families. Communicate effectively and compassionately with the patient and his/her family directly or through an interpreter. Listen effectively. Demonstrate the ability to deal effectively with family members and other healthcare providers to facilitate optimal healthcare for the patient. Demonstrate empaths and the ability to understand nonverbal cues. Produce concise yet thorough charts that are legibly written and contain pertinent patient history, physical findings, clear diagnosis, a treatment plan, and follow-up. Establish therapeutic relationships with patients and their families. Document the progression of the patient's clinical condition. Il Communicate effectively and compassionately with the patient and his/her family. Complete the emergency chart in a comprehensive and legible manner. Communicate effectively and compassionately with the patients and their families. Document the progression of the patient's clinical condition. Create appropriate records and reports. Listen effectively. Create appropriate records and reports. Listen effectively personnel. With a scientific abstract for potential submission to a regional or national research meeting (i.e., SCFHS, the Society for Academic Emergency Medicine [SAEM], ACEP, or CAEP).	11 20, 38, 41, 44 20, 38, 41, 44, 20, 38, 41, 44 49 50 23, 32, 35 32 23, 32, 35 32 23, 32, 35 16, 26, 29 16, 29, 48, 47 15 26, 48 26	2,3 3 3 3 3 3 3 2 2,3 2,3 3 2 2,3 2,3 2 2,3			
	Non-verbal		R ₃	B.19 B.20 B.21 B.22 B.24 B.25 B.26 B.29 B.30 B.31 B.32 B.33 B.34 B.35 B.36 B.37 B.36 B.37	Proper and prompt documentation Establish therapeutic relationships with patients and their famillies. Communicate effectively and compassionately with the patient and his/her family directly or through an interpreter. Listen effectively. Demonstrate the ability to deal effectively with family members and other healthcare providers to facilitate optimal healthcare for the patient. Demonstrate mental and the ability to understand nonverbal cues. Produce concise yet thorough charts that are legibly written and contain pertinent patient history, physical findings, clear diagnosis, a treatment plan, and follow-up. Establish therapeutic relationships with patients and their families. Document the progression of the patient's clinical condition. 3 Communicate effectively and compassionately with the patient and his/her family. Communicate effectively and compassionately with the patients and their families. Establish therapeutic relationships with patients and their families. Document the progression of the patient's clinical condition. Create appropriate records and reports. Listen effectively. Demonstrate quick, efficient, and effective handover of transported cases to facility personner. Galibly personner. Wite as clientific abstract for potential submission to a regional or national research meeting. SAEMJ, ACEP, or CAEP). Communicate effectively and compassionately with the patient and his/her Communicate effectively and compassionately with the patient and his/her	11 20, 38, 41, 44 20, 38, 41, 44, 20, 38, 41, 44, 49 49 50 23, 32, 35 32 23, 32, 35 16, 26, 29 16, 29, 48, 47 15 26, 48 26	2,3 3 3 3 3 3 3 2 2,3 3 2 2,3 3 2 2,3 3 2 2,3 3 2 2,3 3 2 2,3 3 2 2,3 2,3			

C Callabarration	D.	· .	Addition of the state of the st						
C. Collaborator	R1	C.1	Address concerns, conflict, and complaints within the multidisciplinary team.	12	3			*	
		C.2	Consult effectively with other physicians and healthcare professionals.	12, 41, 45	2, 3			*	
		C.5	Demonstrate effective consultation services with respect to patient care,	38, 41, 43,	2			*	
			education, and legal opinion.	50					
		C.6	Understand the importance of a multidisciplinary team and interact	38, 41, 45	1,3	*	*	*	
			effectively with physicians, nurses, and other healthcare professionals.						
	R2	C.7	Demonstrate an understanding of the relationship between the ED and the EMS.	12	1	*	*	*	
		C.8	Understand the importance of a multidisciplinary team and interact with	12, 23, 33	1,3	*	*	*	
			consultant physicians, nurses, and other healthcare professionals in an appropriate and effective manner.						
		C.10 C.11	Consult effectively with other physicians and healthcare professionals. Demonstrate effective consultation services with respect to patient care,	23, 33, 35	3			*	
		Cili	education, and legal opinion.		2,3			-	
		C.12	Understand the importance of a multidisciplinary team and interact effectively with physicians, nurses, and other healthcare professionals.	35	1,3	*	*	*	
	R ₃	C.14	Understand the importance of a multidisciplinary team and interact	17, 29, 26,	1,3		*	*	
		C.15	effectively with physicians, nurses, and other healthcare professionals. Consult effectively with other physicians and healthcare professionals.	48 17, 29, 48	3			*	
		C.16	Contribute effectively to other interdisciplinary team activities.	26, 29, 48	3			*	
	R4	C.17 C.18	Contribute to other interdisciplinary team activities effectively. Understand the importance of a multidisciplinary team and interact with	17 17	3 1,3		*		*
		Cito	consultant physicians, nurses, and other healthcare professionals in an	"	,,,				
		C.19	appropriate and effective manner. Manage concerns, conflict, and/or complaints within the multidisciplinary	17	3			*	
		C,20	team.						
		C.20	Use information technology to optimize patient care, lifelong learning, and other activities	3	3				
D. Manager/	R1	D.1	Understand the principles of quality assurance, risk management, and	13, 20	1	*	*		*
Leader		D.2	standards of care. Use information technology to optimize patient care, lifelong learning, and	20	2				
		D.3	other activities. Use resources effectively to balance patient care, learning needs, and						
			outside activities.	20, 38, 41, 45	3				
		D.4 D.5	Allocate finite healthcare resources wisely. Work effectively and efficiently in a healthcare organization.	20, 38, 41, 45 20, 39, 41, 45	3			*	
		D.7	Demonstrate the ability to manage individual patients throughout the entire	50	3				
		D.8	hospital course effectively. Develop multitasking skills.	50	3			*	
		D.9	Understand the importance of efficient patient flow.	50	1	*	*		*
	R2	D.10	Manage one section of the ED, with respect to flow, efficiency, and best patient care, for the duration of a shift.	13	3				
		D.11	Understand the basic principles of quality assurance and risk management	23, 33, 36	1	*	*		*
		D.13	issues. Allocate finite healthcare resources wisely.	23, 33, 35	3			*	
		D.14	Use resources effectively to balance patient care, learning needs and other activities	23, 33, 36	3				
		D.15	activities Work effectively and efficiently in a healthcare organization.	36	3				
	R ₃	D.16	Demonstrate mega code team leadership	29	3			*	
		D.17	Know the following:1. The principles of ED organization with respect to the	15	1		*		*
		5.17	corporate hospital structure	.,					
			2The principles of quality assurance, risk management, and standards of care						
			3. The relationship between the ED and the EMS						
		D.18	Function as team leader for all resuscitation.	15	3			*	
					2				
		D.19	Use information technology to optimize patient care, lifelong learning, and other activities.	30	2				
		D.20	Use resources effectively to balance patient care, learning needs, and outside activities.	26, 30, 48	3				
		D.21	Understand the principles of quality assurance, risk management, and	26, 30, 48	1		*		*
		D.22	standards of care. Know the following:	28	1		*		*
			1.Difficult transport logistics and pharmacological and equipment limitations						
			2. Brinciples of coordination with the EMS, civil defense, and military services						
			during Hajj time						
		D.23	Be prepared for exposure to working long hours during disasters and in	30	3				
			understaffed areas to maintain the functions of the ED in a reasonable and appropriate manner.						
		D.24 D.25	Allocate finite healthcare resources wisely. Work effectively and efficiently in an EMS system.	26, 30, 48 26	3			*	
		D.25 D.26	Know the following:	25	3 1		*		*
			1.IIhe development of EMS in Saudi Arabia 2.IIhe legislation affecting delivery of EMS III			l			
			3.Systems organization and design (components)						
			4.The roles of the physician, dispatch, methods of communication, base hospital, and funding			l			
			5. The medicolegal issues that involve EMS consent, DNR, and refusal of care						
			6. Edentify risk management issues in EMS			l			
			7.5tandards of care and quality assurance in the EMS 8.Bow the EMS is integrated with regional disaster planning						
			9. The relationship between the local EMS and the provincial and national structure			l			
			10.Eoreign models of EMS						
			11.Management principles in disaster planning			l			
		D,27	Develop patient management protocols & quality assurance methods	25	1		*		*
		D.28	Demonstrate immobilization techniques & victim extraction.	25	2	l		*	
			Evaluate the prehospital literature. Use communication equipment.	25 25	1 2		*	*	*
		D.31	Organize patient transfer. Act as an on-site physician , base hospital physician & ED triage in disaster	25 25	2 2	l		*	
			exercises.						
			Develop a disaster plan. Work effectively and efficiently in a healthcare organization.	25 48	1 3		*		*
			Understand the cost of research.	52	ĺ		*		*
	R4	D.38	Function in the capacity of emergency physician with responsibility for the	15	3				
		D.39	management of the department during the course of a shift. Allocate finite healthcare resources wisely.	17	3			*	
		D.40	Allocate finite healthcare resources wisely.	17	ŝ			*	
E. Scholar	R1	E.1	Apply best practice, based on critical appraisal of relevant literature, to	13,21, 39,	1	*	*		*
		E.2	patient care decisions. Contribute to the development of new knowledge through involvement in	42, 45 21, 39, 42,	3				
		E.3	medical research pertaining to the specialty. Access and apply relevant information to clinical practice.	45 19, 37, 43	1	*	*		*
			Demonstrate self-assessment and self-directed learning skills by identifying	21, 39, 42	3				
			areas for self-improvement and addressing them with the resources available.						
		E.5	prop:prop:prop:prop:prop:prop:prop:prop	21, 39, 42	3				
		E.6	Facilitate learning for patients, medical trainees/students, and other	21, 39, 42	3			*	
			healthcare professionals.						

		E.7	Use information technology to optimize patient care, lifelong learning, and other activities.	38, 41	3				
		E.8 E.10	Complete the postgraduate research methodology course offered. Follow a personal study strategy: reading for junior house staff rounds, core	50 50	3				
		E.11	rounds, and individual cases. Recognize personal knowledge gaps.	50	3				
		E.12	Provide teaching and supervision for clinical clerks.	50	2			*	
	R2	E.13	Contribute to the development of new knowledge through involvement in	13, 24, 33,	3				
		E.14	medical research pertaining to the specialty. Demonstrate self-assessment and self-directed learning skills by identifying	36 13, 33, 24,	3				
			areas for self-improvement and addressing them with the resources available.	36, 45					
		E.15	Develop, implement, and monitor a personal continuing-education strategy.	13, 24, 33, 36	3				
		E.16	Facilitate learning for patients, medical trainees, students, and other healthcare professionals.	13, 33, 24,	3			*	
		E.18	Access and apply relevant information to clinical practice.	10, 22, 32,	1	*	*		*
		E.19	Apply best practice, based on critical appraisal of relevant literature, to patient care decisions.	24, 33, 36	1				
		E.20	Use information technology to optimize patient care, lifelong learning, and other activities.	23, 35	3				
	R ₃	E.21	Access and apply relevant information to clinical practice.	14, 28, 25,	1		*		*
		E.22	Apply best practice, based on critical appraisal of relevant literature, to	46 18, 30, 26,	1		*		*
		E.23	patient care decisions. Contribute to the development of new knowledge through involvement in	48 18, 26, 48	3				
		E.24	medical research pertaining to the specialty. Demonstrate self-assessment and self-directed learning skills by identifying	27, 30, 48	3				
			areas of self-improvement and addressing them with the resources available.						
		E.25	Develop, implement, and monitor a personal continuing-education strategy. $ \\$	27, 30, 45, 48	3				
		E.26	Facilitate learning for patients, medical trainees/students, and other healthcare professionals.	30, 45, 48	3			*	
		E.27	Use information technology to optimize patient care, lifelong learning, and other activities.	26, 48	3				
		E.28	Compare one's data to those previously collected and determine	52	1	*	*		
		2.20	differences.	74	'				
		E.29	Read current literature to substantiate one's findings.	52	2				
		E.30	Determine how one's study can be applied to patient care and describe how patient care can be changed accordingly.	52	1		*		*
		E.31	Generate patient-centered clinical questions to drive knowledge acquisition when designing a research study, as follows:	51	1		*		
			Identify one's knowledge deficiencies and develop a system for generating and answering clinical questions based on patient cases.						
			Use a standard format to phrase clinical questions (e.g., PICO = Patient/Problem, Intervention, Comparison Intervention, Outcome) to aid in						
			the performance of an efficient literature search to assess						
			what has already been studied. 3. Assess the type of question being asked in order to identify the type of						
			study that would best answer the question.						
		E.32	Identify and locate the best available information resources to address one's question in developing a research project, as follows:	51	2				
			1. Conduct a computerized literature search using Medline, PubMed, or an equivalent method.						
			Use methodological filters to limit searches to articles dealing with						
			therapy, diagnosis, or prognosis. 3. Use secondary sources (e.g., Cochrane, CAT databases, or ACP Journal						
			Club) to obtain evidence efficiently. 4. Use practice guidelines (e.g., www.guidelines.gov or American College						
			of Emergency Physicians [ACEP] Practice Guidelines) to identify and review recommended care plans for a variety of common emergency medicine						
			problems.						
		E.33	Select the appropriate study design with which to answer one's question.	51	1		*		
		E.34	Know the indications that can compromise confidentiality with respect to IRB approval, including studies involving patients, patient medical records,	51	1		*		
			and other data, specifically with respect to patients.						
		E.35	Discuss the ethics of research, including subject recruitment, informed consent, patient privacy, and the role IRBs	52	1		*		
		E.36	Understand the function of an IRB and how it serves to protect patients.	52	1		*		
		E.37	In research that involves seeking information from patients and their families, respect privacy when obtaining such information.	52	3				
		E.39	Present data in an aggregate manner to eliminate identification of specific patients in one's report.	52	2				
		E.40 E.41	Submit one's proposal to the IRB. Complete the IRB test for ethics in research.	52 52	2				
	R4	E.42	Demonstrate self-assessment and self-directed learning skills by identifying areas for self-improvement and addressing them with the resources	18	3				
		E.43	available. Develop, implement, and monitor a personal continuing-education strategy.	18	3				
			Supervise and teach interns and clinical clerks.		2			*	
		E.45 E.46	Demonstrate the maturity and responsibility expected of all professionals	15 18	3			-	
		E.47	through the Self-assessment and insight Apply best practice, based on critical appraisal of relevant literature, to	18	1		*		*
F. Health advocate	R1	F.1	patient care decisions. Identify the important determinants of health that affect patients.	13, 21, 39,	1	*	*		*
		F.2	Contribute effectively to the improvement of the health of patients and	42, 45 13, 21, 39,	3				
		F.3	communities. Work effectively and efficiently in a healthcare organization.	42, 45 13	3				
		F.5 F.6	Recognize and respond to issues for which advocacy is appropriate. Demonstrate an understanding of support services in the community, such	21, 39, 42 39	1,3 1	*	*		*
			as home care and primary healthcare center services, for patients being discharged from the ED.	,					
		F.7	Develop knowledge regarding community support offered for patients with psychiatric illnesses	49	1	*	*		*
	R2	F.8	Understand various approaches to healthcare advocacy and policy change.	13, 24, 36	1	*	*		*
		F.9	Recognize and respond to issues for which advocacy is appropriate.	13, 24, 33,	1,3		*		*
		F.11	Contribute effectively to the improvement of the health of patients and	36 24, 33, 36	3				
		F.12	communities. Understand various approaches to healthcare advocacy and policy change.	33	1	*	*		*
		F.13	Work effectively and efficiently in a healthcare organization.	23					
	R ₃	F.14	Identify the important determinants of health that affect patients.	18, 26, 30,	1		*		*
		F.15	Contribute effectively to the improvement of the health of patients and	48 26, 30, 48					
			communities.						

			F.16	Understand various approaches to healthcare advocacy and policy change.	26, 30, 45, 48	1		*		*
			F.17	Recognize and respond to issues for which advocacy is appropriate.	26, 30, 45,	1,3		*		*
			F.18	Work effectively and efficiently in a healthcare organization.	30	3				
			F.20	Consider healthcare delivery, management of specific disease processes, screening for diseases, or other aspects of healthcare as areas to study.	52	3				
			F.21	Advocate for research to promote the understanding of various disease	52	3				
			F.22	processes or means of delivering care. Demonstrate an understanding of whether research is appropriate or	52	1				
				inappropriate, considering the health of the patient and his/her understanding of the project.						
		R4	F.23	Contribute effectively to the improvement of the health of patients and communities.	18	3				
			F.25	Recognize and respond to issues for which advocacy is appropriate.	18	1		*		*
			F.26	Demonstrate an understanding of support services in the community, such as home care and primary healthcare center services, for patients	18	1		*		*
				undergoing discharge from the ED.						
		R4	F.27	Know the access to social agencies for psychosocial disorders	44	1		*		*
G. Professional		R1	G.1	Deliver care of the highest quality with integrity, honesty, and compassion.	13,21,39,42,					
			G.2	Demonstrate an understanding of the bioethical issues that affect patients.	45 13,42,45	1	*	*		*
			G.3 G.4	Demonstrate the maturity and responsibility expected of all professionals Exhibit appropriate personal and interpersonal professional behavior.	21,39,42	3			*	
			G.5	Practice medicine that is ethically consistent with the obligations of a	21,39,42	3 2,3				
				physician.						
			G.6	Develop an understanding of the bioethical issues that affect patients.	21,39	1	*	*		*
			G.8	Demonstrate diagnostic and therapeutic skills for ethical and effective patient care.	37,40	2,3			-	
			G.9	Exhibit a professional demeanor (appearance, punctuality, and work ethic).	50	3				
			G.10	Exhibit the following qualities: reliability, honesty, maturity, respect for others, acceptance of constructive criticism, and sincere concern for others.	50	3				
		R2	G.11	Demonstrate the maturity and responsibility expected of all professionals	14, 24, 33,					
		112	Giii	through the following: 1. Exhibiting appropriate personal and interpersonal professional behavior 2. Exhibiting appropriate personal and interpersonal professional behavior 3. Tracticing medicine that is ethically consistent with both Islam and the obligations of a physician	34, 36, 45	3				
			G.13	Demonstrate an understanding of the bioethical issues that affect patients.	22, 33, 36	1	*	*		*
			G.14	Deliver care of the highest quality with integrity, honesty, and compassion.	24, 36	3			*	
			G.15	Demonstrate diagnostic and therapeutic skills for ethical and effective patient care.	36	2,3			*	
		R3	G.16	Deliver care of the highest quality with integrity, honesty, and compassion.	18, 27, 30,	3			*	
			G.17	Demonstrate diagnostic and therapeutic skills for ethical and effective	49	2,3			*	
			G.18	patient care. Demonstrate respect for cultural and religious laws held dear by Hajji	30	3			*	
			G.19	patients. Demonstrate the maturity and responsibility expected of all professionals.	30, 49	3			*	
			G.20	Exhibit appropriate personal and interpersonal professional behavior.	27, 30, 49	3			*	
			G.21	$\label{lem:commodate} Accommodate and apply medical ethics through Islamic law and regulations in this unique environment.$		3			*	
			G.22	Demonstrate an understanding of the bioethical issues that affect patients on their religious journeys.	26, 30, 48	1		*		*
			G.24	on their religious journeys. Practice medicine that is ethically consistent with obligations of a physician.	49	2,3				
			G.25	Demonstrate an understanding of the following:	49	1		*		*
				1.End-of-life care and how it is applied in the critical care setting. 2.IThe role of substitute decision maker and how this is applied to the care of incapacitated children or neonates						
		R4	G.27	Demonstrate the maturity and responsibility expected of all professionals through the following: 1. Beliability, nuctuality, and attendance 2. Behibility appropriate personal and interpersonal professional behavior 3. Beracticing medicine ethically consistent with Islam and the obligations of a physician	18	3			*	
			G 28	Demonstrate an understanding of the bioethical issues that affect patients.	18	1		*		*
			0.20							